# **Return of Organization Exempt From Income Tax**

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

DLN: 93493290010828 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

A F	or th	e 2017 c	alendar year, or tax year beginr	ing 01-01-2017 , and endin	g 12-31-	2017				
<b>B</b> Che	ck ıf a	pplicable	C Name of organization CENTER FOR GLOBAL DEVELOPMENT				D Employe	er identific	cation number	
		change	CENTER FOR GLOBAL DEVELOPMENT				52-2351	.337		
	me ch tıal re	_	Doing business as							
		n/terminated	•							
		d return	Number and street (or P O box if ma	Il is not delivered to street address)	Room/suite	<u> </u>	E Telephone	e number		
□Ар	plicati	on pending	2055 L STREET NW NO 5TH FL				(202) 41	16-4000		
			City or town, state or province, count WASHINGTON, DC 20036	ry, and ZIP or foreign postal code						
			,				<b>G</b> Gross red	eipts \$ 14,	,203,128	
			<b>F</b> Name and address of principal MASOOD AHMED	officer		<b>H(a)</b> Is	this a group ret	urn for		
			2055 L STREET NW NO 5TH FL				bordinates?		□Yes 🗹 No	
			WASHINGTON, DC 20036				e all subordinate cluded?	es	☐ Yes ☐No	
I Ta	x-exer	mpt status	✓ 501(c)(3)	nsert no ) $\square$ 4947(a)(1) or $\square$	527	If	"No," attach a lı	st (see i	nstructions)	
J W	ebsit	te:► WV	VW CGDEV ORG			H(c) Gr	oup exemption	number 🛭	<b>&gt;</b>	
<b>K</b> Form	n of o	rganızatıon	Corporation Trust Assoc	lation ☐ Other ►	'	_ Year of fo	ormation 2001	M State o	f legal domicile DC	
Pa	rt I	Sum	mary							
		_	scribe the organization's mission or	most significant activities						
e e			III, LINE 1							
<u>=</u>	-									
Ē	:									
o ve	2	Check th	is box $\blacktriangleright \Box$ if the organization disc	ontinued its operations or dispos	sed of mo	re than 2	25% of its net as	ssets		
Ğ			of voting members of the governing					3	21	
<b>&gt;</b> 5	4	Number	of independent voting members of	the governing body (Part VI, line	1b) .			4	21	
Activities & Governance	5	Total nur	mber of individuals employed in cale	endar year 2017 (Part V, line 2a)				5	87	
⋛	6	Total nur	mber of volunteers (estimate if nece	essary)				6	25	
ĕ	7a	Total uni	related business revenue from Part	VIII, column (C), line 12				7a	0	
	b	Net unre	lated business taxable income from	Form 990-T, line 34				7b	0	
							Prior Year	- (	Current Year	
ġ	8	Contribu	tions and grants (Part VIII, line 1h)				19,339,9	22	12,139,829	
Ravenue	9	Program	service revenue (Part VIII, line 2g)			786,6	71	962,381		
Ray	10	Investme	ent income (Part VIII, column (A), l	nes 3, 4, and 7d )	•	419,8	41	670,273		
	1	Other re	65	0						
	_	Total rev	199	13,772,483						
	1		nd sımılar amounts paıd (Part IX, co	, ,,		777,6	37	898,891		
	1		paid to or for members (Part IX, co		•			0	8,627,521	
Expenses	1		other compensation, employee ber	, , , , , , , , , , , , , , , , , , , ,	5-10)		8,103,5	8,103,528		
£			onal fundraising fees (Part IX, colun		•			0	0	
紊	1		raising expenses (Part IX, column (D), lin	·						
	1		penses (Part IX, column (A), lines 1		•		4,810,9	_	5,499,389	
	1		penses Add lines 13–17 (must equa	, , , , , ,			13,692,1	_	15,025,801	
. 10	19	Revenue	less expenses Subtract line 18 fro	m line 12	•		6,883,9	_	-1,253,318	
Net Assets or Fund Balances						Beginn	ing of Current Ye	ear	End of Year	
set alai	20	Total ass	sets (Part X, line 16)				58,333,6	60	58,957,213	
A As	1		polities (Part X, line 26)				12,327,4	_	12,020,483	
ξŠ	1		ts or fund balances Subtract line 2				46,006,1		46,936,730	
Pai			ature Block							
Unde	r pen	alties of p	erjury, I declare that I have examı							
know any k			ef, it is true, correct, and complete	Declaration of preparer (other the	nan office	r) is base	ed on all informa	ition of w	hich preparer has	
un, k		l.								
		*****	*				2018-10-17			
Sign		Signat	ture of officer				Date			
Here	2		OD AHMED PRESIDENT							
		17	or print name and title				,			
_			Print/Type preparer's name FERRI MCKNIGHT CPA	Preparer's signature TERRI MCKNIGHT CPA	Dat	e		TIN 00543022		
Paid		-					self-employed			
Pre		جı  -	Firm's name				Firm's EIN ► 52-1			
Use	On	ıly  ˈ					Phone no (301) 9	,71-2030		
			BETHESDA, MD 208142							
			this return with the preparer show	<u> </u>				✓ Y•	es 🗆 No	
For P	aner	work Re	duction Act Notice, see the sepa	rate instructions		Cat N	o 11282Y		Form <b>990</b> (2017)	

