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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)

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

DLN: 93493135089068 OMB No 1545-0047

Open to Public

A For the 2016	c
Internal Revenue Servi	ce
Department of the Trea	51

▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection alendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017 C Name of organization CIVICUS WORLD ALLIANCE FOR CITIZEN D Employer identification number B Check if applicable ☐ Address change PARTICIPATION 52-1847010 ☐ Name change Doing business as ☐ Initial return Deturn/terminated E Telephone number Number and street (or P O $\,$ box if mail is not delivered to street address) 1775 EYE STREET NW NO 1150 ☐ Amended return (202) 331-8518 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 20006 G Gross receipts \$ 10,517,868 F Name and address of principal officer **H(a)** Is this a group return for CLAIRE NYLANDER ☐Yes ☑No subordinates? 1775 EYE STREET NW NO 1150 H(b) Are all subordinates WASHINGTON, DC 20006 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CIVICUS ORG L Year of formation 1993 M State of legal domicile DE Summary 1 Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1 Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b **Current Year** 7,641,943 10,396,775 8 Contributions and grants (Part VIII, line 1h) . . **9** Program service revenue (Part VIII, line 2g) 112,710 37 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 206 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,965 8,177 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,643,945 10,517,868 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 3,488,643 3,762,860 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 1,245,834 2,009,677 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 2,436,778 2,835,225 7,171,255 8,607,762 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,910,106 19 Revenue less expenses Subtract line 18 from line 12 . 472,690 Assets or d Balances End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) . 3,300,514 5,225,074 240,943 **21** Total liabilities (Part X, line 26) 226.489 4,984,131 3,074,025 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Paid **Preparer** Use Only

Sign Here

Type or print name and title Print/Type preparer's name ANDREAS ALEXANDROU CPA Preparer's signature ANDREAS ALEXANDROU CPA Date PTIN Check | If P01330558 self-employed Firm's name

GELMAN ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008 Firm's address ► 4550 MONTGOMERY AVE SUITE 650N Phone no (301) 951-9090 BETHESDA, MD 208142930 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes 🗆 No

Signature of officer

CLAIRE NYLANDER COO

<u>2018-05-1</u>5

Form	990 (2	016)					Page 2
Par	t III	Statement	of Program Service	e Accomplis	hments		
		Check of Sche	dule O contains a respo	onse or note to a	any line in this Part III		🗹
1	Briefly	describe the o	organization's mission				
INDI PHIL OFFE LEGA	VIDUAL ANTHRO R BROA L OBST	S DEDICATED TO SPY, AND COMMAN MEETING AN TACLES IMPEDI	TO STRENGTHENING C MUNITY SERVICE CIVION ND PARTNERSHIP OPPO	ITIZEN ACTION CUS'S MAIN OB RTUNITIES, SU OF THE VOLUN	`AND INFĹUENCE THROU JECTIVES ARE TO PROM PPORT EXEMPLARY PRO.	FIT MEMBERSHIP ALLIANCE OF OF COMMENT OF THE WORLD THROUGH OTE RESEARCH AND DISSEMINATED AND EXPERIENCES, ASSISTMOTE A POLITICAL AND CULTU	VOLUNTARY INITIATIVE, ATION OF INFORMATION, ST IN REMOVING THE
2	the pr	or Form 990 o	r 990-EZ?		vices during the year wh	ich were not listed on	☑ Yes ☐ No
3	Did th	e organization es?	ese new services on Sch cease conducting, or m 	nake significant	changes in how it condu	cts, any program	☑ Yes ☐ No
4	Sectio	n 501(c)(3) an		ons are required	to report the amount of	argest program services, as mea grants and allocations to others	
4a	(Code See Ad	lditional Data) (Expenses \$	1,860,358	including grants of \$	1,484,581) (Revenue \$	13,764)
4b	(Code See Ad	ldıtıonal Data) (Expenses \$	1,748,356	including grants of \$	606,044) (Revenue \$	14,364)
4c	(Code See Ad	ldıtıonal Data) (Expenses \$	1,047,960	including grants of \$	348,026) (Revenue \$)
		dditional Data		ulo (0.)			
4d		program servicenses \$	ces (Describe in Schedi 3,140,670 incl	ule O) uding grants of	\$ 1,324,20	09) (Revenue \$	84,582)
4e	Total	program serv	vice expenses ►	7,797,3	44		

om 550 (2010)										
Par	t IV Checklist of Required Schedules									
			Yes							
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes							

Yes

2

3

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5

Nο Nο

Page 3

No

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . .

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Nο No Nο

11d

11e

11f

12a

13

14a

14b

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16

17

18

19

Yes

Yes

Yes

Yes

Yes

Nο Nο Nο

No

Nο

Nο

Nο

No

Νo

Νo

No

Nο

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Yes 11a 11b 11c

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII 🕏

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

29

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20b 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22

Nο Nο

Page 4

23

24a

24b

24c

24d

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25b

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Yes

Yes

Form 990 (2016)

Nο Νo

Nο

Νo

Nο

orm	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 19			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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 return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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	
b	If "Yes," enter the name of the foreign country ▶UK			
	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7				
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		No
ь	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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7£		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	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			
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? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	<u> </u>		✓
Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14		163	140
	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 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17				_
18	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest.			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

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

of reportable compensation from the organization	n and any relate	d orga	nızatı	ons	P C		٠	p.0,000		,,,,,,,	
 List all of the organization's former director organization, more than \$10,000 of reportable co 											
List persons in the following order individual trus	stees or directo		_					-			
compensated employees, and former such person											
Check this box if neither the organization no (A) Name and Title	(B) Average hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ore er)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	below dotted line)	Individual trustee or director	Institutional Trustee	<u> </u>	key employee	Highest compensated employee	ner			organizations	
(1) JESSE CHIH-HAO CHEN CHAIRPERSON G&M	1 00	x		x				0	0	0	
(2) ANABEL CRUZ CHAIRPERSON	1 00	×		x				0	0	0	
(3) AMITABH BEHAR VICE CHAIRPERSON	1 00	х		х				0	0	0	
(4) JULIA DEL CARMEN SANCHEZ VICE CHAIRPERSON	1 00	х		х				0	0	0	
(5) ELISA FANNY GEORGINA PETER SECRETARY	1 00	x		x				0	0	0	
(6) AYA CHEBBI BOARD MEMBER	1 00	×						0	0	0	
(7) ANNA NILDA BULLAIN BOARD MEMBER	1 00	х						0	0	0	
(8) GUILLERMO CORREA BOARD MEMBER	1 00	х						0	0	0	
(9) PAULINE WANJA KAMAU BOARD MEMBER	1 00	×						0	0	0	
(10) SYLVIA KARLSSON-VINKHUYZEN BOARD MEMBER	1 00	х						0	0	0	

