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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

	+ ha 3						
A For	the 2	2009 calendar yea	ar, or tax year beginning 10-01-200	9 and ending 09-30-201	0	D Employer ide	ntification number
_		pplicable Please	C Name of organization CITIZENS development CORPS inc			D Employer ide	itilication number
Addı	ress cha	ange use IRS label or	Doing Business As		52-1706852 E Telephone nu		
_ Nam	ne chan	nge print or type. See	Doing Business As				
– Initia	al retur	m Specific	Number and street (or P O box if mail	is not delivered to street addre	ss) Room/suite	(202) 872-0	
– Tem	nınated	Instruc- tions.	1420 K Street NW 7th Floor			G Gross receipts	5 7,707,526
– Ame	ended r	return	City or town, state or country, and ZIP	+ 4			
		pending	WASHINGTON, DC 20005	•			
Аррі	iication						
			me and address of principal officer RE WHITE		H(a) Is the affilia	s a group return	for
			Street NW 7th Floor		аппа	tes	j Yes Jo No
		WASH	INGTON,DC 20005		H(b) Are al	l affiliates include	ed?
				_	If"N	o," attach a list	(see instructions)
Tax	-exem	pt status 🗸 501(d	(1) (3) ◀ (insert no)	527	H(c) Grou	ıp exemptıon nur	nber 🟲
We	ebsit e	::► WWW CDC O	RG				
(Form	of ora	anization 🔽 Cornera	tion Trust Association Other		L Vear of fo	rmation 1990 M	State of legal domicile DE
Par		Summary	tion in Association other P		L Teal of 10	illiation 1990 III	State of legal doffficile DE
		•	ne organization's mission or most s	ignificant activities			
		•	t Solutions leverages public, privat	-	s to strenathe	n SMEs and the	institutions.
.,		•	industries that drive economic gro				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
≦	,	<u> </u>					
₹							
≣							
aovemance	2	Check this box 🛏	if the organization discontinued i	ts operations or disposed	of more than	25% of its net a	ssets
	3	Number of voting	members of the governing body (Pa	irt VI, line 1a)		3	12
MCIIVIIIAS Q		_	ndent voting members of the gover				12
[mployees (Part V , line 2a)		,		31
₹			olunteers (estimate if necessary)				265
ŧ			ited business revenue from Part VI				
		_	iness taxable income from Form 99		•	7a 7b	
		Net unrelated bus	mess taxable income nom Form 95	70-1, fille 34			
	_				Prio	r Year	Current Year
a l	8		d grants (Part VIII, line 1h)		7,046,238	7,705,257	
Rayenue	9		revenue (Part VIII, line 2g)			200	226
Ž	10		me (Part VIII, column (A), lines 3,			6,239	2,043
	11		Part VIII, column (A), lines 5, 6d, 8			0	
	12		dd lines 8 through 11 (must equal	, , , , , , , , , , , , , , , , , , , ,	e	7,052,677	7,707,526
	13		ar amounts paid (Part IX, column (446,871	341,310
	14		or for members (Part IX, column (A			440,071	0
			ompensation, employee benefits (P		_		
8	15	10)	ompensation, employee benefits (P	art IX, column (A), lines :	>-	2,395,775	2,588,501
Ехрепзез	16a	•	draising fees (Part IX, column (A),	ıne 11e)			0
<u> </u>	ь		penses (Part IX, column (D), line 25) •15,				
四		rotal fundraising ex	benses (Part IX, column (D), line 25) \mathbf{F}^{25}				
- 1	17	Otheraynanas	(Part IV column /A \ lines 44s 44	d 11f_24f\		3 004 225	1 221 760
	17	•	(Part IX, column (A), lines 11a-11			3,904,225	4,331,769
	18	Total expenses	Add lines 13–17 (must equal Part	IX, column (A), line 25)		6,746,871	7,261,580
_ on		Total expenses		IX, column (A), line 25)	n	6,746,871 305,806	
aces aces	18	Total expenses	Add lines 13–17 (must equal Part	IX, column (A), line 25)		6,746,871	7,261,580
sences	18 19	Total expenses Revenue less ex	Add lines 13–17 (must equal Part penses Subtract line 18 from line	IX, column (A), line 25) 12		6,746,871 305,806 g of Current 'ear	7,261,580 445,946 End of Year
d Balances	18 19 20	Total expenses Revenue less ex Total assets (Pa	Add lines 13-17 (must equal Part penses Subtract line 18 from line	IX, column (A), line 25) 12		6,746,871 305,806 g of Current ear 2,149,370	7,261,580 445,946 End of Year 1,963,431