Form	990 (2	017)				Page <b>2</b>
Par	t III	Statement of Program S	ervice Accomplis	hments		
		Check if Schedule O contains a	response or note to a	any line in this Part III		🗹
1	Briefly	describe the organization's mis		•		
GLOE STRA RICH	BAL POV TEGIC   COUNT	'ERTY AND INEQUALITY AND MA OUTREACH, THE CENTER ACTIV	AKING GLOBALIZATIO ELY ENGAGES POLICY	N WORK FOR THE POOF MAKERS AND THE PUE	EARCH ORGANIZATION THAT IS D R THROUGH A COMBINATION OF F BLIC TO INFLUENCE THE POLICIES IPROVE THE ECONOMIC AND SOCIA	RESEARCH AND OF THE U.S. AND OTHER
2	Dıd th	e organization undertake any si	gnificant program ser	vices during the year wh	hich were not listed on	
		or Form 990 or 990-EZ?		<del>-</del> ,		☐ Yes ☑ No
		s," describe these new services				
3		e organization cease conducting		changes in how it condu	ucts, any program	
		es <sup>?</sup>	· -			☐ Yes ☑ No
	If "Yes	s," describe these changes on S	chedule O			
4	Sectio		nizations are required	to report the amount o	largest program services, as measi if grants and allocations to others, i	
4a	(Code	) (Expenses	12,745,567	including grants of \$	898,891 ) (Revenue \$	962,381 )
	See Ad	ditional Data				
4b	(Code	) (Expenses	<b>5</b>	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses	5	including grants of \$	) (Revenue \$	)
4d	Other	program services (Describe in 1	Schedule O )			
	(Expe	nses \$	including grants of	\$	) (Revenue \$	)
40	Total	program service expenses	12 745 5	67		

or X as applicable

**Checklist of Required Schedules** 

assessments, or similar amounts as defined in Revenue Procedure 98-19?

to provide advice on the distribution or investment of amounts in such funds or accounts?

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 . . .

Page 3

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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?

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

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

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

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 maintain any donor advised funds or any similar funds or accounts for which donors have the right

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,

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 grants or other assistance to or for any

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

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, Yes

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11a

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11c

11d

11e

11f

12a

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14a

14b

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Yes

Yes

Yes

Yes

Yes

Form **990** (2

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Part IV	Checklist of Required Schedules (continued)		
		Yes	No

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

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

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

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

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 . . .

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

20b

Yes

Yes

21

22

23

24a

24b

24c

24d

25a

25b

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28a

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35a

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Yes

Yes

Yes

Form 990 (2017)

Page 4

Nο

Νo

Nο

Νo

Nο

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

orm 9	990 (2017)			Page <b>5</b>
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 35  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?	1c	Yes	
	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	_,	V	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	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		
	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		
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		N-
£	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>7</b> 1		INO
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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? Section 501(c)(7) organizations. Enter	9b		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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	-Ja		
	Enter the amount of reserves on hand			
14a	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		
				<u>0 (2017</u>

	Governance, Management, and DisclosureFor 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	respo	nse to li	nes				
	Check if Schedule O contains a response or note to any line in this Part VI			✓				
Se	ction A. Governing Body and Management			-				
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 21							
	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 21							
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	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
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?	<b>7</b> 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					
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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	. Cod€	<del>?</del> .)					
			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? <i>If "Yes," describe in Schedule O how this was done</i>	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	List the States with which a copy of this Form 990 is required to be filed▶							
18	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)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►ELLEN MACKENZIE 2055 L STREET NW NO 5TH FL WASHINGTON, DC 20036 (202) 416-4062							

orm 990 (2	017)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										
of compensa	of the organization's <b>current</b> off tion Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's <b>current</b> key		•								
vho received organization	organization's five <b>current</b> high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all o organization	of the organization's <b>former dire</b> , more than \$10,000 of reportab	ectors or trust le compensation	<b>ees</b> that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	<b>2</b>
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(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
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related organizations
See Additiona	al Data Table										

Name and Title

Part VII

Estimated

Form 990 (2017)

Reportable

Page 8

Name and Title	hours per week (list any hours	than o	ne b	ox, t an of	ınles fıcer	and a	son	compensation from the organization (W-	compensation from related organizations (W-	amount of compen	of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organızat relat organız	ed
See Additional Data Table											
				-							
				$\vdash$							
1b Sub-Total					•	<b>&gt;</b>					
d Total (add lines 1b and 1c)	•				•	•		2,000,015	0		313,121
Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove	e) who	rece	eived more than \$1	00,000		
										Yes	No
3 Did the organization list any <b>former</b>	officer, director	or trust	ee. k	ev e	mple	ovee.	or hi	ahest compensated	employee on		

(C)

Position (do not check more

(D)

Reportable

(B)

Average

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

individual . 4 Yes

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

5

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)

Name and business address Description of services Compensation PROGRAM AND RESEARCH 127,400 CONSULTANT

MAYRA BUVINIC. 3409 QUEBEC ST NW WASHINGTON, DC 20016

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$  1

Part \		I Statement of	Revenue								rage 9
·	-			a respo	onse or note to any	line in th	us Part VII	r			
			<u> </u>	<u> </u>		( <i>I</i> Total re	١)	( <b>B</b> Relate exer func	ed or npt tion	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
	12	Federated campaig	ns	1a				reve	nue		512-514
ats nts		<b>b</b> Membership dues		1b							
rat		c Fundraising events									
ž G		_		1c							
a ∰		d Related organizatio		1d							
S, (E		e Government grants (co		1e							
ributions, Gifts, Grants Other Similar Amounts	1	F All other contributions, and similar amounts n		1f	12,139,829						
but the		above									
	'	9 Noncash contribution in lines 1a-1f \$		7,11	.6						
Contributions, Giffs, Grants and Other Similar Amounts	h	Total.Add lines 1a-1	.f		•	12.	139,829				
					Business		133,023				
킱	2a	CONTRACT REVENUE				900099	9	13,800	913,8	00	
<u>چ</u>	b	SERVICE REVENUE				900099		48,581	48,5	81	
Service Revenue	c										
ž.	d			_							
Ē	e			_		-					
Program	f	All other program se	rvice revenue	<b>:</b>							
ďξ	g	<b>Total.</b> Add lines 2a-2f	f		<b>&gt;</b>	962,381					
		Investment income (ii					515,33	7			515,337
		similar amounts). Income from investme			and proceeds	-	315,55	<u> </u>			313,337
		Royalties				-					
		,	(ı) Rea		(II) Personal						
	6a	Gross rents									
	L	Less rental expenses				4					
	L	Less Terreal expenses									
	c	; Rental income or (loss)									
	d	Net rental income o	r (loss)			-					
		The Ferral Medine o	(i) Securit		· · · ▶ (II) Other	1		-			
	7a	Gross amount from sales of assets other than inventory	į	585,581	. ,						
	b	Less cost or other basis and sales expenses	4	129,287	1,35	58					
	c	Gain or (loss)	1	156,294	-1,35	58					
	d	Net gain or (loss) .			<b>•</b>		154,93	5			154,936
Other Revenue	8a	Gross income from form form form (not including \$ contributions reported See Part IV, line 18	ed on line 1c)	of							
Re		Less direct expense		b							
er		: Net income or (loss)			ents 🕨						
₹	9a	Gross income from g See Part IV, line 19		ies							
				a							
		Less direct expense		b							
		: Net income or (loss)		activit	ies <b>&gt;</b>						
	10a	Gross sales of invent returns and allowand	cory, less	a							
	b	Less cost of goods s	sold	b							
	C	Net income or (loss)		invent							
ŀ	11	Miscellaneous	Revenue		Business Code	4					
		d									
					•						
	b	•									
	C	:									
		All other revenue				+					
		e <b>Total.</b> Add lines 11a			•						
	12	<b>Total revenue.</b> See	Instructions		• • • •		13,772,48	3	962,381		0 670,273 Form <b>990</b> (2017)
						_					Form <b>990</b> (2017)

