efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

13,276,978

37,549,415

12,327,492

46,006,168

DLN: 93493234005167 OMB No 1545-0047

Open to Public Inspection

Department of the Treasure 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 www IRS gov/form990

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 Name of organization CENTER FOR GLOBAL DEVELOPMENT D Employer identification number **B** Check if applicable ☐ Address change 52-2351337 ☐ Name change Doing business as ☐ Initial return □eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 2055 L STREET NW NO 5TH FL ☐ Amended return (202) 416-4000 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 20036 G Gross receipts \$ 21,316,059 F Name and address of principal officer H(a) Is this a group return for NANCY BIRDSALL ☐Yes ☑No subordinates? 2055 L STREET NW NO 5TH FL H(b) Are all subordinates WASHINGTON, DC 20036 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CGDEV ORG L Year of formation 2001 M State of legal domicile DC Summary 1 Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1 Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 23 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 83 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 19,339,922 8 Contributions and grants (Part VIII, line 1h) . . . 10,324,922 **9** Program service revenue (Part VIII, line 2g) 1,665,185 786.671 419,841 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 391,135 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 32,100 29,665 12,413,342 20,576,099 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 1,425,247 777,637 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 8.199.596 8,103,528 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶594,730 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,738,256 4,810,940 15,363,099 13,692,105 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -2,949,757 6,883,994 19 Revenue less expenses Subtract line 18 from line 12 . Assets or d Balances Beginning of Current Year **End of Year** 58,333,660 50.826.393 20 Total assets (Part X, line 16) .

Part III Signature Block

ELLEN MACKENZIE CFO Type or print name and title

Under penalties of perjury, I declare that I have examined this return, inclu-knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge

22 Net assets or fund balances Subtract line 21 from line 20 .

21 Total liabilities (Part X, line 26)



Signature of officer



Print/Type preparer's name TERRI MCKNIGHT CPA Preparer's signature TERRI MCKNIGHT CPA Firm's name ► GELMAN ROSENBERG & FREEDMAN Firm's address ► 4550 MONTGOMERY AVE SUITE 650N

BETHESDA, MD 208142930

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2	2016)				Page 2
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 ACTIVI	KING GLOBALIZATÍO ELY ENGAGES POLICY	N WORK FOR THE POO ' MAKERS AND THE PU	SEARCH ORGANIZATION THAT IS D OR THROUGH A COMBINATION OF I BLIC TO INFLUENCE THE POLICIES MPROVE THE ECONOMIC AND SOCI	RESEARCH AND OF THE U.S. AND OTHER
2	Did th	ne organization undertake any sid	inificant program serv	vices during the year w	which were not listed on	
-		nor Form 990 or 990-EZ?	, ,	· ,		☐ Yes ☑ No
	•	s," describe these new services of				
3		e organization cease conducting		changes in how it cond	ucts, any program	
		es?	-	•		☐ Yes ☑ No
		s," describe these changes on Sc				
4	Sectio		nizations are required	to report the amount of	largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	11,134,661	including grants of \$	777,637) (Revenue \$	786,671)
	See Ad	dditional Data				
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d		program services (Describe in S	chedule O) including grants of	\$) (Revenue \$)
4e		program service expenses >	11.134.6	<u> </u>		

or X as applicable

IV	Checklist	of Re	equired	Sche	dul	es	

Checklist of Required Schedules		
the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete</i>	1	

Yes

3

4

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Yes

Yes

Yes

No

Page 3

Nο

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🕏 . Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

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

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 . . .

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?

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,

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, VII, VIII, IX,

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

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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

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,"

Yes

Nο Nο Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Νo

Νo

Νo

No

Nο

Nο

Form **990** (2016)

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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,

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

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?

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

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

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

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

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

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

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

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

22 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

24c

24d

25a

25b

26

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28a

28b

28c

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Yes

Yes

Yes

Form 990 (2016)

Yes Yes 24a 24b

Page 4

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Νo

Nο

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

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page !
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ц_
	Fortunation according to the Company of the Company		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 27 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			
L		2b	Yes	
D	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)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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?	_		
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C ⁷	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_	Did the constraint and the constraint to the debut to the constraint (000)	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
		1		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
D	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
_				
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand]		
45	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
. - - a		-		

FOITH	330 (2016)			Page					
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	ines					
	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 label 1a	1							
	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 2:	3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? •	n 3		No					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .								
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?	7b		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						
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	≘.)	<u> </u>					
			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						
ь	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								
С	conflicts?	12b	Yes						
	Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b		No					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ction C. Disclosure								
17	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	016)											Page 7
Part VII	Compensation of Officers and Independent Contra		Truste	es, l	Key	En	iploy	ees	, Highest Comp	ensated Employ	ees,	
	Check if Schedule O contains a	response or no	te to an	y line	ın t	hıs l	Part VI	Ι.				<u>. </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	d H	lighe	st C	ompensated En	nployees		
year ● List all	e this table for all persons require of the organization's current off ition Enter -0- in columns (D), (icers, directors,	trustee	s (wł	neth:	er in	dıvıdu		,		-	s tax
•	of the organization's current key		•					fınıtı	on of "key employe	e "		
 List the who received 	organization's five current high d reportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	han ar	n off	icer, director, truste	e or key employee)	1	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatio	ons .				·	·	
organization	of the organization's former dire , more than \$10,000 of reportab	le compensation	n from t	he or	ganı	ızatı	on and	any	/ related organizatio	ns	2	
compensate	in the following order individua d employees, and former such p	ersons										
☐ Check ti	his box if neither the organizatio	n nor any relate	d organ	nzatio	on co	omp	ensate	d ar	y current officer, di	rector, or trustee		
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check m than one box, unless per is both an officer and director/trustee) Highest conditional trustees Officer Institutional trustees Or director					on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estima amount o compens from s organizati relati	ited f other sation the on and ed
		,	Individual trustee or director	ocnal Trustee		employee	Highest compensated employee					
See Additiona	al Data Table											