end Batances	18 19 20 21	Total expenses Revenue less ex Total assets (Pa	Add lines 13-17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12		6,746,871 305,806 g of Current /ear 2,149,370 2,021,914	7,261,580 445,946 End of Year 1,963,431 1,390,029
	18 19 20 21 22	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or ful	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12		6,746,871 305,806 g of Current ear 2,149,370	7,261,580 445,946 End of Year 1,963,431
Fund Balances	18 19 20 21 22	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature Bl	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	Y	6,746,871 305,806 g of Current ear 2,149,370 2,021,914 127,456	7,261,580 445,946 End of Year 1,963,431 1,390,029 573,402
	18 19 20 21 22	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature Bi Under penalties of p	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	schedules and s	6,746,871 305,806 g of Current 'ear 2,149,370 2,021,914 127,456	7,261,580 445,946 End of Year 1,963,431 1,390,029 573,402
	18 19 20 21 22	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature Bi Under penalties of p	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	schedules and s	6,746,871 305,806 g of Current 'ear 2,149,370 2,021,914 127,456	7,261,580 445,946 End of Year 1,963,431 1,390,029 573,402
Par Sign	18 19 20 21 22	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature BI Under penalties of p and belief, it is true, *******	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	schedules and sid on all information	6,746,871 305,806 g of Current 'ear 2,149,370 2,021,914 127,456	7,261,580 445,946 End of Year 1,963,431 1,390,029 573,402
Par Sign	18 19 20 21 22	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of p and belief, it is true,	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	schedules and sid on all informati	6,746,871 305,806 g of Current /ear 2,149,370 2,021,914 127,456 tatements, and to the on of which prepare	7,261,580 445,946 End of Year 1,963,431 1,390,029 573,402
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Par Sign Here	18 19 20 21 22 t III	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature BI Under penalties of p and belief, it is true, ***** Signature of office DEIRDRE WHITE Type or print nar Preparer's signature Bill Tu	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	schedules and sid on all information and particular departments and side of the schedules and schedules are sc	6,746,871 305,806 g of Current 'ear 2,149,370 2,021,914 127,456 tatements, and to thon of which prepare	7,261,580 445,946 End of Year 1,963,431 1,390,029 573,402 he best of my knowledge r has any knowledge
Par Sign Here Paid	18 19 20 21 22 t III	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of p and belief, it is true, ****** DEIRDRE WHITE Type or print nar Preparer's signature (or your if self-employed),	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	schedules and side on all information and side of the control of t	6,746,871 305,806 g of Current 'ear 2,149,370 2,021,914 127,456 tatements, and to thon of which prepare	7,261,580 445,946 End of Year 1,963,431 1,390,029 573,402 he best of my knowledge r has any knowledge
Par Sign Here	18 19 20 21 22 t III	Total expenses Revenue less ex Total assets (Pa Total liabilities (Net assets or fur Signature Bl Under penalties of p and belief, it is true, ****** Signature of office DEIRDRE WHITE Type or print nar Preparer's signature Bill Tu Firm's name (or your	Add lines 13–17 (must equal Part penses Subtract line 18 from line rt X, line 16)	IX, column (A), line 25) 12	schedules and side on all information and side of the control of t	6,746,871 305,806 g of Current ear 2,149,370 2,021,914 127,456 tatements, and to thon of which prepare 08-02 Preparer's identify (see instructions)	7,261,580 445,946 End of Year 1,963,431 1,390,029 573,402 se best of my knowledge r has any knowledge