Forr	n 990 (2017)				Page <b>10</b>
	Int IX Statement of Functional Expenses	-lumana All other ora		-l-te selumn (A)	
Seci	tion 501(c)(3) and 501(c)(4) organizations must complete all co	-	·	. ,	
	Check if Schedule O contains a response or note to any	line in this Part IX	(B)	(c)	🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	( <b>D</b> ) Fundraisingexpenses
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	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	898,891	898,891		
4	Benefits paid to or for members				1
5	Compensation of current officers, directors, trustees, and key employees	1,046,563	596,138	375,908	74,517
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,078,000	5,344,772	547,409	185,819
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	599,933	534,502	44,962	20,469
9	Other employee benefits	502,896	441,057	42,904	18,935
10	Payroll taxes	400,129	336,374	49,178	14,577
11	Fees for services (non-employees)			,	<u> </u>
z	a Management			,	1
ŀ	o Legal	25,684	3,180	16,612	5,892
c	Accounting	66,581	8,243	43,063	15,275
ď	il Lobbying			,	
E	e Professional fundraising services See Part IV, line 17			,	<u> </u>
f	Investment management fees	31,523		31,523	<u> </u>
g	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,508,700	1,265,127	179,797	63,776
12	Advertising and promotion				
13	Office expenses	489,990	255,192	185,883	48,915
14	Information technology	75,151	9,304	48,606	17,241
15	Royalties				
16	Occupancy	783,365	3,989	779,376	
17	Travel	588,288	565,869	7,496	14,923
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	380,764	345,516	751	34,497

766,520

42,821

0

578,770

98,448

77,303

-14,519

15,025,801

766,520

37,009

-1,540,527

88,390

-12,772

1,692,088

73,072

238

588,146

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5,812

1,467,455

578,770

10,058

77,303

-1,985

12,745,567

20 Interest .

21 Payments to affiliates . .

expenses on Schedule O )

a OVERHEAD ALLOCATION

c FURN /EQUIP /SOFTWARE

d OUTREACH ACTIVITIES

e All other expenses

23 Insurance . . .

**b** FIELD STUDY

22 Depreciation, depletion, and amortization .

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) 11

12

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21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11** 

82.565

15,597,655

21,275,630

58.957.213

12,020,483

28,518,259

18.418.471

46,936,730

58.957.213

Form **990** (2017)

408,314

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

Beginning of year End of year 762 1 762 Cash-non-interest-bearing . 8.260.937 8.862.772 2 Savings and temporary cash investments . . . 2 15,210,267 3 13,125,165 3 Pledges and grants receivable, net . . . 1,077 4 12,664

(A)

5

6

7

8

9

10c

11

12

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17

26

27

28

29

30

31

32

33

34

75.718

16,214,197

18.570.702

58,333,660

11,898,251

12,327,492

25.558.288

20.447.880

46,006,168

58.333.660

429.241

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . .

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

Part II of Schedule L

Assets Notes and loans receivable, net . .

Investments—publicly traded securities .

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

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

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

Inventories for sale or use .

Investments—other securities See Part IV, line 11 .

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

Prepaid expenses and deferred charges .

10a basis Complete Part VI of Schedule D

10a Land, buildings, and equipment cost or other

3,222,798

Less accumulated depreciation 10b

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

Escrow or custodial account liability Complete Part IV of Schedule D

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

key employees, highest compensated employees, and disqualified

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 ightleftarrows and

18,820,453

18 19 20 11,612,169 21

22 23 24 25

Page **12** 

2b

3a

3b

Yes

Yes

No

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## 6 7

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☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 46,936,730 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII . . . .

Yes ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in

No Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Νo

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

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

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

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

Consolidated basis

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

Consolidated basis

### Additional Data

Software ID: Software Version:

**EIN:** 52-2351337

Name: CENTER FOR GLOBAL DEVELOPMENT

Form 990 (2017)

OTHER DEVELOPMENT ISSUES

Form 990, Part III, Line 4a:

PROVIDED NEW RESEARCH, DATA, CONSULTATION, SEMINARS, BOOKS AND REPORTS TO HELP ADDRESS ISSUES OF WORLD AID EFFECTIVENESS, GLOBAL HEALTH AND

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) from the

organization

0

0

0

organizations

0

0

0

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

	any nound	u	u un		,,,.,	ubtee,	′	(14, 3,4,000	(11/ 3/4000	monn and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
MASOOD AHMED PRESIDENT	40 00	×		x				426,172	0	1,375
LAWRENCE SUMMERS CHAIRMAN	0 50	х						0	0	0
ED SCOTT BOARD	0 50	x						0	0	0
TIMOTHY ADAMS	0 50	Х						0	0	0

0 50

0 50

0 50

0 50

0 50

0 50

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BOARD MUNIR ALAM

**BOARD** 

**BOARD** 

**BOARD** 

BOARD

**BOARD** 

**BOARD** 

TONY FRATTO

THOMAS GIBIAN

DAVID GORDON

BARD HORWITZ

CAROLINE ATKINSON

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee)

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

	any hours and a director/trustee)							organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
STEPHEN ISAACS BOARD	0 50	×						0	0	0
DONALD KABERUKA BOARD	0 50	х						0	0	0
JOHN LIPSKY BOARD	0 50	х						0	0	0
ROBERT MCCARTHY BOARD	0 50	x						0	0	0
ED MCNALLY	0 50									

0

0

0

ROBERT MCCARTHY
BOARD
ED MCNALLY
BOARD
ROBERT MOSBACHER

**BOARD** 

**BOARD** 

**BOARD** 

**BOARD** 

**BOARD** 

SMITA SINGH

**BOBBY PITTMAN** 

RACHEL PRITZKER

TONI VERSTANDIG

and Independent Contractors

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0 50 ......