5517 CAROLINA PLACE NW WASHINGTON, DC 20016 JONAH BUSCH,

2552 LE CONTÉ AVE 2E BERKELEY, CA 94709 MAYRA BUVINIC, 3409 QUEBEC ST NW

WASHINGTON, DC 20016

Name and Title

Average

hours per

week (list

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

compensation

Reportable

compensation

from related

Reportable

compensation

from the

Page 8

		any hours	any hours director/trustee) org				organization	ization (W- organizations ((W- from the				
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MI	.50)	2/1099-MISC		organızat relat organız	:ed
See /	Additional Data Table													
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	Sub-Total	 Part VII Sectio	 п Δ	•	•		>					+		
				<u>. </u>	<u> </u>		•		2,630,2	205		0		511,186
2	Total number of individuals (includin of reportable compensation from the			se list	ed a	bove	e) who	rece	eived more th	an \$10	00,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k •	еу е •	mple •	oyee,	or hi	ghest comper	sated • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										the			
5	Did any person listed on line 1a rece services rendered to the organization								-		vidual for	5	Yes	No
Se	ection B. Independent Contrac													110
1	Complete this table for your five high from the organization Report compe	hest compensate										npens	ation	
	Name	(A) and business addre	ess							Descr	(B) uption of services		(C Comper	c) nsation
5 CE	AL INSIGHT, NTRE ST , ME 04530								PROC		ONSULTING			230,607
RAN	CES SEYMOUR, CAROLINA PLACE NW								PROC	GRAM C	ONSULTING	\dashv		181,294

Position (do not check more

than one box, unless person

is both an officer and a

MICHELE DE NEVERS, PROGRAM CONSULTING 102,453 2040 ALLEN PL NW WASHINGTON, DC 20009 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 ▶ 5

PROGRAM CONSULTING

PROGRAM CONSULTING

116,800

111,842

Form 9	_									Page 9
Part '	VIII									
		Check if Schedul	e O contains a	a respo	onse or note to any	line in this Part VII (A) Total revenue	Rela ex fur	(B) Inted or empt inction renue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
u s	1a	Federated campaigi	ns	1a						
ons, Gifts, Grants Similar Amounts	ь	Membership dues		1b	Ī					
Gra	c	Fundraising events	i	1c	İ					
S. A	d	Related organization	ns	1d						
Gif ila	l e	Government grants (co	ntributions)	1e	5,602,792					
s, m	f	All other contributions,	aifts, arants,		<u> </u>					
itior er S	'	and similar amounts no above	ot included	1 f	13,737,130					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution in lines 1a-1f \$		6,58	<u>37</u>					
Cont	h	Total.Add lines 1a-1	f		•	19,339,922				
<u> 1</u>					Business	Code				
Service Revenue	2a	CONTRACT REVENUE				900099	733,514	733,51	.4	
á	b	SERVICE REVENUE				900099	53,157	53,15	57	
٠ د	c -			_						
<u>\$</u>	d -			_						
٤	е-			_	-		-		+	
Program	f /	All other program se	rvice revenue							
Ě	gT	otal. Add lines 2a-2f			▶ 7:	86,671				
	3 Ir	nvestment income (ir	ncluding divide	ends, i	ınterest, and other					
	SII	mılar amounts) .			•	456,25	52			456,252
		ncome from investme		-						
	5 R	oyaltıes					+			
	62.0	Gross rents	(ı) Real		(II) Personal	-				
	ou .	01033 10113		29,407						
	b	Less rental expenses		0						
	c	Rental income or		29,407		-				
	·	(loss)		23, 107						
	d	Net rental income of	r (loss)			29,40)7			29,407
			(ı) Securit	ies	(II) Other					
	f	Gross amount from sales of	7	03,549						
		assets other than inventory								
	b	Less cost or				-				
	_	other basis and sales expenses	7	38,110	1,850					
	c	Gain or (loss)	-	34,561	-1,850					
	d	Net gain or (loss)			•	-36,41	.1			-36,411
.		Gross income from fu	_							
Other Revenue		(not including \$ contributions reporte		of						
₹	:	See Part IV, line 18		а						
å		Less direct expenses		b						
her		Net income or (loss)		-	rents •	1				
ō		Gross income from g See Part IV, line 19		es						
				а						
	b	Less direct expenses	s	b						
	c l	Net income or (loss)	from gaming	activit	ies					
		Gross sales of invent returns and allowanc								
				а						
	b i	Less cost of goods s	old	b		1				
	c	Net income or (loss)	from sales of	ınvent	tory ►	•				
		Miscellaneous	Revenue		Business Code					
	11a	OTHER INCOME			900099	25	58			258
	b									
	c ·									
	ď	All other revenue .								
	e ·	Total. Add lines 11a	-11d		>					
	12	Total revenue. See	Instructions			25				
	_			•		20,576,09	9	786,671		0 449,506 Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses	All athan and		lata anluma (A)	
Section 501(c)(3) and 501(c)(4) organizations must complete all co	_	·	• •	
Check if Schedule O contains a response or note to any Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		1		
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.	777,637	777,637		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,019,903	1,371,516	457,098	191,289
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	4,809,688	4,504,665	135,219	169,804
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	445,721	431,736	1,706	12,279
9 Other employee benefits	466,147	427,315	19,252	19,580
10 Payroll taxes	362,069	315,008	28,683	18,378
11 Fees for services (non-employees)				
a Management				
b Legal	22,733	2,771	14,588	5,374
c Accounting	68,386	8,335	43,885	16,166
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	29,607		29,607	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	866,711	748,437	86,232	32,042
12 Advertising and promotion				
13 Office expenses	562,924	346,203	200,893	15,828
14 Information technology	33,753	4,114	21,660	7,979
15 Royalties				
16 Occupancy	1,000,189	3,051	997,122	16
17 Travel	486,055	477,128	1,462	7,465
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	184,338	156,720	8,405	19,213
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	809,197		809,197	
23 Insurance	40,022	431	39,474	117