May the IRS discuss this return with the preparer shown above? (see instructions) . .

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

CDC Development Solutions leverages public, private and volunteer resources to strengthen SMEs and the institutions, governments, and industries that drive economic growth in emerging markets

	(Expenses \$	819,316 inc	luding grants of \$	202,159) (Revenue \$)
				202450		
4d	Other program servic	es (Describe in Sch	edule O) See also Ad	ditional Data for De	scription	
	with micro, small and med which are encompassed by	lium sized firms to utilize y our Tourism Employme tourism enterprises and e	the power of domestic and not opportunities (TEMPO) i	l international tourism a model and supported by	Cross River Stare, Nigeria We app is a tool for broad-based economic our Tourism Products Registry and sible manner that supports small b	growth Our methodologies, I Tourism Development
4c	(Code) (Expenses \$	383,121 includii	ng grants of \$	62,515) (Revenue \$)
	IBM Corporate Service Cor employees from around th				orporate Service Corp initiative, w les in emerging markets	hich sends IBM field
4b	(Code) (Expenses \$	1,907,765 includii	ng grants of \$) (Revenue \$)
	ANGBP2-Angola BP Supplie actively and with greater s	er Training Initiative (STI) success in the oil industry owth, Support the larger	ProgramBuild the capacity -as suppliers, consultants, goal of making theAngolar	of Angolan businesses a and technical advisors-ir i economy more self-suf	as well as the business support ind n order to create jobs, promote sk fficient and less dependent on outs	ustry to participate more ills transfer, and achieve
4a	(Code) (Expenses \$	2,011,825 includii	ng grants of \$	76,636) (Revenue \$	226)
4		501(c)(4) organizat	ions and section 494	7(a)(1) trusts are re	est program services by exp equired to report the amount ce reported	
	If "Yes," describe thes	e changes on Sched	ule O			
3	Did the organization ce services?		nake sıgnıfıcant chanç	ges in how it conduc		Yes ✓ No
	If "Yes," describe thes	e new services on So	chedule O			
2	Did the organization ur the prior Form 990 or 9	• •	ant program services	during the year which		Yes

Dart TV	Char	·blict	Λf	Dequired	Schedule
	CHEC	-KIISL	UI.	Reuuli eu	Scriedule:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (.	2009)		Page :
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
_		Vec	No

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 23			
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	Yes	
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			
b	return	2b	Yes	
	instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country 🕨 AO , JM , NI			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ia	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?	6a		Νο
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	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		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
a	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
.1	Section 501(c)(12) organizations. Enter			
	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)	-		
L2a	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			

MOUSSA DIOUF

(202) 872-0933

1420 K Street NW 7th Floor WASHINGTON, DC 20005

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

Se	ction A. Governing Body and Management					
			i		Yes	No
1a	Enter the number of voting members of the governing body	1a	12			
b	Enter the number of voting members that are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus					
_	other officer, director, trustee, or key employee?	•		2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		Νο
4	Did the organization make any significant changes to its organizational documents s filed?	ınce t	he prior Form 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets?	5		Νo
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Sched	ule O		9		Νo
	ection B. Policies (This Section B requests information about policies not venue Code.)	requi	red by the Internal			
Re	venue Code.)				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		N o
	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the or	tiviti	es of such chapters,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governir	_		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?		_	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done	h the	policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	rsım •	ılar arrangement with a	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	en ste	ps to safeguard the	16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶DC					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governir interest policy, and financial statements available to the public See Additional Data					
20	State the name, physical address, and telephone number of the person who possesses			e orga	nızatıor	. ►

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Officei	Key employee	Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)					Page ₹
1b	Total	658,138	(0		96,103
2	Total number of individuals (including but not limited to those listed above) wi \$100,000 in reportable compensation from the organization 4	no received more than				
					Yes	No
3	Did the organization list any former officer, director or trustee, key employee, on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	•	ployee	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and organization and related organizations greater than \$150,000? <i>If "Yes," compundividual</i>	•	e	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrrendered to the organization? If "Yes," complete Schedule J for such person .	<u> </u>	:es	5		No
_	Section B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractor \$100,000 of compensation from the organization	rs that received more than				
	(A) Name and business address	(B) Description of s	ervices		(C Comper	
920	n Rosenbaum loxford terrace er spring, MD 20901	consulting				218,280
_						
_						
2	Total number of independent contractors (including but not limited to those list \$100,000 in compensation from the organization ►1	ed above) who received more	than			