1 00 (11) JOANNA DEBORAH KERR 0 0 0 BOARD MEMBER 1 00 (12) PATRICIA ANNE FIRTH MURRAY 0 0 0 BOARD MEMBER 1 00 (13) OYEBISI BABATUNDE OLUSEYI 0 0 BOARD MEMBER 1 00 (14) XU BIN 0 0 Х 0 BOARD MEMBER 40 00 (15) DHANANJAYAN SRISKANDARAJAH Χ 148,806 0 SECRETARY GENERAL 40 00 (16) MARIA E VAN STRAATEN Χ 128,814 0 CFO/DIR OPERATIONS 40 00 (17) ALEX SARDAR Х 0 124,146 CHIEF INNOVATION OFFICER

Form 990 (2016)

(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t che unles ficer	ss pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F Estima amount o compen from	ated of other sation the
	for related organizations below dotted line)	or related ganizations and state show dotted ganizations				Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organızat relat organız	ed
c Total from continuation sheets to Pa	c Total from continuation sheets to Part VII, Section A										
2 Total number of individuals (including	but not limited				bove	e) who	rece	401,766	0 .000		0
of reportable compensation from the			C 1130		2016	c, ••••	, , , , ,	orrea more man pro	50,000		
										Yes	No
3 Did the organization list any former of	officer, director	or trust	ee, k	ey e	mple	oyee, d	or hi	ghest compensated	employee on		

2	Total number of individuals (including but not limited to those listed above) who received more than \$10 of reportable compensation from the organization ▶ 3

DHANANJAYAN SRISKANDARAJAH

1775 EYE STREET NW SUITE 1150 WASHINGTON, DC 20006 MARIA ELIZABETH VAN STRAATEN

1775 EYE STREET NW SUITE 1150 WASHINGTON, DC 20006

1775 EYE STREET NW SUITE 1150 WASHINGTON, DC 20006

compensation from the organization ▶ 3

ALEX SARBAR

line 1a? If "Yes," complete Schedule J for such individual . Νo

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

		_						
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No				
S	Section B. Independent Contractors							
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of complete this table for your five highest compensation for the calendar year ending with or within the organization is tax year.							

148,806

128,814

124,146

Form **990** (2016)

MANAGEMENT SERVICES

MANAGEMENT SERVICES

MANAGEMENT SERVICES

S	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received from the organization Report compensation for the calendar year ending with or within the contract.		ensation						
	(A) Name and business address	(B) Description of services	(C) Compensation						

		L	,		110				
S	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the o		pensa	ation					
	(4)								

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part '	VII										
		Check if Schedul	le O contains a	a respo	onse or note to any	/ line in this Pa (A) Total reven		(B) Related or exempt function	Unre bus	C) elated iness enue	(D) Revenue excluded from tax under sections
	12	a Federated campaig	ns	1a				revenue			512-514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1b	52,941						
Gra not	,	c Fundraising events		1c	_						
ts	,	d Related organizatio	ns	1d							
E E	,	e Government grants (co	ontributions)	1e	7,832,802						
ıns, Sir	1	f All other contributions	, gıfts, grants,								
utio		and similar amounts n above	ot included	1f	2,511,032						
들충	1	g Noncash contribution in lines 1a-1f \$									
ind.	L		16								
	_ _	Total.Add lines 1a-1		• •		10,396,3 s Code	775				<u> </u>
Service Revenue	2 a	EVENT REVENUE				900099	11	2,710	112,710		
Pe v	b	-									
Ce	C										
χerν	d	l 		_							
E S	е			_							
Program	f	All other program se	rvice revenue			 112,710					-
δ	g	Total. Add lines 2a-2f	f		<u> </u>	112,710					
		Investment income (ii similar amounts) .			nterest, and other		206				206
		Income from investme			ond proceeds	•					
		Royalties				•					
			(ı) Real		(II) Personal						
	6a	Gross rents									
	b	Less rental expenses				+					
		Dombol				_					
	•	; Rental income or (loss)									
	d	Net rental income o	r (loss)								
			(ı) Securit	ies	(II) Other						_
	7a	Gross amount from sales of									
		assets other than inventory									
	b	Less cost or				\dashv					
		other basis and sales expenses									
		Gain or (loss)									
		Net gain or (loss) .			•						
e	8a	Gross income from for for the control of the contro		ents of							
Other Revenue		contributions reporte See Part IV, line 18	ed on line 1c)	a							
}e^	ь	Less direct expense		b		-					
er F		: Net income or (loss)			ents	_					
)th	9a	Gross income from g		es							
		See Part IV, line 19		a							
	b	Less direct expense	s	b		1					
	c	: Net income or (loss)	from gaming	activit	ies >	_					
	10	Gross sales of invent returns and allowand									
		recurris and anomane		а							
	b	Less cost of goods s	sold	b							
	c	Net income or (loss)		ınvent							
	11	Miscellaneous	Revenue		Business Code	20	8,177				8,177
		a MISCELLANEOUS			90003	,,,	0,177				0,177
	b					1					
	C	•									
						1					
		•									
	,	All other revenue .				+					
		Total. Add lines 11a			•						
		! Total revenue. See					8,177				
				•	• • • •	10,	517,868	112,7	10	0	8,383 Form 990 (2016)

Form 990 (2016) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) lacksquareCheck if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3,762,860 3,762,860 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and 217,271 289,639 72,368 key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,651,397 1,289,404 361,993 7 Other salaries and wages Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . 18,954 14,713 4,241 9 Other employee benefits . **10** Payroll taxes . . 49,687 38,568 11,119 11 Fees for services (non-employees) a Management . **b** Legal 19,902 19,902 34,570 34,570 c Accounting **d** Lobbying 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 1,310,683 1,266,539 44,144 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses . 66,230 41,381 24,849 108,982 71,282 37,700 14 Information technology 15 Royalties . 109,178 55,059 54,119 **16** Occupancy 873.335 97.864 971 199 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 152,817 152,817 19 Conferences, conventions, and meetings 20 Interest . 21 Payments to affiliates . . 7,869 6,345 1,524 22 Depreciation, depletion, and amortization