299,001

244,079

92,325

71,620

13,692,105

1,288,511

3,221

244,079

1,603

22,180

11,134,661

-1,366,085

294,909

90,117

49,290

1,962,714

77,574

871

605

150

594,730

Form **990** (2016)

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)

expenses on Schedule O)

a OVERHEAD ALLOCATION

d FURN /EQUIP /SOFTWARE

b BAD DEBTS EXPENSE

e All other expenses

c FIELD STUDY

	•	
(A) Beginning of year		(B) End of year
762	1	762
6,188,326	2	8,260,937
10,528,175	3	15,210,267
40,175	4	1,077
	5	
	(A) Beginning of year 762 6,188,326 10,528,175	Beginning of year 762 1 6,188,326 2 10,528,175 3 40,175 4

	_	· · - · · · · · · · · · · · · · · · · ·		_	, ,
	4	Accounts receivable, net	40,175	4	1,077
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	90,740	9	75,718

s	6	II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and of section 501(c)(9)		6		
ets	7	Notes and loans receivable, net		7			
SS	8	Inventories for sale or use		8			
A	9	Prepaid expenses and deferred charges		90,740	9	75,718	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	18,815,094			
	ь	Less accumulated depreciation	10b	2,600,897	17,348,644	10c	16,214,197
	11	Investments—publicly traded securities .		•	16,629,571	11	18,570,702

s		contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6			
اظ	7	Notes and loans receivable, net		7			
SS	8	Inventories for sale or use		8			
⋖	9	Prepaid expenses and deferred charges	90,740	9	75,718		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	18,815,094			
	b	Less accumulated depreciation	10b	2,600,897	17,348,644	10 c	16,214,197
	11	Investments—publicly traded securities .			16,629,571	11	18,570,702
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets				14	

16

17

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33

34

58.333.660

11.898.251

12.327,492

25,558,288

20,447,880

46,006,168

58.333.660

Form **990** (2016)

429,241

50.826.393

12.615.561

13,276,978

22,676,966

14.872.449

37,549,415

50.826.393

661,417

15

16

17

18 19

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23

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34

Liabilities 22

Fund Balances

Assets or

Net

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)

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

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ 🔲 and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

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

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

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ✓ Consolidated basis ☐ Separate basis ☐ Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

Nο

Form 990 (2016)

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

Name: CENTER FOR GLOBAL DEVELOPMENT

Form 990 (2016) Form 990, Part III, Line 4a:

OTHER DEVELOPMENT ISSUES

EIN: 52-2351337

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensated employee Former Individual trustee or director key employee organizations Institutional MISC) MISC) related below dotted organizations line) 6,395

	l	1	 - 1	- 1				
NANCY BIRDSALL	40 00		¥			337,149	0	46,
PRESIDENT		_ ^	^			337,143	9	+0,
LAWRENCE H SUMMERS	5 00	×	x			0	0	
CHAIR		^				0	9	
EDWARD SCOTT	5 00	,				0	0	
CHAIR EMERITUS		_ ^				0	0	

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LAWRENCE H SUMMERS	3 00	Ι,
CHAIR		
EDWARD SCOTT	5 00	
CHAIR EMERITUS		;
TIMOTHY D ADAMS	5 00	

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

TONY FRATTO

THOMAS GIBIAN

DAVID F GORDON

O MUNIR ALAM

CAROLINE ATKINSON

HENRIETTA HOLSMAN FORE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensated employee Former Individual trustee or director organizations Institutional MISC) related MISC) below dotted organizations employee line) 5 00 BRAD HORWITZ Х

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MEMBER
STEPHEN T ISAACS
MEMBER
DONALD KABERUKA
MEMBER
ANNE KRUEGER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

JOHN LIPSKY

EDWARD E MCNALLY

ROBERT MOSBACHER JR

BOBBY J PITTMAN

ADAM S POSEN

SUSAN B LEVINE

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per week (list person is both an officer from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and individu or direc Highest compensated employee Former Institut organizations MISC) MISC) related below dotted organizations employee line)

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

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296,335

235.683

204,168

219,137

209,722

201,337

58,165

50,702

41,401

50,680

32,000

37,029

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		ual trustee stor	tronal Trustee
RACHEL PRITZKER	5 00		
		X	l

MEMBER

MEMBER

MEMBER

MEMBER

TODD MOSS

SMITA SINGH

TONI G VERSTANDIG

CHIEF OPERATING OFFICER

CHIEF FINANCIAL OFFICER

RAJESH MIRCHANDANI

MAUREEN WHITE

ELLEN MACKENZIE

VICE PRESIDENT

VICE PRESIDENT

ALAN GELB

AMANDA GLASSMAN

DIRECTOR OF STUDIES

VIJAYA RAMACHANDRAN

PARTNER'S COUNCIL DIRECTOR

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation week (list person is both an officer from the from related and a director/trustee) anv hours organization organizations (14/ 2/1000 (14/ 2/1000