Form **990** (2009)

Form 99	•							Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
इइ	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
2,€	c	Fundraising eve	ents 1c					
ž ž	d	Related organiz	zations 1d					
S E	e	Government grants	s (contributions) 1e	279,624				
고 교	f	All other contribution	ons, gifts, grants, and 1f	7,425,633				
₹ 2	g	sımılar amounts no Noncash contri	ot included above ibutions included in					
달								
S 🖁	h		s 1a-1f	🕨	7,705,257			
				Business Code				
Program Serwce Revenue	2a	PROGRAM INCOME		900,099	226	226		
\$2 \$2	ь		_					
90	c		_					
ž ž	d							
Ř	e							
튵	f	All other progra	am service revenue					
چّ								
	g 3		s 2a-2f		226			
	3		ome (including dividender)	•	2,043			2,043
	4		stment of tax-exempt bond		_,,,,,			2,616
	5			· · · · ·				
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	,,	,				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)	<u> </u>				
	<u> </u>	Tractorial incom	(ı) Securities	(II) O ther				
	7a	Gross amount	(1)	(,				
		from sales of assets other						
	Ь	than inventory Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (los	s)					
۸.	8a	Gross income f events (not inc	rom fundraising					
Other Revenue		\$						
क ?=		of contributions	reported on line 1c)					
æ		See Part IV, lin	ne 18 a					
jē.	ь	Less directex	penses b					
₹	c		(loss) from fundraising	events 🟲				
	9a		rom gamıng actıvıtıes					
		See Part IV, lin						
	١.		a 					
	b с		penses b (loss) from gaming activ	vities				
		Gross sales of						
		returns and allo						
			а					
	b		oods sold b					
	С		(loss) from sales of inve					
	11a	Miscellaneous	s kevenue	Business Code				
	Ь							
	ب د	A II - +1						
	d	All other revenue						
	e	Total. Add lines	o 11a-110	▶				
	12	Total revenue.	See Instructions	▶				
					7,707,526	226	0	2,043

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B), (C), and	(D).	(D)				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	27,841	27,841						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	313,469	313,469						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	658,139	265,605	392,534					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	1,278,235	777,875	500,360					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	56,473	29,705	26,768					
9	Other employee benefits	476,323	250,546	225,777					
10	Payroll taxes	119,331	62,768	56,563					
11	Fees for services (non-employees)								
а	Management	830,836	616,700	214,136					
b	Legal	628		628					
C	Accounting	35,000		35,000					
d	Lobbying								
е	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	42,097	2,844	39,253					
12	Advertising and promotion	5,205	2,196	3,009					
13	Office expenses	308,370	237,986	70,384					
14	Information technology	23,134	3,802	19,332					
15	Royalties								
16	Occupancy	574,628	400,610	174,018					
17	Travel	1,966,473	1,798,131	168,342					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	84,514	34,180	50,334					
20	Interest	3,550		3,550					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	29,316		29,316					
23 24	Insurance	135,098	70,726	64,372					
a	OTHER EXPENSES	264,131	198,254	49,938	15,939				
b	value added tax	28,789	28,789	.5,550					
c		20,709	25,753						
d		1							
e									
f	All other expenses	1							
25	Total functional expenses. Add lines 1 through 24f	7,261,580	5,122,027	2,123,614	15,939				
26	Joint costs. Check here ► ☐ If following SOP 98-2	7,201,300	3,122,027	2,123,017	13,333				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X Balance Sheet (A) (B) Beginning of year End of year 776,497 583.905 1 1 Cash—non-interest-bearing 2 2 Savings and temporary cash investments 717,386 1,021,623 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 8 Inventories for sale or use 173,847 9 76,428 Prepaid expenses and deferred charges 292.963 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10b 128,172 180.200 164.791 b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 301.440 116.684 15 15 16 2,149,370 16 1,963,431 Total assets. Add lines 1 through 15 (must equal line 34) . . . 758.220 17 659.780 17 Accounts payable and accrued expenses 18 18 923,653 19 529,451 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 340.041 25 Other liabilities Complete Part X of Schedule D 25 200.798 26 **Total liabilities.** Add lines 17 through 25 2,021,914 1,390,029 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 127,456 573,402 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 127,456 573,402 33 33 34 Total liabilities and net assets/fund balances 2.149.370 1.963.431 34