33,977

17,087

2,731

8,607,762

0

6,000

1,770

7,797,344

33,977

11,087

961

810,418

Form 990 (2016)

23 Insurance .

expenses on Schedule O)

b RECRUITMENT COSTS

c OTHER COSTS

e All other expenses

d

a FOREIGN CURRENCY LOSS

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

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

Page **11**

185.403

202,411

38,532

240,943

2.974.726

2.009.405

4,984,131

5.225.074

Form **990** (2016)

5.225.074

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22 23

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29

30

31 32

33

34

699,119

150,145

30,390

45.954

226,489

223.675

2.850.350

3,074,025

3.300.514

3,300,514

Form 990 (2016)

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12

13 14

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17

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33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Accounts payable and accrued expenses

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

1	Cash-non-interest-bearing	989,444	1	1,485,669
2	Savings and temporary cash investments	626,762	2	2,703,926
3	Pledges and grants receivable, net	940,195	3	748,137
4	Accounts receivable, net	29	4	6,183
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part		5	

	4	Accounts receivable, net	29	4	6,183		
its	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L		5			
	6 7	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations in Part II of Schedule L. Notes and loans receivable, net	n 4958 Itions d	(c)(3)(B), and of section 501(c)(9)		6	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges	repaid expenses and deferred charges			9	40,548
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	67,423			
	b	Less accumulated depreciation	10 b	12,215	5,275	10 c	55,208

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis

Consolidated basis

Both consolidated and separate basis

c 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?

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 No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

3b

Form 990 (2016)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 52-1847010

Name: CIVICUS WORLD ALLIANCE FOR CITIZEN

PARTICIPATION

Form 990 (2016)

Form 990, Part III, Line 4a:

LEAVE NO ONE BEHIND--THIS PROGRAM AIMS TO BUILD A PARTNERSHIP TO CATALYZE JOINT ACTION, COMMITMENT AND RESPONSIBILITY FROM THE GLOBAL COMMUNITY (INCLUDING GOVERNMENTS, THE U N , CIVIL SOCIETY, ACADEMIA, PRIVATE SECTOR, INTERNATIONAL ORGANIZATIONS AND CITIZENS) TO IMPLEMENT THE AGENDA 2030 COMMITMENT THAT NO ONE IS LEFT BEHIND. THE FOUNDING MEMBERS OF THE LNB PARTNERSHIP LEADING ON DELIVERY OF THE THREE PROJECT OUTPUTS ARE CIVICUS, DEVELOPMENT INITIATIVES (DI) AND PROJECT EVERYONE OUTPUTS AND MAIN RESULTS ACHIEVED 1) EXAMINE NEW OUANTITATIVE AND QUALITATIVE DATA PRODUCED AND USED ON LNB GLOBAL P20 REPORT ESTABLISHING A BASELINE OF WHO/WHERE THE POOREST 20% OF PEOPLE ARE GLOBALLY DATA PLATFORM SHARING DATA ON WHO'S BEING LEFT BEHIND. WHERE AND WHY LAUNCHED WITHIN DI'S DEVELOPMENT DATA HUB. INCLUDING A SERIES OF DATA VISUALIZATIONS 2) ENGAGE GREATER AWARENESS BUILT OF THE SDGS AND THE LNB PLEDGE AMONGST MULTIPLE STAKEHOLDERS WITH AN INTEREST IN SOCIAL JUSTICE AND COMBATING EXCLUSION HIGH PROFILE FILM SHOWN TO HEADS OF STATE AT OPENING OF U.N. GENERAL ASSEMBLY (UNGA) AND AROUND THE WORLD, WITH OVER 45,000 WEBSITE VISITS 4 SHORT FILMS CREATED THROUGH AFRICA HUB MOBILE CAMPAIGN AND ONLINE APP SENT OUT VIA MOBILE OPERATORS TO OVER 500 MILLION PEOPLE LNB AND SDG ADVOCACY TOOLKIT AND DATA VISUALIZATION TEMPLATES DEVELOPED AND SHARED 3) EMPOWER BROAD ENGAGEMENT CREATED TO CONNECT ACROSS DIFFERENT COMMUNITIES AND NETWORKS AT COUNTRY-LEVEL AND GLOBALLY TO IMPLEMENT THE LNB PRINCIPLES ADVOCACY AND AWARENESS RAISED THROUGH 30 NATIONAL DIALOGUES AROUND THE WORLD, INCLUDING IN FRAGILE AND CONFLICT AFFECTED STATES GLOBAL REPORT AND MAPPING PRODUCED SURVEY ON LNB PRIORITIES REACHING APPROXIMATELY 5,000 RESPONDENTS FROM OVER 100 COUNTRIES HIGH LEVEL EVENTS AT UNGA 2016 AND HIGH LEVEL POLITICAL FORUM (2016, 2017) AND REGIONAL FORUMS LNB COMMUNITY OF PRACTICE ENGAGEMENT WITH UNDP. GOVERNMENTS AND KEY GLOBAL CIVIL SOCIETY PARTNERS (E.G. ACTION FOR SUSTAINABLE DEVELOPMENT AND OVERSEAS DEVELOPMENT INSTITUTE) THE PROGRAM HAS INCREASED UNDERSTANDING, AWARENESS, ENGAGEMENT AND EMPOWERMENT ON THE IMPORTANCE OF LEAVING NO ONE BEHIND AROUND THE WORLD, REACHING THOUSANDS OF CITIZENS, SOUTHERN COMMUNITY ORGANIZATIONS THROUGH TO WORLD LEADERS AT UNGA AND HLPF. THE PROGRAM HAS DRIVEN FORWARD GROWING GLOBAL INTEREST AND MOMENTUM ON LEAVE NO ONE BEHIND, BUILDING A GRASSROOTS MOVEMENT, SET OF TOOLS TO BUILD UNDERSTANDING, AND SHARED NATIONAL AND GLOBAL CIVIL SOCIETY PERSPECTIVES AND POOR AND EXCLUDED GROUPS' PRIORITIES WITH THE HIGHEST LEVELS OF GOVERNMENT AND UN OFFICIALS FOR THE U K . THIS PROGRAM HAS BEEN A KEY MECHANISM TO HELP DELIVER THE U K 'S LNB PROMISE AND PARTNERSHIP COMMITMENT, LAUNCHED BY THE FORMER PRIME MINISTER AT UNGA 2015 THE U.K. HAS DEMONSTRATED ITS GLOBAL LEADERSHIP, PARTICULARLY ON GENDER EQUALITY AND DISABILITY. AND THIS PROJECT HAS HELPED TO SHINE A LIGHT ON MARGINALIZED GROUPS WHO FACE MULTIPLE FORMS OF DISADVANTAGE AND DISCRIMINATION THE PARTNERSHIP HAS HELPED TO BUILD A SHARED UNDERSTANDING THAT REFLECTS DFID'S APPROACH AND FRAMEWORK ON LNB OVERSEAS (UNDERSTAND, EMPOWER, INCLUDE) IN ADDITION, IT HAS TAKEN FORWARD U K PRIORITIES ON DATA DISAGGREGATION FOR TRACKING SDG PROGRESS FOR ALL, IN LINE WITH DFID'S DATA DISAGGREGATION ACTION PLAN (PUBLISHED JANUARY 2017)