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

	l fauralahad							(14/ 2/1000	/W/ 3/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MICHAEL CLEMENS RESEARCH MANAGER	40 00					x		199,346	0	30,864
JUSTIN SANDEFUR	40 00									

40 00

40 00

40 00

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. SENIOR FEL

SCOTT MORRIS

SENIOR FELLOW

CHARLES KENNY

SENIOR FELLOW

SENIOR FELLOW

EMMA ROJAS-SUAREZ

		rustėė	il Trustee	,ee	npensated			
CLEMENS I MANAGER	40 00				х	199,346	0	
INDEFUR ELLOW	40 00				х	156,898	0	

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180,727

186,496

203,207

(F)

Estimated

amount of other

compensation

from the

45,450

29,026

49,734

39,740

For 90E	m 99(E Z)			plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form ut Schedule A (Form	r a section	2016 Open to Public		
nterna	l Reven	the Treasurv ue Service ne organiza		- Indicion above		ov/form990.	, und its instit	Employer identific	Inspection
		GLOBAL DEVEL						' '	acion number
Pai	rt I	Reason 1	or Public (Charity Stat	us (All organization	s must complet	te this part.) S	l 52-2351337 See instructions.	
ne o	rganız				e it is (For lines 1 thro				
1		A church, c	onvention of	churches, or as	sociation of churches	described in sect	ion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital c	r a cooperati	ve hospital ser	vice organization desci	ribed in section :	170(b)(1)(A)((iii).	
4		name, city,	and state	•	ed in conjunction with	•			·
5			tion operated iv). (Comple		t of a college or unive	rsity owned or op	erated by a gov	ernmental unit descri	bed in section 170
6				•	governmental unit de	scribed in sectio	n 170(b)(1)(A	A)(v).	
7	✓			mally receives vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	unit or from the gener	al public described in
8		A communi	y trust descr	ibed in sectio i	170(b)(1)(A)(vi)	(Complete Part II	:)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
0		from activit	es related to income and i	its exempt fur unrelated busir	(1) more than 33 _{1/3} % actions—subject to ceri less taxable income (le amplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1		An organiza	tion organize	d and operate	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	tion 509(a)(2). See section 509(a	
а		organizatioi	n(s) the powe		ated, supervised, or coappoint or elect a majo				
b		Type II. A manageme	supporting of nt of the supp	rganızatıon sup	ervised or controlled in ation vested in the sar				
С		Type III fo	ınctionally i	ntegrated. A	supporting organizatio ions) You must com				ited with, its
d		functionally	integrated 7	The organizatio	d. A supporting organi n generally must satis r t IV, Sections A and	fy a distribution r			
e		Check this l	oox if the org	anızatıon recei	ved a written determir	nation from the IF	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter			on-functionally organizations	integrated supporting	organization			
g g				-	ipported organization(s)			
		f supported o		(ii)EIN	(iii) Type of	(iv		(v)	(vi)
					organization (described on lines 1- 10 above (see instructions))	Is the organization your governing		Amount of monetary support (see instructions)	Amount of other support (see instructions)
						Yes	No		
			'						
_4- '	1								
ota		vork Poduce	ion Act Not	ica saatha T	nstructions for	Cat No 11285	F	 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2
P	art II Support Schedule for (Complete only if you ch III. If the organization fa	ecked the box o	n line 5, 7, 8, or	9 of Part I or If	the organization	failed to qualify	
S	ection A. Public Support	'		, ,	•	,	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c) 2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	7,121,411	17,085,047	12,039,478	10,324,922	19,339,922	65,910,780
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	7 121 411	17.095.047	12 020 479	10 224 022	10 220 022	6F 010 700
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	7,121,411	17,085,047	12,039,478	10,324,922	19,339,922	65,910,780
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						27,523,052
	Public support. Subtract line 5 from line 4						38,387,728
<u>S</u>	ection B. Total Support		1				
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) Total
7	Amounts from line 4	7,121,411	17,085,047	12,039,478	10,324,922	19,339,922	65,910,780
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	671,704	362,219	416,164	393,014	485,659	2,328,760
9	income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
10						258	258
11	Total support. Add lines 7 through 10						68,239,798
12	Gross receipts from related activities,	etc (see instruction	ons)			12	4,992,388
13	First five years. If the Form 990 is fo	-			•	· · · · · · <u></u>	nization,
	check this box and stop here					▶⊔	
	ection C. Computation of Public						
	Public support percentage for 2016 (lir			olumn (f))		14	56 250 %
	Public support percentage for 2015 Sc				44 22 : :=0/	15	58 830 %
	33 1/3% support test—2016. If the and stop here. The organization quali	fies as a publicly s	supported organizat	ion			▶ ☑
b	33 1/3% support test—2015. If th	_			nd line 15 is 33 1/3	3% or more, check	_
17a	box and stop here . The organization 10%-facts-and-circumstances test is 10% or more, and if the organizatio in Part VI how the organization meets	t —2016. If the org n meets the "facts	ganization did not d -and-circumstance	theck a box on lines" test, check this	box and stop her	e. Explain	▶⊔
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets the "f	facts-and-circumsta	nces" test, check	this box and stop	here.	▶□
18	supported organization Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see	▶□

Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

_	the organization rans to				•	•	
56	ection A. Public Support					1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants`")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6)						
Se	ection B. Total Support						
	Calendar year	(-)2012	(6)2012	(-)2014	(4)201E	(-)2016	/6\T_=L=
	Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f) Total
9		(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) Total
	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest,	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
L0a	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) Total
	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
L0a	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
L0a	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) Total
LOa b	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
LOa b	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
LOa b	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
LOa b	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
b с 11	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
LOa b	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
b с 11	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
b с 11	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
b c 111	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
b c 111	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for						ganization,
b c 11 12	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization	's first, second, tl				
b c 11 12	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization	's first, second, th	nird, fourth, or fiftl			ganization,
b c 11 12 13 14 Se	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization	's first, second, th	nird, fourth, or fiftl			ganization,
tioa b c 11 12 13 14 Se 15	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization Support Perce e 8, column (f) d	's first, second, the intage vided by line 13,	nird, fourth, or fiftl		ection 501(c)(3) or	ganization,
tioa b c 11 12 13 14 Se 15	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here ection C. Computation of Public Services.	r the organization Support Perce e 8, column (f) d ichedule A, Part I	's first, second, the second of the second o	nird, fourth, or fiftl		ection 501(c)(3) or	ganization,
10a b c 111 12 13 14 Se 15 16 Se	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public services. Public support percentage from 2015 S	r the organization Support Perce e 8, column (f) d chedule A, Part I: nent Income	's first, second, the intage livided by line 13, II, line 15	nird, fourth, or fifti	n tax year as a se	ection 501(c)(3) or	ganization,
10a b c 11 12 13 14 Se 15 16 Se 17	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public section D. Computation of Investi	r the organization Support Perce e 8, column (f) d chedule A, Part I: ment Income 16 (line 10c, colu	's first, second, the second of the second o	nird, fourth, or fifti	n tax year as a se	15 16 17	ganization,
b c 11 12 13 14 Se 15 16 Se 17 18	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public section D. Computation of Investi Investment income percentage from 2015 Investment i	r the organization Support Perce e 8, column (f) d ichedule A, Part I: ment Income 16 (line 10c, colui 015 Schedule A,	's first, second, the second of the second o	column (f))	n tax year as a se	15 16 17 18	ganization, ▶ □
10a b c 11 12 13 14 Se 15 16 Se 17 18 19a	(or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public section Public support percentage from 2015 Section D. Computation of Investi	r the organization Support Perce e 8, column (f) d chedule A, Part I: ment Income 16 (line 10c, colum 015 Schedule A, organization did r	's first, second, the second of the second o	column (f))	h tax year as a se	15 16 17 18 n 33 1/3%, and line	ganization, ▶ □

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

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)

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes Nο

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose. describe the designation. If historic and continuing relationship, explain

1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described 2

in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) helow the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination

3а Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied 3h Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use

3с 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 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported

organization? If "Yes" describe in Part VI how the organization had such control and discretion despite being controlled or 4h supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed. (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

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

organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) 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

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8

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

complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

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

provide detail in Part VI.

9a

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

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

9b

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

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

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

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Se	ction 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 Par VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ction C. Type II Supporting Organizations			
	Green Co. Type 12 Cupper ting Crystian		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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	f		
		1		
Se	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's		163	140
•	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?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
_		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 Part VI the role the organization's supported organizations played in this regard			
				I
	ction E. Type III Functionally-Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the Activities Test Complete line 2 below	LIONS)		
a b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se	e instru	ctions))
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the			
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
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	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard			
	, , , , , , , , , , , , , , , , , , , ,	3b		<u>L</u>

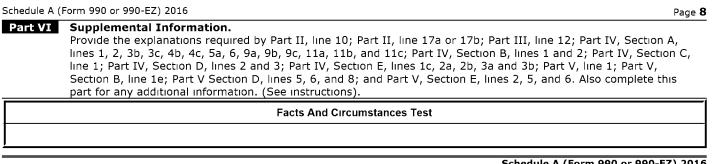
2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-F7) 2016

temporary reduction (see instructions)

instructions)



efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

www.irs.gov/form990.

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

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

2016

DLN: 93493234005167

Open to Public Inspection

directly delivered to a

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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) (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-B 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 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures 3 Volunteer hours Part I-B 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 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? **4**a ☐ Yes ☐ No h 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 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? ☐ Yes 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 (d) Amount paid from (e) Amount of political (a) Name (b) Address (c) EIN filing organization's contributions received funds If none, enter and promptly and

				separate political organization If none, enter -0-
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2016

-0-

220,266

219,287

229,539

208,651

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

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

Grassroots lobbying expenditures

Grassroots ceiling amount

877,743

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

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)? **b** 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 C Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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 Return Reference Explanation Schedule C (Form 990 or 990EZ) 2016

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

DLN: 93493234005167

OMB No 1545-0047

Supplemental Financial Statements

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

(Form 990)