Part XI Financial Statements and Reporting

			Yes	No			
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo			
b	Were the organization's financial statements audited by an independent accountant?						
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	Separate basis Consolidated basis Both consolidated and separated basis						
3а	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?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b					

Form **990** (2009)

Employer identification number

OMB No 1545-0047

OMB No 1545-004

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

CITIZENS development CORPS inc

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open to Public Inspection

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	(v) Did you no organizat col (i) of suppor	tify the ion in your	(vi Is t organiza col (i) or in the	he ition in ganized	(vii) A mount of support?
		instructions))	,	Yes	No	Yes	No	Yes	No
Γotal									

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(iii)

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5,	/, or 8 of Part I	.)			
	ection A. Public Support	1	<u> </u>	1 1				
Сак	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	4,729,27	7 4,397,986	5 4,447,736	7,046,238	7	7,705,257	28,326,494
	grants ") 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	4,729,27	7 4,397,986	4,447,736	7,046,238	7	7,705,257	28,326,494
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							13,775,329
6	(f) Public Support. Subtract line 5 from line 4							14,551,165
S	ection B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	4,729,277		4,447,736	7,046,238	7	,705,257	28,326,494
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	15,733			6,239		2,043	24,015
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							28,350,509
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		310,323
13	First Five Years If the Form 990 is check this box and stop here			l, thırd, fourth, or f	ifth tax year as a	501(c)(3	3) organız	zation, ▶┌
<u></u>	ection C. Computation of Pul Public Support Percentage for 200			11 column (f))				E1 220 %
	• • • • • • • • • • • • • • • • • • • •	•		II COIGIIII (I))		14		51 330 %
15	Public Support Percentage for 200	•	•			15		69 380 %
	33 1/3% support test—2009. If the and stop here. The organization quality 33 1/3% support test—2008. If the	alıfıes as a public	ly supported orga	nızatıon			•	► ✓
	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me organization	n qualifies as a p — 2009. If the org ition meets the "f	ublicly supported anization did not facts and circums	organization check a box on lin tances" test, chec	ie 13, 16a, or 16b ck this box and st	and line	e 14 Explain	▶┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga	-						-,
18	Explain in Part IV how the organization private Foundation If the organization	ition meets the "f	facts and circums	tances" test The	organization qual	ıfıes as a	a publicly	► □
	instructions							▶ ┌

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493214007301

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization CITIZENS development CORPS inc 52-1706852 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation

- easement on the last day of the tax year Held at the End of the Year
- Total number of conservation easements

- 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌
- Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)**
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
 - Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section
- 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Assets included in Form 990, Part X
- Revenues included in Form 990, Part VIII, line 1
- For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or O	<u>the</u>	<u>r Similar</u>	Asse	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat are	e a significa	int u	se of its co	llection	l	
а	Public exhibition		d	Γ	Loan	orexch	nange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	rthe o	rganızatıon	's ex	empt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	Г No
Par	Part IV, line 9, or reported an an						answere	d "Y	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions o	r other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г			A mou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
	· ·	orm 990 Bart V I	A 212				L	-			Yes	┌ No
2a L	Did the organization include an amount on Fo		e 21'							1	ı es) NO
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n and	wor	ad "Va	c" to =	Orm 000	Dar	t IV line	10		
- (Endowment Funds. Complete	(a)Current Year		Prior '			o Years Back		Three Years B		Four Y	ears Back
1a	Beginning of year balance							<u> </u>				
ь	Contributions											
с	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment											
ь	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	d and a	dmınıstered	d for	the			
	organization by	•									Yes	No
	(i) unrelated organizations							٠		3a(i)		<u> </u>
_	(ii) related organizations									3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•		3b		<u> </u>
4 Dar		<u>-</u>				00 D-	rt V line	10				
rell	VI Investments—Land, Buildings	o, anu Equipme	iiit. 5						(=) 1	د معمان		
	Description of investment				o) Cost o		(b)Cost or o basis (oth		(c) Accumi deprecia		(d) Bo	ook value
	and		•	<u> </u>								
	Buildings		•									
c I	easehold improvements						147	,001		28,175		118,826
•									1			
	Equipment		•									
d i	Equipment	<u> </u>					145	5,962		99,997		45,965