GLOBAL HUB INNOVATION FOR CHANGE (I4C) IS A LONG-TERM, GLOBAL INITIATIVE TO DEVELOP AND SUSTAIN A NETWORK OF REGIONAL HUBS THAT A) CONNECT CIVIL SOCIETY ORGANIZATIONS (CSOS), ACTIVISTS, AND OTHER SECTORS (TECH, ACADEMIA, ETC.), B) OPEN UP ACCESS TO EXISTING KNOWLEDGE AND LEARNING RESOURCES, C) SCALE SUCCESSFUL SERVICES ACROSS SECTORS AND REGIONS, D) INCUBATE NEW THINKING AND PRODUCTS, AND E) AMPLIFY AND DOCUMENT THE CIVIL SOCIETY STORY THESE REGIONAL HUBS WILL CREATE VIBRANT NETWORKS OF SOCIAL GOOD ACTORS BEYOND NATIONAL BORDERS. AND FACILITATE THE DESIGN

AND ROLL-OUT OF REGIONALLY RESPONSIVE SOLUTIONS THAT CAN BE TAKEN TO MARKET, GLOBALLY AND AT SCALE THE HUBS WILL ALSO PLAY AN ESSENTIAL ROLE IN

LINKING CIVIL SOCIETY ORGANIZATION TO PROGRAMMING AND FUNDING PARTNERS THAT OTHERWISE CANNOT REACH THEM

Form 990, Part III, Line 4b:

DATASHIFT IN PARTNERSHIP WITH EXPERTS IN THE INFORMATION AND COMMUNICATION TECHNOLOGIES FOR DEVELOPMENT (ICT4D) SECTOR, CIVICUS LAUNCHED THE DATASHIFT INITIATIVE TO HELP CIVIL SOCIETY ORGANIZATIONS PRODUCE AND ANALYZE DATA, ESPECIALLY CITIZEN-GENERATED DATA, TO DRIVE SUSTAINABLE

VIEW TO IMPROVING ACCOUNTABILITY. POLICIES AND SERVICES FOR EXAMPLE, THROUGH ITS ONLINE LEARNING ZONE AND IN-COUNTRY TRAINING PROGRAMS.

DATASHIFT HELPS ORGANIZATIONS AND CITIZEN-GENERATED DATA PROJECTS TO USE THE LATEST DATA COLLECTION AND ANALYSIS TOOLS, INCLUDING TO SUPPORT

DEVELOPMENT IT DOES THIS THROUGH RESEARCH, CAPACITY STRENGTHENING, SUPPORTING CAMPAIGNS AND IMPROVING THE MONITORING OF GOVERNMENT, WITH A

Form 990, Part III, Line 4c:

THE DELIVERY OF THE GLOBAL SUSTAINABLE DEVELOPMENT GOALS

(Code) (Expenses \$ 528,388 including grants of \$ 309,057) (Revenue \$)

CIVIC SPACE INITIATIVE

(Code) (Expenses \$ 233,559 including grants of \$ 76,675) (Revenue \$

(Code) (Expenses \$ 233,559 II

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

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

(Code) (Expenses \$ 633,298 including grants of \$ 208,380) (Revenue \$ 84,582)

PARTNERSHIPS				
(Code) (Expenses \$	21,442 including grants of \$	7,042) (Revenue \$	

AFFINITY GROUP OF NATIONAL ASSOCIATIONS

(Code) (Expenses \$ 642,040 including grants of \$ 212,206) (Revenue \$)

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

CIVIL SOCIETY WATCH

IVIC SPACE MONITOR					
(Code) (Expenses \$	301,418	including grants of \$	183,561) (Revenue \$)

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

(Code) (Expenses \$ 186,587 including grants of \$ 61,253) (Revenue \$)

COMMUNICATIONS

201111011121111111111111111111111111111					
(Code) (Expenses \$	593,938	including grants of \$	266,035) (Revenue \$	

(Code) (Expenses \$
SUSTAINABLE UMBRELLA

efile	e GRA	APHIC prii	nt - DO NOT PROCES	S As Filed Data -			DLN: 9	3493135089068
SCI	HED	ULE A	Public	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047
(For	m 990			organization is a sect	ion 501(c)(3)	organization o		2016
990E	CZ)			4947(a)(1) nonexe ▶ Attach to Form				2010
		the Treasury	► Information at	out Schedule A (Form			uctions is at	Open to Public Inspection
Name	e of th	nie Service ne organiza	tion	www.ms.g	<u>00/10/11/990</u> .		Employer identific	
	CIPATIO	RLD ALLIANCE ON	FOR CITIZEN				52-1847010	
	rt I		for Public Charity St				See instructions.	
	rganız		a private foundation becau	•	•		\/A\/:\	
1		·	onvention of churches, or)(A)(I).	
2			scribed in section 170(b		,	•	, <u>,</u>	
3	Ц	·	or a cooperative hospital s	-			•	
4	Ш		esearch organization opei and state	rated in conjunction with	a hospital descri	bed in section	1/U(b)(1)(A)(III). E	nter the hospital's
5			ation operated for the ben (iv). (Complete Part II)	efit of a college or unive	rsity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(A)(v).	
7	✓		ation that normally receive (0(b)(1)(A)(vi). (Comple		s support from a	governmental (unit or from the gener	al public described in
8		A communi	ty trust described in sect	ion 170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization rant college of agriculture					ege or university or a
10		from activit	ation that normally receive ties related to its exempt income and unrelated bu see section 509(a)(2).	functions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	e than 331/3% of its su	pport from gross
11	П	•	ation organized and opera		r public safety S	ee section 509	9(a)(4).	
12		more public	ation organized and opera ly supported organization through 12d that describ	is described in section 5	09(a)(1) or se	ction 509(a)(2	2). See section 509 (a	
а		Type I. A so	supporting organization op n(s) the power to regularl Part IV, Sections A and	perated, supervised, or coly appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization s nt of the supporting organ plete Part IV, Sections	supervised or controlled in nization vested in the sar				
С		Type III f	unctionally integrated. organization(s) (see instru	A supporting organizatio				ited with, its
d		Type III n functionally	on-functionally integra integrated The organiza i) You must complete I	ted. A supporting organition generally must satis	ization operated fy a distribution	in connection w requirement and	ith its supported organ	
e		Check this	box if the organization red or Type III non-functiona	ceived a written determir	nation from the I		ype I, Type II, Type II	I functionally
f	Enter		of supported organization					
g			ing information about the		T		T	T
(i)N	ame of	f supported (organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	Is the organiz	v) ration listed in ng document?	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
Total			tion Act Notice, see the	<u> </u>	Cat No 11285	<u> </u>	Schedule A (Form 9	00 000 == \ 2515