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** CENTER FOR GLOBAL DEVELOPMENT 52-2351337 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes □ 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C 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 3 tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	t III	Organizations Ma	intaining Col	lections of	Art, Histo	rical T	reasu	ıres, or	Other	Similar A	ssets (continu	ed)	
3		g the organization's acqu s (check all that apply)	usition, accession	n, and other re	ecords, check	any of	the fo	llowing th	hat are a	significant i	use of its	s collect	tion	
а		Public exhibition d Loan or exchange programs												
b		Scholarly research e Other												
c		Preservation for future	generations											
4	Provi Part	de a description of the o	organization's col	lections and e	xplain how tl	ney furt	her the	e organiz	ation's ex	empt purpo	ose in			
5		ng the year, did the orga ts to be sold to raise fund								ılar	□ Ye	es [□No	
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			on Form 99	0, Part	IV, lı	ne 9, or	reporte	d an amou	unt on I	Form 9	90, P	art
1a		e organization an agent, ded on Form 990, Part X		an or other in	termediary fo	r contri	bution	s or othe	r assets	not	☐ Ye	es [□No	
b	If "Y	es," explain the arranger	ment in Part XIII	and complete	e the followin	g table				Α	Amount			
c	Begir	nning balance							1c					
d	Addıt	tions during the year							1d					
е	Dıstr	ibutions during the year							1e					
f	Endır	ng balance							1f					
2a		he organization include a	an amount on Fo	rm 990. Part	X. line 21. fo	r escrov	v or cu	stodial a	ccount lia	bility?		Г	٦	
		-								·	∐ Ye		⊣ No	
b		es," explain the arranger										• •		
Pa	rt V	Endowment Fund	ls. Complete if											
4	D			(a)Current y	year (b)	Prior yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e)Fou	r years	back_
	-	ning of year balance .												
		butions												
		vestment earnings, gains	•											
d	Grants	s or scholarships	•											
е		expenditures for facilitie rograms	es											
f	Admın	istrative expenses .												
g	End of	year balance												
2	Provi	de the estimated percen	tage of the curre	nt year end b	alance (line	1g, colu	mn (a))) held as	5					
а	Boar	d designated or quasi-en	ndowment 🟲											
b	Perm	nanent endowment 🕨												
c	Tem	porarily restricted endow	/ment ▶											
·	The	percentages on lines 2a,	2b, and 2c shou	ld equal 100%	6									
3а		here endowment funds r	not in the posses	sion of the or	ganızatıon th	at are h	eld and	d admini	stered fo	r the		\[\frac{1}{2}\]	es	No No
	(i) unrelated organizations								3	a(i)				
	(ii) related organizations								3	a(ii)				
b		es" on $3a(\pi)$, are the rela	_				?.				. [3b		
4	Desc	ribe in Part XIII the inter	nded uses of the	organization's	s endowment	funds								
Pa	rt VI	, ,			- Fa 001	\ D- :	T) ('		C	000 -		- 10		
	Descr	Complete If the org	anization answ (a) Cost or oth (investme	er basis (on Form 990 (b) Cost or othe					m 990, Pai		<u>e 10.</u> (d)Book	value	
12	Land													
	Buildir	⊢				16.3	83,491			1,285,868			15.0	97,623
		· -				10,5	,			_,_00,000			10,0	
		nold improvements				2.	21 522			240 000				71 644
		ment					21,533			249,889			1.0	71,644
	Other		luman (d)t -	aual Forms CO	1 Dart V!		10,070	10(a))		1,065,140	<u> </u>			44,930
IOT	ıı. Add	lines 1a through 1e (Co.	ıuınn (a) must ed	quai rorm 990	i, Part X, Coll	итп (В)	, iine 1	IO(C)) .	•	▶	i		16,2	14,197

rt VII Investments—Other Securities. Complete if t See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b)Book value	(c) Method o Cost or end-of-ye	
Financial derivatives			
Closely-held equity interests	· · ·		
I. (Column (b) must equal Form 990, Part X, col (B) line 12) t VIIII Investments—Program Related. Complete if	the organization answe	red 'Yes' on Form 990.	Part IV. line 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-ye	
A (Column (h) much and Sound Column (2)			
		/, line 11d See Form 990	, Part X, line 15
		/, line 11d See Form 990	, Part X, line 15 (b) Book value
rt IX Other Assets. Complete if the organization answere		/, line 11d See Form 990	
rt IX Other Assets. Complete if the organization answere		/, line 11d See Form 990	
rt IX Other Assets. Complete if the organization answere		/, line 11d See Form 990	
rt IX Other Assets. Complete if the organization answere		/, line 11d See Form 990	
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t IX Other Assets. Complete if the organization answere		/, line 11d See Form 990	
rt IX Other Assets. Complete if the organization answere		/, line 11d See Form 990	
rt IX Other Assets. Complete if the organization answere		/, line 11d See Form 990	
rt IX Other Assets. Complete if the organization answere		/, line 11d See Form 990	
Other Assets. Complete if the organization answere (a) Description	n	/, line 11d See Form 990	
The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (c) Description (d) Desc	n		(b) Book value
The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (d) Description (d) Description of Liability (l) Description of Liability	n		(b) Book value
Al. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere (a) Description Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' on Form		(b) Book value
The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (d) Description (d) Description of Liability (l) Description of Liability	answered 'Yes' on Form		(b) Book value
The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (d) Description (d) Description of Liability (l) Description of Liability	answered 'Yes' on Form		(b) Book value
The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (d) Description (d) Description of Liability (l) Description of Liability	answered 'Yes' on Form		(b) Book value
Al. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere (a) Description Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' on Form		(b) Book value
Al. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere (a) Description Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' on Form		(b) Book value
Al. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere (a) Description Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' on Form		(b) Book value
Al. (Column (b) must equal Form 990, Part X, col (B) line 15) The Column (b) must equal Form 990, Part X, col (B) line 15) The Column (b) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15)	answered 'Yes' on Form		(b) Book value
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Al. (Column (b) must equal Form 990, Part X, col (B) line 15) The Column (b) must equal Form 990, Part X, col (B) line 15) The Column (b) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15)	answered 'Yes' on Form		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 15) art X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.	answered 'Yes' on Form		(b) Book value

h c

е 3

4

5

1

2

b

е

3

4

b

c 5

Part XIII

Part XII

Schedule D (Form 990) 2016

Page 4

1,572,759

20,577,949

-1.850

20.576.099

13,693,955

13.693.955

-1,850

13,692,105

Schedule D (Form 990) 2015

Other (Descr Add lines 2a Subtract line 2e from line 1 .