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives		- Cost of Ging o	y dan manket value
Closely-held equity interests			_
Other			
	+		
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
(a) bescription of investment type	(B) Book Value	Cost or end-o	-year market value
	+		
	+		
	_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	-		
Part IX Other Assets. See Form 990, Part X, II	ne 15.	_	
(a) Descri			(b) Book value
FIELD ADVANCES			96,192
EMPLOYEE ADVANCES			20,492
Total. (Column (b) should equal Form 990, Part X, col.(B) line			116,684
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X			116,684
	X, line 25.		116,684
Part X Other Liabilities. See Form 990, Part 2 1 (a) Description of Liability			116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part 2 1 (a) Description of Liability	X, line 25.		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
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Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		116,684

		T	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,707,526
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,261,580
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	445,946
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	445,946
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	14,253,110
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 6,545,584		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	6,545,584
3	Subtract line 2e from line 1	3	7,707,526
4	A mounts 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 XIV) 4b		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,707,526
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	13,807,164
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	_	
- а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	6,545,584
3	Subtract line 2e from line 1	3	7,261,580
4	A mounts 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		
Ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,261,580
Pai	t XIV Supplemental Information		<u> </u>

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	On October 1, 2009, CDS adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, CDS may recognize the tax benefit from an uncertain tax position only if it is more-likely-than-not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, interest and penalties on income taxes, and accounting in interim periods. CDS did not have any net unrelated business income for the year ended September 30, 2010. With few exceptions, CDS is no longer subject to U.S federal income tax positions by tax authorities for years before 2007.

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DLN: 93493214007301

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organization CITIZENS development CORPS inc **Employer identification number**

52-1706852

Part I	General Information on	Activities Outside the United States.	. Complete if the organization answere	ed
	"Yes" to Form 990, Part IV	line 14b.		

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or							
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award						
	the grants or assistance?	Yes	▽	No			

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) 3

3 Activites per Region (U	se Schedule F-1	(Lotur AAO) it add	itional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	1	3	Program services	AGRICULTURE	327,579
East Asia and the Pacific		1	Program services	Training/Corporate Service	1,884,482
Sub-Saharan Africa	2	26	Program services	STI Training/Corporate Service	7,670,075
South America		1	Program services	Training/Corporate Service	1,615,268
Europe (Including Iceland & Greenland)		1	Program services	Training/Corporate Service	1,823,797
South America			Grants to recipients located in region		22,261
Europe (Including Iceland & Greenland)			Grants to recipients located in region		10,667
East Asia and the Pacific			Grants to recipients located in region		26,261
Sub-Saharan Africa			Grants to recipients located in region		221,668
Central America and the Caribbean			Grants to recipients located in region		32,613
	3	32			13,634,671
For Privacy Act and Paperwork R	Leduction Act Notic	re, see the Instruc	tions for Form 990.	L Cat No 50082W Sch e	edule F (Form 990) 2009

Part IV,	line 15, for an	ssistance to Organ ny recipient who recomm 990) if additional	eived more than \$5,	ies Outside the Un ,000. Check this box	ited States. Comp if no one recipient	plete if the organiza received more that	tion answered "Yes [*] n \$5,000	' to Form 990, ▶ ┌
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Material and Greenhouse Construction	32,613	wire transfer			
		Sub-Saharan Africa	Tourism Development Program	37,500	wire transfer			
				recognized as charit ovided a section 501				
3 Enter total nu	mber of other	organizations or en	tities				. ▶	2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

	<u> </u>						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Stipend	South America	2	22,261	wire			
Stipend	Europe (Including Iceland & Greenland)	3	10,666	wire			
Stipend	East Asia and the Pacific	3	26,261	wire			
Stipend	Sub-Saharan Afrıca	17	184,168	wI Re			