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2	
P	art II Support Schedule for							
	(Complete only if you ch						under Part	
	III. If the organization fa	ails to qualify un	der the tests list	ed below, pleas	e complete Part	III.)		
	Section A. Public Support Calendar year	T		<u> </u>		<u> </u>		
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f) Total	
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	1,854,702	3,344,129	5,904,484	7,641,943	10,396,775	29,142,033	
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	1,854,702	3,344,129	5,904,484	7,641,943	10,396,775	29,142,033	
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)						3,232,064	
6	Public support. Subtract line 5						25,909,969	
_	from line 4							
	Section B. Total Support Calendar year							
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total	
7		1,854,702	3,344,129	5,904,484	7,641,943	10,396,775	29,142,033	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and			24	37	206	267	
9	income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on							
10		7,812	120	1,301	1,965	8,177	19,375	
11	Total support. Add lines 7 through 10						29,161,675	
12	Gross receipts from related activities,	etc (see instruction	ons)	L	L	12	148,115	
13	First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nızatıon,	
	check this box and stop here					▶ 🗆		
	ection C. Computation of Public	• •	-					
14	Public support percentage for 2016 (lin	ne 6, column (f) dı	vided by line 11, c	olumn (f))		14	88 850 %	
15	Public support percentage for 2015 Sc	hedule A, Part II, l	ine 14			15	87 870 %	
16a	33 1/3% support test—2016. If the	organızatıon dıd r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b		
Ь	and stop here. The organization quali 33 1/3% support test—2015. If th	e organization did	not check a box or	n line 13 or 16a, a	nd line 15 is 33 1/	3% or more, check		
17a	10%-facts-and-circumstances test is 10% or more, and if the organization	box and stop here . The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	zation meets the "f	acts-and-circumst	ances" test, check	this box and stop	here.	▶□	
18	supported organization Private foundation. If the organizati	on did not check a	box on line 13, 16	- 5a, 16b, 17a, or 17	b, check this box	and see	▶ □	

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	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)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın 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," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	L
	m section 305(a)(1) or (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	
	below	Г
•	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	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)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use		

	below	3a							
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the								
	determination	3b							
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?								
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use								
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you								
	checked 12a or 12b in Part I, answer (b) and (c) below								
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	\Box							

		30	l					
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?								
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с						
a	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	checked 12a or 12b ın Part I, answer (b) and (c) below							
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported							
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b						
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections	·						
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support							

	to the foleigh supported organization was used exclusively for section 170(e)(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 by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** 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						
b	A family member of a person described in (a) above?	11b						
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c						
C-	ection B. Type I Supporting Organizations							
se	ection B. Type I Supporting Organizations		Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗀	1.03	""				
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa							
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or							
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such							
	powers during the tax year	1						
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that							
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting							
	organization	2						
			•	•				
Se	ection C. Type II Supporting Organizations		Yes	N.				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No				
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or						
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)							
		1						
				•				
Se	ection D. All Type III Supporting Organizations		T.					
	Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the	,	Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of							
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing							
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>				
2	Were any of the organization's officers, directors, or trustoss either (1) appointed or elected by the supported arrangement	n 1						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization	"						
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>						
_	Divinion of the valeting described in (2) did the surround of	2						
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t							
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3						
	ection E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)						
a								
b								
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))				
2	Activities Test Answer (a) and (b) below.	_	Yes	No				
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 supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3						
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>						
	substantially all of its activities	2a						
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	2b						
3	Parent of Supported Organizations Answer (a) and (b) below.	_						
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a						
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1					
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b						
		,	1					

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

As Filed Data -

DLN: 93493135089068

OMB No 1545-0047

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** CIVICUS WORLD ALLIANCE FOR CITIZEN PARTICIPATION 52-1847010 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 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 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 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, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)(i) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2016