0 50

0 50

0 50

0 50

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

any hours

and Independent Contractors

SENIOR FELLOW

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

and a director/trustee)

organization

organizations

from the

42,625

55,506

55,374

32,796

39,677

34,458

	for related organizations below dotted line)	Individual trust or director	Institutional Tr	Officer	key employee	Highest compens employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
		-St	และ			ensated				
MAUREEN WHITE BOARD	0 50	х						0	0	
AMANDA GLASSMAN CHIEF OPERATING OFFICER/SECRETARY	40 00			×				275,000	0	42,62
ELLEN MACKENZIE CHIEF FINANCIAL OFFICER/TREASURER	40 00			×				245,885	0	55,50
TODD MOSS SENIOR FELLOW	40 00					х		225,000	0	55,37
ALAN GELB	40 00									

...... 212,000 ol

SENIOR FELLOW

40 00 ...... 210,915 Χ

VIJAYA RAMACHANDRAN SENIOR FELLOW

40 00

LILIANA ROJAS-SUAREZ 206,524 Х

SENIOR FELLOW 40 00

CHARLES KENNY

................ Х 198,519 51,310 ......

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493290010828
SCI	HED m 99	ULE A		Public (	Charity Staturganization is a sect	ion 501(c)(3) d	organization o	ort	OMB No 1545-0047 2017
Depart	ment of	f the Treasury	▶ Infe	ormation abou	► Attach to Form to Schedule A (Form	990 or Form 99	0-EZ.	ictions is at	Open to Public Inspection
Nam	e of th	<del>nie Service</del> <b>he organiza</b> GLOBAL DEVEI			<u> </u>			Employer identific	<u></u>
					4.24			52-2351337	
	rt I rganiz				<b>us</b> (All organization : it is  (For lines 1 thro			see instructions.	
1			•		sociation of churches	<b>5</b> ,	,	(A)(i).	
2		•		·	1)(A)(ii). (Attach Sch				
3					vice organization desc	•	• •		
4		·	•	•	ed in conjunction with			•	ator the beenital's
7	Ш		and state _	mzation operati	ed in conjunction with	a nospital descri	bed iii <b>sectioii</b> .	170(D)(1)(A)(III). E	
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				ped in <b>section 170</b>
6		•	·	-	governmental unit de				
7	<b>✓</b>			mally receives ( <b>vi).</b> (Complete	a substantıal part of ıt Part II )	s support from a	governmental u	init or from the gener	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III )	taın exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported:	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	
a		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		<b>Type II.</b> A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i				
c		Type III f	unctionally		supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satis it IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally
f	Ente:			ion-functionally Lorganizations	integrated supporting	organization			
g				-	ipported organization(	e)		_	
		Name of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organia (in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
T									
Tota		work Body	tion Act No.	ica saatha T	structions for	Cat No 11285	<u> </u>	 Schedule A (Form 9	200 57) 2017

instructions

	(b)(1)(A)(ix) (Complete only if you ch III. If the organization f						to qualify	y under Part
_	ection A. Public Support	ans to quanty un	der the tests list	ed below, pleas	e complete Part	111.)		
	Calendar year	(-) 2012	(I-) 2014	(-) 201E	(4) 2016	(-) -	2017	(f) T-t-1
	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not	(a) 2013 17,085,047	(b) 2014 12,039,478	(c) 2015	(d) 2016 19,339,922	(e) 2	2,139,829	( <b>f</b> ) Total 70,929,198
2	include any "unusual grant ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
_	The value of services or facilities furnished by a governmental unit to the organization without charge							
5	Total. Add lines 1 through 3 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)	17,085,047	12,039,478	10,324,922	19,339,922	1;	2,139,829	70,929,198 28,940,112
	<b>Public support.</b> Subtract line 5 from line 4							41,989,086
S	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	<b>(e)</b> 2	2017	(f)Total
7	Amounts from line 4	17,085,047	12,039,478	10,324,922	19,339,922	12	2,139,829	70,929,198
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	362,219	416,164	393,014	485,659	515,337		2,172,393
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )				258			258
11	<b>Total support.</b> Add lines 7 through 10							73,101,849
12	Gross receipts from related activities,	etc (see instructio	ns)	•	•	12		4,552,181
13	First five years. If the Form 990 is for	or the organization'	s first, second, thii	rd, fourth, or fifth	tax year as a sect	ion 501(	c)(3) orga	nızatıon,
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.}\ \boldsymbol{.}\ \boldsymbol{.}$						<u>▶□</u>	
S	ection C. Computation of Publi	c Support Perce	entage					
14	Public support percentage for 2017 (I			olumn (f))		14		57 440 %
15	Public support percentage for 2016 Sc	hedule A, Part II, l	ine 14			15		56 250 %
16a	33 1/3% support test—2017. If the	e organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, c	heck this b	_
b	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2016.</b> If the		• •		nd line 15 is 33 1/	3% or m	nore, check	_
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization Part VI how the organization meets	t— <b>2017.</b> If the orgon meets the "facts	ganization did not o -and-circumstance	theck a box on line s" test, check this	box and stop her	r <b>e.</b> Expla	ain	▶□
b	organization  10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organizati	zation meets the "f	acts-and-circumsta	ances" test, check	this box and stop	here.		▶□
18	supported organization <b>Private foundation.</b> If the organizat	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see		▶□

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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 Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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 <b>Part VI</b> when and how the organization made the			
	determination	3b		

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 <b>Part VI</b> when and how the organization made the	·		
	determination			
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 <b>Part VI</b> 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			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

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 <b>Part VI</b> what controls the organization put in place to ensure such use		
		3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

			, ,	
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			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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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,"

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

Pa	rt IV Supporting Organizations (continued)			-9	
			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			
	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			
	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization				
5	ection C. Type II Supporting Organizations				
	cetion c. Type 11 Supporting Organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
S	ection D. All Type III Supporting Organizations				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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?		Yes	No	
		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3			
s	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 instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)		
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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	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 <b>Part VI</b> 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.				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a			
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

**10** Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
<b>b</b> From 2013		
c From 2014		
<b>d</b> From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2017 distributable amount		
<ul> <li>Carryover from 2012 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u>      \$                              </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015. . . . .