Schedule F (Form 990) 2009

Part IV Supplemental Info	rmation o provide the information require	red in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 CDS maintains a system of control procedures in addition to accounting policies that have been established to provide reasonable assurance that assets are safeguarded and specific objectives are achieved

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Schedule I

(Form 990)

CITIZENS development CORPS inc

DLN: 93493214007301

OMB No 1545-0047

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

> Open to Public **Inspection**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance

Employer identification number 52-1706852

Form 990, Part IV	, line 21 for any	o Governments and recipient that received 00) if additional space in	l more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0)00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Food for the Poor6401 lyons rd coconut creek, FL 33073	592174510	501(c)(3)	27,841				Greenhouse Materials and Installation

	·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	1		ı	I.	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Project/Grant Managers are responsible making sure funds are properly expended by reviewing all expenditures related to their projects and make sure that it is according to the project's application before any funds are disbursed. This is accomplished through the review of each document and monthly detail reports, on-site review of the project and the scope of work as outlined in the grant documents and budget.

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DLN: 93493214007301

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer identification number
CITIZENS development CORPS inc	
	52 4706052

52-1706852 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Nο If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(ii) Bonus &	(iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
187,813 0	_	=	8,219 0	14,931 0	210,963 0	
123,933 0		_	17,367 0	10,082 0	151,382 0	0 0
139,227 0	0	0 0	5,339 0	14,509 0	159,075 0	0 0
	(i) Base compensation 187,813 0 123,933 0 139,227	(i) Base compensation 187,813	Incentive compensation Incentive compensat	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation other deferred compensation 187,813	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation other deferred compensation benefits 187,813	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation other deferred compensation benefits (B)(I)-(D) 187,813

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493214007301

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Identifier

Form 990,

Part III, line

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization CITIZENS development CORPS inc **Employer identification number**

52-1706852

Return Reference	Explanation
New Program Services	In June of 2010, Dow Corning awarded CDS a contract to manage its Corporate Service Corp initiative. The \$335,110 contract runs through December 2011. Pfizer and CDS enter into a contract worth \$312,120 in August of 2010. CDS will be managing Pfizer's Corporate Service Corp initiative. The contract runs through June 2011. In August of 2010, Novartis awarded CDS a contract to design and manage its pilot Corporate Service Corp initiative. The \$161,000 contract runs through December 2010 and is expected to be renewed. In March of 2011, FEDEX awarded CDS a contract to design and manage its pilot Corporate Service Corp initiative. The \$158,000 contract runs through July 2012 and is expected to be renewed. In May of 2011, Pepsi Co awarded CDS a contract to design and manage its pilot Corporate Service Corp initiative. The \$108,000 contract runs through December 2011 and is expected to be renewed. In April of 2011, USAID awarded CDS a contract to establish a virtual Center of Excellence for International Corporate Volunteerism (CEICV). The new partnership will help increase the number of employee volunteers at U.Sbased corporations by providing meaningful assistance to local governments, small businesses, and civic groups in emerging markets abroad. The \$743,076 contract runs through April 2013.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Prior to filing the Form 990, it is sent to the President & COO, Deirdre White and the CEO & Vice Chair of the Board, Michael Levett, for their revision. Other members of the Board are provided an electronic copy of the full Form 990 and an opportunity to comment on it.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Management and Board members are asked to disclose any business and/or family relationships with other members of the organization and clients. Once disclosed, the other members would then determine whether or not, a potential conflict of interest exists. If it is determined that such conflict exist, a course of action is taken