Assets included in Form 990, Part X

Par	t IIII	Organizations Maint	aining Col	lections of	Art, His	tori	cal T	reası	ires, or	Other	Similar A	ssets (continu	ied)	
3		ı the organızatıon's acquisiti s (check all that apply)	ion, accessior	n, and other r	ecords, ch	neck a	ny of	the fo	llowing t	hat are a	significant	use of it	s collec	tion	
а		Public exhibition				d		Loan	or excha	inge prog	rams				
b		Scholarly research				е		Othe	r						
С		Preservation for future ger	nerations												
4	Provi Part :	de a description of the orga KIII	nızatıon's col	lections and e	explain ho	w the	y furtl	ner th	e organız	ation's ex	empt purp	ose ın			
5		g the year, dıd the organiza s to be sold to raise funds r									ılar	□ Y ¢	es [□No)
Pa	rt IV	Escrow and Custodia			_				_						
		Complete if the organi X, line 21.	zation answ	ered "Yes"	on Form	990,	, Part	IV,	ine 9, or	reporte	ed an amo	unt on	Form 9	990, F	³ art
1a		e organization an agent, tru ded on Form 990, Part X?	stee, custodia	an or other in	termediar	y for	contri	bution	s or othe	r assets	not	□ Y €	es [□No	·
b	b If "Yes," explain the arrangement in Part XIII and complete the following table										-	Amount			-
С		nning balance		·		_			Ī	1c					-
d	Addıt	ions during the year							Ī	1d					-
е	Dıstrı	butions during the year							Ī	1e					-
f	Endır	ig balance							Ī	1f					-
2a	Did tl	ne organization include an a	amount on Fo	rm 990, Part	X, line 21	, for e	escrow	or cu	ıstodıal a	ccount lia	ability?		<u> </u>	□ No	
b	i fes 🗆 No														
Pā	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.														
_	_			(a)Current	year	(b) Pr	ior yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e)Fou	ır years	s back
	-	ing of year balance						\rightarrow							
		outions						_							
		estment earnings, gains, a	nd losses												
		or scholarships						_							
е		expenditures for facilities ograms													
f	Admını	strative expenses													
g	End of	year balance													
2	Provi	de the estimated percentag	e of the curre	ent year end b	palance (li	ne 1g	ı, colu	mn (a)) held as	5					
а	Board	d designated or quasi-endov	wment 🟲												
b	Perm	anent endowment 🟲													
c	Temp	orarily restricted endowme	nt 🟲												
	The p	ercentages on lines 2a, 2b,	and 2c shou	ld equal 100%	6										
За		here endowment funds not nization by	ın the posses	sion of the or	ganızatıor	n that	are h	eld ar	id admini	stered fo	r the			V	No.
	_	nrelated organizations .										[3	a(i)	Yes	No
								•					a(ii)	\dashv	
b		es" on $3a(\pi)$, are the related		s listed as red	quired on	Sche	- . dule R	· .				<u> </u>	3b	$\overline{}$	
4	Desci	ribe in Part XIII the intende	d uses of the	organızatıon'	s endowm	ent f	unds								
Pa	rt VI	Land, Buildings, and													
		Complete if the organi													
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost or	other l	oasis (d	other)	(c)Accu	ımulated d	epreciation		(d)Book	value	
1a	Land														
b	Buildin	gs													
c	Leaseh	old improvements													
d	Equipn	nent					į	58,915			9,967				48,948
	Other							8,508			2,248				6,260
		lines 1a through 1e (Colum	n (d) must ed	gual Form 990	O, Part X,	colun	nn (B)	, line	10(c)).		>				55,208

	See Form 990, Part X, line 12.			
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation d-of-year market value
.)Financial o	derivatives			·
Other	eld equity interests	_		
.)				
)				
)				
))				
)				
)				
i)				
1)				
	(b) must equal Form 990, Part X, col (B) line 12)	•		
art VIII	Investments—Program Related. Complete if the ord See Form 990, Part X, line 13.	ganization answ	ered 'Yes' on Forn	n 990, Part IV, line 11c.
		(b) Book value		ethod of valuation d-of-year market value
.)				·
2)				
;)				
1)				
5)				
)				
')				
3)				
))				
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' of (a) Description	n Form 990, Part	IV, line 11d See Fo	m 990, Part X, line 15 (b) Book value
.)				
)				
)				
)				
)				
)))				
))))				
)				
))))))) obtal. (Column	nn (b) must equal Form 990, Part X, col (B) line 15)		n 000 Part IV In	. >
)))))) otal. (Colum	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		· · · · · · · · · · · · · · · · · · ·	
))))))) otal. (Colum	Other Liabilities. Complete if the organization answer	ed 'Yes' on Forr	· · · · · · · · · · · · · · · · · · ·	
))))))) otal. (Colum	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in)	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in)	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) part X)) Federal in)))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
part X))))) perton in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
part X)))))) petal. (Column Part X))))))))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	

Total expenses and losses per audited financial statements

Donated services and use of facilities

Other (Describe in Part XIII) . . .

Supplemental Information

Prior year adjustments .

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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 XI

2

1

2

а b

d

3

4

а

b

C

Part XIII

5

Schedule D (Form 990) 2016

2e

3

4c

5

Page 4

8,607,762

8.607.762

8,607,762

Schedule D (Form 990) 2015

	······································		i
а	Net unrealized gains (losses) on investments	2a	ĺ
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)...............	2d	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII)	2d]	
e	Add lines 2a through 2d			•	2e	
3	Subtract line 2e from line 1				3	

					ı	
е	Add lines 2a through 2d			•	2e	0
3	Subtract line 2e from line 1				3	10,517,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)	4b				

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	1								
b	Other (Describe in Part XIII)	4b									
С	Add lines 4a and 4b								4c		0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)								5		10,517,868
Par	XII Reconciliation of Expenses per Audited Financi	al Sta	ate	eme	ent	s W	/ith	Expen	ses p	er Retur	n.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4b

Explanation

Page 5	Schedule D (Form 990) 2015
tinued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software Version: **EIN:** 52-1847010

Software ID:

Name: CIVICUS WORLD ALLIANCE FOR CITIZEN PARTICIPATION

	Supplemental	Informati
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Supplemental Information	
Return Reference	Explanation

PART X, LINE 2 SCLOSURE IN THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED JUNE 30, 2017, CIVICUS HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740 -10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HA S DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DI

efile GRAPHIC print	t - DO NOT I	PROCESS	As Filed Data -	ta - DLN: 934931350890					
SCHEDULE F (Form 990)	State	ement of	Activities (Outside the Uni	OMB No 1545-0047				
(1 0 000)		► Complet	_	ation answered "Yes" to Form 990, une 14b, 15, or 16.					
Department of the Treasury Internal Revenue Service	▶ Informa		ach to Form 990. ▶	Open to Public 19, or 1					
Name of the organization CIVICUS WORLD ALLIANO PARTICIPATION	CE FOR CITIZE				52-1847010	ntification number			
	nformation Part IV, line		s Outside the U	Inited States. Comple	te if the organization a	answered "Yes" to			
to award the gran For grantmakers outside the United	ts or assistand s. Describe in d States	ce? Part V the org	anızatıon's proce	stance, and the selection dures for monitoring the cated if additional space is	use of its grants and ot	☐ Yes ☑ No her assistance			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1) See Add'l Data									
(2)									
(4)									
(5)									
3a Sub-total b Total from continuat Part I			0 0 3 35			3,762,860 1,996,317			
c Totals (add lines 3a For Paperwork Reduction		the Instruction	3 35 ns for Form 990.		No 50082W Schedu	5,759,177 le F (Form 990) 2016			