Add lines 4a and 4b . . .

Other losses .

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII)

Supplemental Information

Other (Describe in Part XIII) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Net unrealized gains (losses) on investments
Donated services and use of facilities
Recoveries of prior year grants
Other (Describe in Part XIII)
Add lines 2a through 2d
Subtract line 2e from line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Total expenses and losses per audited financial statements .

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

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part 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

2c 2d Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b

2a

2h

2c 2d

4a 4b

Explanation

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2h

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

-1.850

1,572,759

2e 3 4c

2e 3

4c

-1.850

Schedule D (Form 990) 2015					
Part XIII Supple	mental Info	ormation (continued)			
Return Reference		Explanation			
			Schedule D (Form 990) 2016		

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, 2016, 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 QUALIFY FOR EITHER RECOGNITION OR DI SCLOSURE IN THE COMBINED FINANCIAL STATEMENTS

upplemental Information							
Return Reference	Explanation						
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF ASSETS REPORTED AS AN EXPENSE ON FORM 990, PART VIII, LINE 7D -1,850						

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF ASSETS REPORTED AS AN EXPENSE ON FORM 990, PART VIII, LINE 7D -1,850						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493234005167 OMB No 1545-0047 **SCHEDULE F** Statement of Activities Outside the United States (Form 990) 2016 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ▶ Attach to Form 990. ▶ See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization CENTER FOR GLOBAL DEVELOPMENT 52-2351337 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region region to recipients located in the region) 777,637 (1) EUROPE 0 0 GRANTS TO RECIPIENTS LOCATED IN THE REGION (2) SUB-SAHARAN AFRICA 0 PROGRAM SERVICE SURVEYS IN TANZANIA 106,563 0 ACTIVITIES (3) SOUTH ASIA 64,581 0 0 PROGRAM SERVICE SURVEYS IN INDONESIA ACTIVITIES 1 PROGRAM SERVICE 69,094 (4) EUROPE 0 PROGRAM CONSULTING ACTIVITIES (5) 1,017,875 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 1,017,875 Cat No 50082W For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2016

Schedule F (Form 990)	2016							Page 2
			anizations or Entities ved more than \$5,000. P				on answered "Yes" t	o Form 990, Part
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE	EDUCATION & RESEARCH INTO POVERTY, HEALTH, SUSTAINABLE DEVELOPMENT, GOOD GOVERNANCE & TRANSPARENCY IN PUBLIC LIFE & PUBLIC FINANCE	777,637	WIRE TRANSFER			
(2)	1							
(3)								
(4)								
1			ad alasa that aaa.a.a.a.		the Commence of			

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

(11) (12) (13) $\overline{(14)}$ (15) (16)

(17) (18) Page 3

Schedule F (Form 990) 2016

Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

(1)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(2)

(3)

(4) (5)

(6) (7)

(8) (9) (10)

Sche	dule F (Form 990) 2016		Page 4
Par	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)	☑ 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)		
	Instructions for Forms 3320 and 3320 Ay	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 5471)	☐Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)	□Yes	☑ No
	·		

schedule F (1	Form 990) 2016 P	Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting met amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provany additional information (see instructions).	•
Return Referenc		

efil	e GRAPHIC pi	rint - DO NOT PROCESS As Fil	ed Dat	a -	DLN: 934	49323	34005	167	
Sch	edule J	Compe	ensat	ion Information	10	ИВ No	1545-0	0047	
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Department of the Treasury ▶ Information about Schedule J (Form 990) and its instructions is at						2016			
•	tment of the Treasury al Revenue Service			(Form 990) and its instructions in a second in the second	is at	pen i Insp	ectio		
	ne of the organiz TER FOR GLOBAL D				Employer identificat	tion nu	ımber		
CLIN	TER FOR GLOBAL D	EVELOFICINI			52-2351337				
Pa	rt I Questi	ons Regarding Compensation							
1a		opiate box(es) if the organization provide lection A, line 1a Complete Part III to pr					Yes	No	
	Travel for	s or charter travel companions nification and gross-up payments nary spending account		Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (e.g., maid, chauf	nal residence on fees				
b		xes in line 1a are checked, did the orgar all of the expenses described above? If "			nent or reimbursement	1 b			
2		ation require substantiation prior to reim ees, officers, including the CEO/Executive			e 1a?	2			
3	organization's C	ıf any, of the following the filing organiz EO/Executive Director Check all that ap ed organization to establish compensatio	ply Dor	not check any boxes for methods					
	Independ	ation committee ent compensation consultant I of other organizations	□ ✓	Written employment contract Compensation survey or study Approval by the board or compensa	tion committee				
4	During the year related organiza	r, did any person listed on Form 990, Par ation	t VII, Se	ction A, line 1a with respect to the fil	ing organization or a				
а	Receive a sever	ance payment or change-of-control payr	ment?			4a		No	
b	•	r receive payment from, a supplemental	•	· ·		4b		No	
С		or receive payment from, an equity-based of lines 4a-c, list the persons and provide		<u> </u>	t III	4c		No_	
5	For persons liste	(), 501(c)(4), and 501(c)(29) organied on Form 990, Part VII, Section A, line ontingent on the revenues of							
а	The organization	n?				5a		No	
b	Any related orgainst and Ine	anızatıon? 5a or 5b, describe in Part III				5b		No	
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of	· 1a, dıd	the organization pay or accrue any					
a	The organization					6a		No	
b	Any related org	anızatıon? 6a or 6b, describe in Part III				6b		No	
7	For persons liste	ed on Form 990, Part VII, Section A, line escribed in lines 5 and 67 If "Yes," descr			ed	7	Yes		
8		ints reported on Form 990, Part VII, paid nitial contract exception described in Reg			escribe			N.c.	
9		8, did the organization also follow the re	buttable	presumption procedure described in	Regulations section	9		No_	
For F	Paperwork Redu	uction Act Notice, see the Instruction	ns for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	1 990)	2016	