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The compensation of the president and other employees is reviewed annually CEO & Vice Chair of the Board, Michael Levett's salary is approved by the Board Each December, The Executive Team comprised of, the President & COO, CEO & Vise Chair of the Board, Vice President and CFO meet to establish the guidelines for compensation for the coming year. The compensation package is a combination of salary increase and bonuses. Salary increase is based on individual performance in achieving the company goals and salary guide for the industry. Bonus pay is based on the company's financial performance and the individual's contribution towards meeting the financial goal. During this process, The Executive Team takes in and goes over each annual performance review and updated job descriptions for each position and compares them to market data to ensure a competitive pay for all employees. Each December, The Executive Team comprised of, the President & COO, CEO & Vise Chair of the Board, Vice President and CFO meet to establish the guidelines for compensation for the coming year. The compensation package is a combination of salary increase and bonuses. Salary increase is based on individual performance in achieving the company goals and salary guide for the industry. Bonus pay is based on the company's financial performance and the individuals contribution towards meeting the financial goal. During this process, The Executive Team goes over each annual performance review and updated job descriptions for each position and compares them to market data to ensure a competitive pay for all employees.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		CDC Development Solutions, Inc. makes this information available to the public upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		CDC Development Solutions, Inc. makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

Additional Data

Software ID: Software Version:

EIN: 52-1706852

Name: CITIZENS development CORPS inc

(Code) (Expenses \$	123,343	including grants of \$	57,781) (Revenue \$)
IFC					
(Code) (Expenses \$	137,263	ıncludıng grants of \$	60,454) (Revenue \$)
JAGDA 2					
(Code) (Expenses \$	98,710	ıncludıng grants of\$	28,667) (Revenue \$)
EG-LNG-MBA					
(Code) (Expenses \$	59,419	ıncludıng grants of\$	29,877) (Revenue \$)
CHEM MBA NIGERIA					
(Code) (Expenses \$	160,943	ıncludıng grants of \$) (Revenue \$)
NOVARTIS					

4d. Other program ser) (Expenses \$	71,348	ıncludıng grants of \$) (Revenue \$	
DOW) (Expenses 4	71,310	meraamy grants or p	, (Nevende φ	,
(Code PATH-MBA) (Expenses \$	31,760	including grants of \$	6,333) (Revenue \$)
(Code PATH-MBAWB) (Expenses \$	15,757	including grants of\$	7,000) (Revenue \$)
(Code GSTA MaLI) (Expenses \$	5,571	including grants of \$	1,714) (Revenue \$)
(Code CHEM ALBANIA) (Expenses \$	16,506	including grants of \$) (Revenue \$)

(Code ANGLNG) (Expenses \$	24,848	including grants of \$) (Revenue \$)
(Code CRDF-UKR) (Expenses \$	11,719	including grants of \$	4,333) (Revenue \$)
(Code HP-ICV-DESIGN) (Expenses \$	23,307	including grants of \$) (Revenue \$)
(Code DT-Sum 10) (Expenses \$	21,140	including grants of \$) (Revenue \$)
(Code Pfizer-2H-10) (Expenses \$	8,454	including grants of \$) (Revenue \$)

4d. Other program	ı services			
(Code Other) (Expenses \$	9,228 including grants of \$	6,000) (Revenue \$)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	lent C	onti	act	013					
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
LEW W CRAMER CHAIR	1 00	Х		Х				0	0	0
JIM JAFFE MEMBER	1 00	Х						0	0	0
MICHAEL KERNAN MEMBER	1 00	Х						0	0	0
SANDY BERGER MEMBER	1 00	Х						0	0	0
DANA G MEAD MEMBER	1 00	Х						0	0	0
WILLIAM DELPHOS MEMBER	1 00	Х						0	0	0
PHILIP H MIRVIS MEMBER	1 00	Х						0	0	0
JAMES L HICKMAN MEMBER	1 00	Х						0	0	0
PEDRO RAMOS MEMBER	1 00	Х						0	0	0
SHARI HUBERT MEMBER	1 00	Х						0	0	0
TOM SCHNEIDER MEMBER	1 00	Х						0	0	0
HOLLY WISE MEMBER	1 00	Х						0	0	0
DEIRDRE WHITE PRESIDENT & COO	50 00			х				187,813	0	21,599
MICHAEL LEVETT ceo	50 00			х				123,933	0	26,199
MOUSSA DIOUF CFO	50 00			х				125,594	0	18,813
CD GLIN VP BUSINESS DEVELOPMENT	50 00			х				139,227	0	18,719
Robert Webster VP program	50 00			х				81,571	0	10,773