(13) (14) (15) (16)

		cipient who received					on answered les t	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
2 ⁵⁾ Enter total numb	er of recipient	organizations listed a	above that are recog	nized as charities by	the foreign country,	recognized as tax-		10
		h the grantee or cour						
3 Enter total numb (7)	er of other ord	anizations or entities	<u> </u>	 	<u> </u>		<u> </u>	_
							Schedule I	F (Form 990) 2016
(8)								
(9)								
(10)								
(11)								
(12)								

(4) (5) (6)

(7) (8) (9)

(10) (11) (12) (13) (14) (15) (16)

(17) (18) Page **3**

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (a) Type of grant or assistance (b) Region (a) Description

(a) Type of grant of assistance	(D) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							
(2)	•						

			assistance	assistance	(book, FMV, appraisal, other)
(1)					
(2)					

(1)				
(2)				
(3)				

Sche	dule F (Form 990) 2016		Page 4
Par	TIV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	□Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	_	
		☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	☑ No
_			
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)	✓ Yes	□No

Schedule F (Fo	rm 990) 2016 Page 5
P a n	supplemental Information rovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information (see instructions).
Return Reference	Explanation
PART I, LINE 2	EVERY GRANT HAS AN ACTIVITY BUDGET FOR A STIPULATED PERIOD AT THE END OF THE ACTIVITY PERIOD, THE GRANTEE PROVIDES A DETAILED EXPENSE REPORT ACCOMPANIED BY RELEVANT DOCUMENTS CIVICUS OR ANY OF ITS DULY AUTHORIZED REPRESENTATIVES HAVE ACCESS TO ANY BOOKS, DOCUMENTS OR RECORDS FOR THE PURPOSE OF CONDUCTING AUDITS

Additional Data

EAST ASIA AND THE PACIFIC

RUSSIA AND THE **NEIGHBORING STATES**

Software ID: Software Version:

EIN: 52-1847010

Name: CIVICUS WORLD ALLIANCE FOR CITIZEN **PARTICIPATION**

103,891

17,708

Form	000	Schodule	E Dart	Г.	Activities	Outcide	The	United 9	States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0		GRANTS TO RECIPIENTS LOCATED IN REGION		19,984

0 GRANTS TO RECIPIENTS

LOCATED IN REGION 0 GRANTS TO RECIPIENTS

LOCATED IN REGION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) SOUTH AMERICA 0 IGRANTS TO RECIPIENTS 50.426 LOCATED IN REGION SOUTH ASIA 0 IGRANTS TO RECIPIENTS 58.171 LOCATED IN REGION SUB-SAHARAN AFRICA 0 IGRANTS TO RECIPIENTS 2,980,468 LOCATED IN REGION

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	_	GRANTS TO RECIPIENTS LOCATED IN REGION		17,961
EUROPE	0	_	GRANTS TO RECIPIENTS LOCATED IN REGION	PROGRAM SUPPORT AND MEETINGS	514,251
EAST ASIA AND THE PACIFIC	0	4		PROGRAM SUPPORT AND MEETINGS	75,000

- -- ---

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	2	16		PROGRAM SUPPORT AND MEETINGS	1,066,874
SOUTH AMERICA	0	0		PROGRAM SUPPORT AND MEETINGS	131,495
MIDDLE EAST AND NORTH AFRICA	0	1		PROGRAM SUPPORT AND MEETINGS	37,380

Form 990 Schedule F Par	t I - Activities	Outside The U	Jnited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	10		PROGRAM SUPPORT AND MEETINGS	406,859
SOUTH ASIA	0	0	PROGRAM SERVICES	PROGRAM SUPPORT	5,000
NORTH AMERICA	1		PROGRAM SERVICESPROGRAM SERVICES	PROGRAM SUPPORT AND MEETINGS	273,709

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL LEAVE NO ONE 11,651 WIRE TRANSFER IAMERICA AND IBEHIND THE CARIBBEAN ISUBGRANT LEAST ASIA AND I FAVE NO ONE 7.988 WIRE TRANSFER THE PACIFIC BEHIND ISUBGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant organization and EIN(If arant non-cash disbursement assistance appraisal, applicable) assistance other) RUSSIA AND ILEAVE NO ONE 6,112 WIRE TRANSFER INEIGHBORING IBEHIND ISTATES ISUBGRANT ISOUTH AMERICA LEAVE NO ONE 28.759 WIRE TRANSFER BEHIND ISUBGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ASIA LEAVE NO ONE 37,496 WIRE TRANSFER BEHIND ISUBGRANT ISUB-SAHARAN I FAVE NO ONE 141.549 WIRE TRANSFER IAFRICA BEHIND SUBGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant organization and EIN(If arant non-cash disbursement assistance appraisal, applicable) assistance other) MIDDLE EAST LIFELINE 17.961 WIRE TRANSFER IAND NORTH ISUBGRANT IAFRICA RUSSIA AND LIFELINE 11.596 WIRE TRANSFER INEIGHBORING ISUBGRANT

ISTATES

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ASIA LIFELINE 20,675 WIRE TRANSFER ISUBGRANT ISUB-SAHARAN I TEEL INE 72.821 WIRE TRANSFER IAFRICA ISUBGRANT

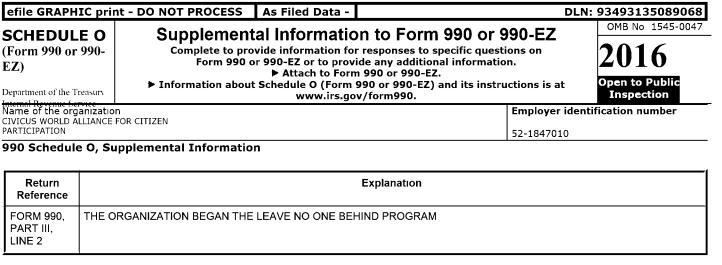
Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement appraisal, assistance applicable) assistance other) **ICENTRAL** SWEDISH 8,333 WIRE TRANSFER AMERICA AND INTERNATIONAL THE CARIBBEAN DEVELOPMENT CORP AGENCY ISUBGRANT LEAST ASIA AND SWEDISH 95.903 WIRE TRANSFER THE PACIFIC IINTERNATIONAL IDEVELOPMENT CORP AGENCY ISUBGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE** ISWEDISH 14,760 WIRE TRANSFER INTERNATIONAL IDEVELOPMENT CORP AGENCY ISUBGRANT ISOUTH ISWEDISH 21.667 WIRE TRANSFER INTERNATIONAL IAMERICA IDEVELOPMENT CORP AGENCY ISUBGRANT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (g) Amount of (h) Description l(b) IRS codel (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISUB-SAHARAN ISWEDISH 42,400 WIRE TRANSFER IAFRICA IINTERNATIONAL IDEVELOPMENT ICORP AGENCY ISUBGRANT ISUB-SAHARAN ISUBGRANT 2.713.697 WIRE TRANSFER IAFRICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of '(h) Description . l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of ((a) Name of section (c) Region (book, FMV, cash non-cash and EIN(ıf organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) FUROPE SUBGRANT 451.991 WIRE TRANSFER **EUROPE** SUBGRANT 47,500 WIRE TRANSFER