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

## **Additional Data**

# Software ID: Software Version:

**EIN:** 52-2351337

Name: CENTER FOR GLOBAL DEVELOPMENT

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Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part II.

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV
<u>.</u>	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1
	Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
	instructions)

Facts And Circumstances Test

SCHEDULE C

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493290010828

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-

EZ)

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▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Open to Public Inspection

Internal Revenue Service www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CENTER FOR GLOBAL DEVELOPMENT 52-2351337 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2

Lobbying Expenditures During 4-Year Averaging Period

877,146

219,287

**(b)** 2015

918,155

229,539

(c) 2016

834,605

208,651

(d) 2017

901,290

225,323

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

3,531,196

5,296,794

882,800

1,324,200

(a) 2014

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

#### During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

# **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. OMB No 1545-0047

DLN: 93493290010828

Open to Public

Department of the Treasury

(Form 990)

8

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** CENTER FOR GLOBAL DEVELOPMENT 52-2351337 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Part III 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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$		

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

▶ \$			

Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining Co	llections of Art, F	listori	cal T	reası	ıres, or	Other	Similar A	ssets (	'continued	')
3		g the organization's acquisition, accessio s (check all that apply)	n, and other records,	check	any of	the fo	llowing th	nat are a	significant	use of it	s collectio	n
а		Public exhibition		d		Loan	or excha	nge prog	rams			
b		Scholarly research		е		Othe	r					
c		Preservation for future generations										
4	Provi Part	ide a description of the organization's co XIII	llections and explain	how the	ey furti	ner the	e organiza	ation's ex	empt purpo	ose in		
5		ng the year, did the organization solicit c ts to be sold to raise funds rather than t							lar	□ Y <sub>6</sub>	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, lı	ne 9, or	reporte	d an amoi	unt on	Form 990	O, Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ıan or other ıntermed	ary for	contri	bution	s or othe	r assets	not	☐ Y	es 🗆	No
b	If "Y	es," explain the arrangement in Part XII	I and complete the fo	llowing	table		Γ		Δ	Amount		
c	Begii	nning balance						1c				
d	Addı	tions during the year						1d				
е	Dıstr	ibutions during the year						1e				
f	Endı	ng balance						1f				
2a	Did t	:he organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	or cu	stodial ad	count lia	ıbılıty?	□ Y.		— No
h											_	7
b		es," explain the arrangement in Part XII									<u> </u>	
Pa	irt V	Endowment Funds. Complete									/->F	
1.	Region	ning of year balance	(a)Current year	( <b>D</b> )P	rior yea	<del>-</del>	(c) I wo ye	ars back	(d)Three ye	ars back	(e)Four y	ears back
	-	butions				-+						
		vestment earnings, gains, and losses				_						
		s or scholarships										
	and pr	expenditures for facilities rograms										
f	Admın	nistrative expenses										
g	End of	f year balance										
2 a		ide the estimated percentage of the currid designated or quasi-endowment	ent year end balance	(line 1	g, colu	mn (a	)) held as	5				
b		nanent endowment ►										
		porarily restricted endowment ▶										
С		percentages on lines 2a, 2b, and 2c shot	uld equal 100%									
За		there endowment funds not in the posse:	•	ion that	t are h	eld an	d admini	stered for	r the			
-		nization by	solon or the organizat	ion and		cia aii	u uummi	otered ro	CITC		Ye	s No
	<b>(i)</b> u	nrelated organizations								3	a(i)	
		related organizations								3	a(ii)	
b		es" on 3a(II), are the related organizatio				? .				. [	3b	
4	Desc	ribe in Part XIII the intended uses of the	e organization's endov	vment f	funds							
Pa	rt VI			000	D	T) ( )		C	000 B-	1	10	
	Descr	Complete if the organization ansi ription of property (a) Cost or ot (investm	her basis (b) Cost						epreciation		ne 10. (d) Book va	alue
	Land	+										
	Buildir				16.4	12,919	1		1,706,735			14,736,184
		hold improvements			-0,1	,			_,,, _,			,
					7:	32,352	-		237,274			45,078
		ment				95,182	-		1,278,789			816,393
	Other Add	Innes 1a through 1e (Column (d) must e	agual Form 990 Part	X colu			10(c)		1,276,769			
100	ar. Aud	innes la uniough le (Columni (u) Must e	quai roiiii 330, Part	A, COIUI	IIII (D)	, iiile .	10(L) / 1		-	ı		15,597,655

	See Form 990, Part X, line 12.	anızat					
	(a) Description of security or category (including name of security)		(b) Book value	C		od of valuation -year market value	
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
<b>4</b> )							
3)							
<b>(</b> )							
))							
≣)							
:)							
<b>5</b> )							
٦)							
otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 12 )	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See	Form 990,	Part X, line 13.	
			ok value		(c) Metho	od of valuation -year market value	
L)					USE OF ENU-OF	real market value	
2)							
3)							
4)							
5)							
5)							
7)							
8)							
9)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )						
otal. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX		on Forr	n 990, Pa	rt IV, line 11d	i See Form 9	990, Part X, line 15 (b) Book	value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX  1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3)	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 11d	1 See Form 9		value
2) 3) (1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (5) (5) (5) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered 'Yes' (a) Description		n 990, Pa		See Form 9		value
Part IX  2)  3)  4)  5)  7)  otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered 'Yes' (a) Description					(b) Book	value
Part IX  22)  33)  4)  55)  77)  otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description		es' on Fo			(b) Book	value
Part IX (2) (3) (3) (3) (4) (5) (5) (7) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  2)  3)  4)  5)  b)  potal. (Columnation (Columna	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  2)  3)  4)  5)  6)  7)  Part X  -  .) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  (a) (b) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  2)  3)  4)  5)  6)  7)  Part X   1) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  2)  3)  4)  5)  6)  7)  6)  9)  otal. (Columnation of the columnation of the col	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (3) (4) (5) (5) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  (2) (3) (4) (5) (7) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  1)  2)  3)  4)  5)  7)  otal. (Colu  Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX  1)  2)  3)  4)  5)  otal. (Colu  Part X  1) Federal 1  2)  3)  7)	Other Assets. Complete if the organization answered 'Yes' (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

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 . . .