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l (g) Amount of (h) Description i (b) IRS code (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If organization grant cash grant non-cash disbursement appraisal, assistance applicable) assistance other) ISUB-SAHARAN ISUBGRANT 10,000 WIRE TRANSFER IAFRICA



Return Explanation
Reference

FORM 990, PART III, LINE 3

Return Explanation
Reference

FORM 990, THE FEDERAL FORM 990 WAS PREPARED BY THE INDEPENDENT ACCOUNTANT AND REVIEWED BY MANAGEMENT AND THE DIRECTOR OF OPERATIONS, WHO REPRESENTS THE BOARD IT WAS THEN SENT TO ALL BOARD M SECTION B, EMBERS BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	NO EMPLOYEE, OFFICER OR OTHER PERSON INVOLVED IN THE ORGANIZATION PARTICIPATES IN THE SELE
PART VI,	CTION, AWARD OR ADMINISTRATION OF A CONTRACT, IF A REAL OR APPARENT CONFLICT OF INTEREST E
SECTION B,	XISTS IF A CONFLICT OF INTEREST ISSUE ARISES, THE INTERESTED PERSON RECUSES HIMSELF/HERSE
LINE 12C	LF FROM VOTING ON THE RELATED MATTER AS OF 2012, CIVICUS IMPLEMENTED A NEW ANNUAL DISCLOS
	URE POLICY THAT REQUIRES ALL OFFICERS AND DIRECTORS TO SIGN A CONFLICT OF INTEREST STATEME

Return Explanation
Reference

FORM 990, PART VI, N COMPARABLES, AND THE PROCESS IS DOCUMENTED THE LAST SALARY REVIEW TOOK PLACE IN JANUARY SECTION B, LINE 15A

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

CONSULTANCY FEES PROGRAM SERVICE EXPENSES 1.198.814 MANAGEMENT AND GENERAL EXPENSES 41.7

990 Schedule O, Supplemental Information

FORM 990.

PART IX. 84 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1.240.598 TRANSLATION SERVICES PROGRAM SERVIC LINE 11G E EXPENSES 40.752 MANAGEMENT AND GENERAL EXPENSES 1.420 FUNDRAISING EXPENSES 0 TOTAL EX PENSES 42.172 MEMBERSHIP PROGRAM SERVICE EXPENSES 18.651 MANAGEMENT AND GENERAL EXPENSE S 650 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 19.301 STORAGE PROGRAM SERVICE EXPENSES 28 5 MANAGEMENT AND GENERAL EXPENSES 10 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 295 COORDIN. ATOR FEES PROGRAM SERVICE EXPENSES 8,037 MANAGEMENT AND GENERAL EXPENSES 280 FUNDRAISIN G EXPENSES 0 TOTAL EXPENSES 8.317

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135089068 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public ► Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization CIVICUS WORLD ALLIANCE FOR CITIZEN PARTICIPATION 52-1847010 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (d) (e) (b) (c) Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	1s Complete if the organ	ızatıon answered "	Yes" on Form 990,	Part IV, line 34 be	cause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
(1)CIVICUS WORLD ALLIANCE FOR CITIZEN PARTICIPATION 24 GWIGWI MRWEBI STREET NEWTOWN 20 JOHANNESBURG SF	STRENGTHEN CITIZEN ACTION AND CIVIL SOCIETY THROUGHOUT THE WORLD	UK	501(C)(3)		N/A	Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for Form S	190	Cat No 50135	iv .		Schedule R (Form	000) 20	16
i of Faperwork Reduction Act Notice, see the Instructions for Form s	7VI	Car NO JOIJ	, i		Schedule K (1011	. <u> </u>	<u> </u>

III Identification of Related Organizat	tions Taxable as a Da	· utoouchio	Camalai	ta if tha	0500	nization an	culored "Vo	" on Form	. 000 1	D > r+ T	م ما ۱	24 ha			
one or more related organizations trea				te ir the	orga	nization ar	swered "Ye	s on Form	1 990, 1	Part I	v, iine	2 34 DE	ecaus	e it r	au
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlli entity	ıng	(e) Predominant Income(relate unrelated, excluded fror tax under sections 512	d, total income		(h Dispropi allocat	rtionate	Code amour 20 Sched	(I) V-UBI Int in box of dule K-1 1065)	(j Gener mana partr	al or	(k) Percen owners
						514)			Yes	No	1		Yes	No	
														+	
														\dashv	
														\perp	
because it had one or more related or	ganizations treated as		n or tru		g the	tax year.			" on Fo		90, Pa			34	
		a corporatio	(c) Legal omicile or foreign	st durin	g the	(d) controlling T	(e) ype of entity corp, S corp, or trust)	vered "Yes (f) Share of tota income	l Share	(g) e of end year assets		art IV, (h Percer owner) ntage	Se (1	ction 5 3) con entit
(a) Name, address, and EIN of related organization	ganizations treated as (b) Primary activity	a corporatio	(c) Legal comicile or foreign ountry)	st durin	g the	e tax year. (d) controlling Tentity (C	(e) ype of entity corp, S corp,	(f) Share of tota	l Share	(g) e of end year		(h Percer) ntage	Se (1	(i) ction 5 3) cont entity 'es
because it had one or more related organization Name, address, and EIN of related organization EN SPOT TRADING 713 (PTY) LTD TA CIVICUS HOUSE MI MRWEBI STREET NEWTOWN 20	ganizations treated as (b)	a corporatio	(c) Legal omicile or foreign	st durin	g the	(d) controlling T	(e) ype of entity corp, S corp,	(f) Share of tota	l Share	(g) e of end year		(h Percer) ntage	Se (1	ction 5 3) con entit
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No

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k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
1			

1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No	!		Yes	No		Yes	No	
										Schedul	le R (Form	1 99	0) 2016

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016