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

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Add lines 2a through 2d . .

Add lines 2a through 2d . . . .

Part XI

2

b

5

1

2

b

c

d

3 4

b

See Additional Data Table

Part XII

Schedule D (Form 990) 2017

Page 4

2,183,880 13,773,841

-1,358

15,027,159

15,027,159

-1,358

3	Subtract line <b>2e</b> from line <b>1</b>			3	
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	-1,358		
С	Add lines <b>4a</b> and <b>4b</b>			4c	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

5 13,772,483

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2,183,880

2e

2e

3

4c

5

Schedule D (Form 990) 2017

-1.358

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 15.025.801 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

Page <b>5</b>		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

### **Additional Data**

Software ID: Software Version:

**EIN:** 52-2351337

Name: CENTER FOR GLOBAL DEVELOPMENT

**Supplemental Information** 

#### Return Reference Explanation PART X, LINE 2 FOR THE YEAR ENDED DECEMBER 31, 2017, CGD 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 OUALIFY FOR EITHER RECOGNITION OR DI

SCLOSURE IN THE COMBINED FINANCIAL STATEMENTS

Supplemental Information						
Return Reference	Explanation					
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF ASSETS REPORTED AS AN EXPENSE ON THE FINANCIAL -1,358 STATEMENTS, BUT REPORTED AS REVENUE ON FORM 990, PART VIII, LINE 7D					

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF ASSETS REPORTED AS AN EXPENSE ON -1,358 FORM 990, PART VIII, LINE 7D						

s

efile GRAPHIC print - DO NOT			PROCESS	As Filed Data -	-		DLN:	93493290010828
(Form 990)			ement of	Activities (	Outside the Uni	ited S	tates	OMB No 1545-0047
			lete if the organ		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 1	5, or 16.	2017
	tment of the Treasury al Revenue Service	▶ Informa	ition about Sche		and its instructions is at wi	vw.irs.gov,	/form990.	Open to Public Inspection
Nam	e of the organization	VEL OBMENIT					Employer iden	tification number
CEN	ER FOR GLOBAL DE	VELOPMENT					52-2351337	
Pa		Information Part IV, line		s Outside the U	Jnited States. Comple	te if the	organization a	nswered "Yes" to
1	For grantmaker	s. Does the or	ganızatıon ma	aintain records to	substantiate the amount	of its gr	ants and	
	other assistance,	the grantees'	eligibility for t	he grants or assis	stance, and the selection	criteria i	used	
	to award the grar	nts or assistan	ce?					☑ Yes ☐ No
2	For grantmaker outside the United		Part V the org	janization's proce	dures for monitoring the	use of it	s grants and otl	ner assistance
3	Activites per Regio	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed )	I	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		program spe	rity listed in (d) is a service, describe icific type of ie(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data							
(2)								
(3)								
(4)								
(5)								
b	Sub-total Total from continua Part I <b>Totals</b> (add lines 3a			1 8				2,054,278 0 2,054,278

organization	section and EIN (if applicable)	(c) Kegion	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)			EDUCATION AND RESEARCH	418,737	WIRE TRANSFER			

(2) EDUCATION AND 309.696 WIRE TRANSFER RESEARCH

Schedule F (Form 990) 2017

(3) EDUCATION AND 150,458 WIRE TRANSFER

RESEARCH

(4)

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

Schedule F (Form 990) 2017

Page 2

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3** 

Schedule F (Form 990) 2017

Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III can be	duplicated if addition	nal space is r	needed.				
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
( 2)							
(3)							

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	t IV 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)	<b>✓</b> 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, do not file with Form 990)	Yes	<b>☑</b> 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	<b>☑</b> 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	<b>☑</b> 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	<b>☑</b> 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, do not file with Form 990)	☐ Yes	<b>☑</b> No
	Schedul	e F (Form 9	990) 2017

Schedule F (	Form 990) 2017	Page <b>5</b>
Part V	amounts of investments vs. expenditure	t I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; es per region); Part II, line 1 (accounting method); Part III (accounting mated number of recipients), as applicable. Also complete this part to provide ons).
Return Referen		Explanation
PART I, LI 2		(CGD) REQUIRES THAT ALL GRANT RECIPIENTS PROVIDE FINANCIAL LIOWS CGD TO REMAIN CONSTANTLY UPDATED ON THE PROGRESS THE

## **Additional Data**

SUB-SARAHAN AFRICA

## Software ID: Software Version:

**EIN:** 52-2351337

Name: CENTER FOR GLOBAL DEVELOPMENT

SURVEYS IN TANZANIA

884,485

Form 990 Schedule F Par	t 1 - Activities	Outside The C	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	1		GRANTS TO RECIPIENTS		878,891

1 PROGRAM ACTIVITES

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 offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) SOUTH ASIA 1 PROGRAM ACTIVITES SURVEYS IN INDONESIA 290.902

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9329	0010	828	
Sch	nedule J	Co	ompensati	ion Information	40	IB No	1545-0	0047	
•	m 990)	For certain Office  Complete if the org	, line 23.		)17				
Department of the Treasury Internal Revenue Service  ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.  Instructions is at www.irs.gov/form990.									
	ne of the organiz				Employer identificat	ion nu	ımber		
CEN	ITER FOR GLOBAL DI	EVELOPMENT			52-2351337				
Pa	rt I Questi	ons Regarding Compensa	tion						
							Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
	First-class	s or charter travel		Housing allowance or residence for	personal use				
		companions	닏	Payments for business use of person				1	
		nification and gross-up payment	s 📙	Health or social club dues or initiation					
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)				
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding paym plete Part III to explain	nent or reimbursement	1b			
2				or allowing expenses incurred by all		2			
	directors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked in line	e 1a?				
3	organization's C	EO/Executive Director Check al	I that apply Don	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i					
	<b>✓</b> Compens	ation committee		Written employment contract				1	
	✓ Independ	ent compensation consultant	<b>✓</b>	Compensation survey or study				1	
	<b>☑</b> Form 990	of other organizations	✓	Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Sed	ction A, line 1a, with respect to the fi	iling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No	
b		r receive payment from, a suppl		ified retirement plan?		4b		No	
С	Participate in, o	r receive payment from, an equity-based compensation arrangement?						No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	licable amounts for each item in Part	III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9					
5			_	the organization pay or accrue any					
-		ontingent on the revenues of		o. gaza pa, o. aoo. ao a,					
а	The organization	1?				5a		No	
b	Any related orga	anization?				5b		No	
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	٦٦				<b>6</b> a		No	
b	Any related orga					6b		No	
	If "Yes," on line	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye:		the organization provide any nonfixed rt III	d	7	Yes		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No	
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		140	
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	9901	2017	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reporte as deferred on prio Form 990	
1 MASOOD AHMED PRESIDENT		391,589	34,583	0	0	1,375	427,547	0	
	(ii)	0	0	0	0	0	0	0	
2 AMANDA GLASSMAN CHIEF OPERATING	(i)	275,000	0	0	41,250	1,375	317,625	0	
OFFICER/SECRETARY	(ii)	0	0	0	0	0	0	0	
3 ELLEN MACKENZIE CHIEF FINANCIAL	(i)	225,885	20,000	0	33,882	21,624	301,391	0	
OFFICER/TREASURER	(ii)	0	0	0	0	0	0	0	
4 TODD MOSS SENIOR FELLOW	(i)	225,000	0	0	33,750	21,624	280,374	0	
SENIOR I LLEOW	(ii)	0	0	0	0	0	0	0	
5 ALAN GELB SENIOR FELLOW	(i)	212,000	0	0	31,787	1,009	244,796	0	
SENION FEELOW	(ii)	0	0	0	0	0	0	0	
6 VIJAYA RAMACHANDRAN SENIOR FELLOW	(i)	210,915	0	0	31,637	8,040	250,592	0	
SENION FEELON	(ii)	0	0	0	0	0	0	0	
7 LILIANA ROJAS-SUAREZ SENIOR FELLOW	(i)	206,524	0	0	30,978	3,480	240,982	0	
	(ii)	0	0	0	0	0	0	0	
8 CHARLES KENNY SENIOR FELLOW	(i)	198,519	0	0	29,698	21,612	249,829	0	
	(ii)	0	0	0	0	0	0	0	
								_	

Schedule J (Form 990) 2017						
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation					
PART I, LINE 7	THE FOLLOWING OFFICERS/KEY EMPLOYEES RECEIVED PERFORMANCE/MERIT-BASED BONUSES MASOOD AHMED \$34,583 ELLEN MACKENZIE \$20,000					

efi	ile GRAPHIC print - DO NO	T PROCESS As I	Filed Data -									DLN: 9	349329	0010828
	hedule K orm 990)			Information o									lo 1545-0	_
Complete if the organization answered "Yes" to Form 990, Part IV, line 24 explanations, and any additional information in Part V									criptions,				017	/
Dens	artment of the Treasury		s, and any additional • Attach to Form 99								Ope	n to Pub	lic	
Inter	nal Revenue Service	▶Information	1 about Schedule	K (Form 990) and its	instruction	s is at <u>ผ</u>	/ww.i	rs.gov/fori	<u>11990</u> .	F1-			spection	
	e of the organization TER FOR GLOBAL DEVELOPMENT	Г									•	tirication	number	
	art I Bond Issues									52-23	51337			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rica		f) Description	on of purpose	(a) D	efeased	(h)	2n	(i) Pool
	(a) Issuel Hame	(b) issuer lin	(6) 60311 #	(d) Date 133ded	(C) 1334C	////	,	1) Description	on or purpose	(9)	Jicasca	behal	f of	financing
										Yes	No	rssu <b>Yes</b>		es No
A	DISTRICT OF COLUMBIA	53-6001131		06-03-2013	13,3	60,000	PURCI	HASE OF OF	FICE BUILDING		X	165	X	X
Pa	rt III Proceeds													
	1100000					4		E	<u> </u>		:		D	
1	Amount of bonds retired					1,747	,831							
2	Amount of bonds legally defea	ased												
3	Total proceeds of issue					13,360	,000							
4	Gross proceeds in reserve fun	ds												
5	Capitalized interest from proc	eeds												
6	Proceeds in refunding escrows	5												
7	Issuance costs from proceeds													
8	Credit enhancement from pro-	ceeds												
9	Working capital expenditures													
10	Capital expenditures from pro					13,224	,824							
11	Other spent proceeds					135	,176							
12	Other unspent proceeds													
13	Year of substantial completion	1				13								
					Yes	No	_	Yes	No	Yes	No		Yes	No
14	Were the bonds issued as par	t of a current refunding	ıssue <sup>?</sup>	•		Х								
15	Were the bonds issued as par					Х								
16	Has the final allocation of prod	ceeds been made?			Х									
17	Does the organization maintal proceeds?				×									
Pa	rt IIII Private Business l				•							•		
						4		E		(	_		D	
1	Was the organization a partne financed by tax-exempt bonds				Yes	No X	$\dashv$	Yes	No	Yes	No		Yes	No
2	Are there any lease arrangem property?	ents that may result in	private business us			Х	$\dashv$							
For	Panerwork Reduction Act No.			) <sub>-</sub>	Cal	No 50	193F					chedule	K (Form	990) 2017

9

Part IV

Arbitrage

Page 2

D

C

C

No

Yes

Schedule K (Form 990) 2017

No

Yes

Х

Χ

Yes

No

Χ

No

Χ

Χ

Χ

Χ

Х

Α

Yes

Χ

Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government . . . . . . . . . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? . . . . If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . Was the hedge terminated? . . . . . . . . .

No rebate due? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

INO REBATE COMPUTATION WAS MADE BECAUSE THERE WERE NO BOND PROCEEDS TO INVEST

Explanation

Х

Yes

Χ

No

Yes

No

Page 3

No

No

D

Yes

Yes

No

Yes

No

		103	110
ā	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х
b	Name of provider		

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2017

period?

Part V

Part VI

COMPUTATION

Return Reference

PART IV, LINE 2C, REBATE

Arbitrage (Continued)

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

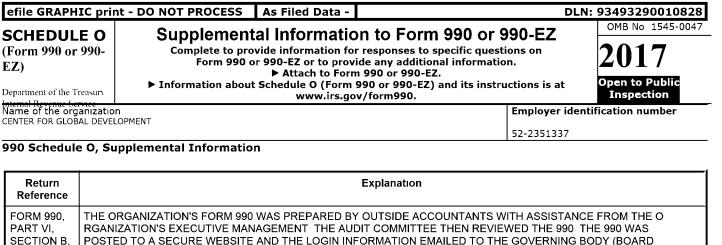
Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?



OF DIRECTORS) FOR COMMENTS AND REVIEW BEFORE FINALIZING AND SIGNING

LINE 11B

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
LINE 12C

IN A PROFESSIONAL CAPACITY OUTSIDE CGD WHICH MAY INTERSECT W
ARE ADVISED ANNUALLY TO NOTIFY MANAGEMENT OF ANY NEW POTENTIAL CONFLICTS SPECIFIC CASES O
F CONFLICTS ARE ADDRESSED IN THE POLICY AND ARE RESOLVED BY THE PRESIDENT OR THE BOARD OF
DIRECTORS

Return

	Reference	Explanation
1	FORM 990,	THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES THE PRESIDENT'S ANNUAL SALARY AND BONUS
ı	PART VI,	WHEN THE PRESIDENT WAS HIRED, THE ORGANIZATION USED AN OUTSIDE CONSULTANT WHO SPECIALIZE
ı	SECTION B,	S IN COMPENSATION SURVEYS FOR WASHINGTON AREA NON-PROFITS, SPECIFICALLY THINK TANKS THE C
ı	LINE 15A	OMPENSATION COMMITTEE ALSO USES COMPENSATION SURVEYS AND OTHER SIMILAR ORGANIZATIONS' FORM
ı		S 990 ON AN ANNUAL BASIS TO DETERMINE THE PRESIDENT'S COMPENSATION THE MOST RECENT REVIEW
ı		OF THE PRESIDENT TOOK PLACE IN FEBRUARY 2018 FOR OTHER OFFICERS AND KEY EMPLOYEES, THE O
ı		RGANIZATION BASES SALARIES UPON A COMPENSATION STUDY CUSTOM-PREPARED FOR CGD, AS WELL AS A
ı		N ANNUAL COMPENSATION STUDY THAT FOCUSES STRICTLY ON THINK THANKS

Explanation

Return Explanation

FORM 990,	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTER
PART VI,	EST POLICIES AVAILABLE TO THE PUBLIC UPON REQUEST
SECTION C,	
LINE 19	

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	RECRUITING PROGRAM SERVICE EXPENSES 16,527 MANAGEMENT AND GENERAL EXPENSES 86,342 FUNDR AISING EXPENSES 30,626 TOTAL EXPENSES 133,495 ADMIN CONSULTING SERVICES PROGRAM SERVIC E EXPENSES 17,413 MANAGEMENT AND GENERAL EXPENSES 90,971 FUNDRAISING EXPENSES 32,269 TO TAL EXPENSES 140,653 TEMPORARY SERVICES PROGRAM SERVICE EXPENSES 228 MANAGEMENT AND GEN ERAL EXPENSES 1,190 FUNDRAISING EXPENSES 422 TOTAL EXPENSES 1,840 HONORARIA PROGRAM SE RVICE EXPENSES 248 MANAGEMENT AND GENERAL EXPENSES 1,294 FUNDRAISING EXPENSES 459 TOTAL EXPENSES 2,001 PROGRAM & RESEARCH CONSULTANTS PROGRAM SERVICE EXPENSES 695,317 MANAGEM ENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 695,317 CONTRACTORS/PA RTNERSHIPS PROGRAM SERVICE EXPENSES 535,394 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISI NG EXPENSES 0 TOTAL EXPENSES 535,394

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493290010828 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization CENTER FOR GLOBAL DEVELOPMENT 52-2351337 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 (b) (d) (e) (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.	ns Complete if the org	anızatıon answered	i "Yes" on Form 99	0, Part IV, line 34	because it had one o	r more	
(a) Name, address, and EIN of related organization	<b>(b)</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) coi enti	ntrolled ity?
(1)CENTER FOR GLOBAL DEVELOPMENT IN EUROPE (CGDE) 54 WILTON ROAD LONDON SW1V1DE UK	EDUCATION & RESEARCH ON POVERTY, HEALTH AND OTHER ISSUES	UK	501(C)(3)	LINE 7	CENTER FOR GLOBAL DEVELOPMENT	Yes Yes	No
							_
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 501	35Y		Schedule R (Forn	n 990) 20	<u> </u>

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	<b>(k)</b> Percenta owners
								Yes	No		Yes	No	
												$\perp$	
												-	
												_	
Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a)  Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	<b>(f)</b> Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5 ) cont entity
	1											. I Y∉	es
		со	untry)										
	_	со	untry)										
		со	untry)										
		со	untry)									+	
		со	untry)										
		со	untry)									  -  -	
		со	untry)									  -  -  -	

(1)CENTER FOR GLOBAL DEVELOPMENT IN EUROPE

(2)CENTER FOR GLOBAL DEVELOPMENT IN EUROPE

Schedule R (Form 990) 2017			Pa	ge <b>3</b>
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		$\Box$	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?	ſ	Πİ		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	.	1b	Yes	
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)	l	1g		No
h Purchase of assets from related organization(s)	ļ	1h		No
i Exchange of assets with related organization(s)	ļ	1i		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)	ļ	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ļ	1n		No
o Sharing of paid employees with related organization(s)		10		No
p Reimbursement paid to related organization(s) for expenses		<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses		1q		No
r Other transfer of cash or property to related organization(s)		1r		No

•		$\vdash$	$\vdash$	$\vdash$
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
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	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	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

**(b)** Transaction type (a-s)

В

(c) Amount involved

878,891

101,756

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

(d) Method of determining amount involved

ACTUAL AMOUNT

ACTUAL AMOUNT

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017