Schedule J (Form 990) 2016							Page 2
Part II Officers, Directors, Trustees, Key Employees, and	Highest Compo	ensated Employe	es. Use duplicate	copies if additioi	nal space is ne	eded.	
For each individual whose compensation must be reported on Schedule J, reinstructions, on row (ii) Do not list any individuals that are not listed on For Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the	m 990, Part VII	<u>.</u>	``	•	•		ridual
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-N	MISC compensation	(C) Retirement	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F)
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	and other deferred compensation			Compensation in column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2016

Schedule 1 (Form 990) 2016 Page 3 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 THE FOLLOWING OFFICERS/KEY EMPLOYEES RECEIVED PERFORMANCE/MERIT-BASED BONUSES NANCY BIRDSALL \$35,000 TODD MOSS \$20,000 ELLEN PART I. LINE 7 MACKENZIE \$20,000 MICHAEL CLEMENS \$ 5,000 MICHAEL A CLEMENS \$ 5,000

Schedule J (Form 990) 2016

(i) Base Compensation

219,137

209,722

201,337

194,346

156,898

180,727

186,496

203,207

ionai L

Software Version:

(ii)

Bonus & incentive

compensation

Software ID:

EIN: 52-2351337

Name: CENTER FOR GLOBAL DEVELOPMENT

(iii)

Other reportable

compensation

idilic. CLIVILICION

rorm 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and	rignest compensate	a employees
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable

5,000

1NANCY BIRDSALL PRESIDENT	(1)	302,149	35,000	0	44,414	1,981	383,544	0
	(11)	0	0	0	0	0	0	0
1TODD MOSS CHIEF OPERATING OFFICER	(1)	276,335	20,000	0	40,519	17,646	354,500	0
	(11)	0	0	0	0	0	0	0
2ELLEN MACKENZIE CHIEF FINANCIAL OFFICER	(1)	215,683	20,000	0	33,056	17,646	286,385	0
	(11)	0	0	0	0	0	0	0
3RAJESH MIRCHANDANI VICE PRESIDENT	(1)	204,168	0	0	28,375	13,026	245,569	0
	a	l n						

other deferred

compensation

33,034

31,013

30,450

29,118

24,750

27,022

28,975

30,600

(E) Total of columns

(B)(ı)-(D)

269,817

241,722

238,366

230,210

202,348

209,753

236,230

242,947

benefits

17,646

987

6,579

1,746

20,700

2,004

20,759

9,140

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

1NANCY BIRDSALL	
PRESIDENT	

4AMANDA GLASSMAN

DIRECTOR OF STUDIES

6VIJAYA RAMACHANDRAN

PARTNER'S COUNCIL DIRECTOR

7MICHAEL CLEMENS

8JUSTIN SANDEFUR

SENIOR FELLOW

9SCOTT MORRIS

SENIOR FELLOW

10CHARLES KENNY

11EMMA ROJAS-SUAREZ

SENIOR FELLOW

SENIOR FELLOW

RESEARCH MANAGER

VICE PRESIDENT

5ALAN GELB

(1)

(ı)

(II)

(1)

(1)

(ı)

(II)

(II)

(1)

efi	le GRAPHIC print - DO NO	T PROCESS As I	Filed Data -									DLN: 9	3493234	1005167
	hedule K orm 990)	Sup	plemental	Information o	n Tax E	xemp	t Bond	s					No 1545-0	
(r	1111 990)		e organization ans	swered "Yes" to Form	1 990, Part	[V, line 24	4a. Provide					2	016	
Dana	artment of the Treasury		explanations	s, and any additional Attach to Form 99		in Part V	/1.					Ope	n to Publ	ic
Inter	nal Revenue Service	▶Information	about Schedule	K (Form 990) and its	instruction	s is at <u>wv</u>	vw.irs.gov,	<u>form990</u> .				Ţ	spection	
	e of the organization TER FOR GLOBAL DEVELOPMENT									-	•	tification	number	
									5.	2-23	51337			
Pł	Bond Issues	(I-) I FIN	(-) CUCID #	(4) Data area d	(-) I		(f) D			. \ D	6	4.3		(I) Deal
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(T) Desc	ription of purpos	se (g)) De	feased	(h) beha		(i) Pool inancing
									<u> </u>			ISSU		
	DISTRICT OF COLUMBIA	53-6001131		06-03-2013	13.3	60.000 PI	URCHASE O	F OFFICE BUILD		'es	No X	Yes	No Yo	× No
					,									
Pa	rt III Proceeds													
_	A					Α		В	-	C			D	
	Amount of bonds retired					1,461,7	749		-					
	Amount of bonds legally defeas								-			_		
3	Total proceeds of issue					13,360,0	100		-					
4	Gross proceeds in reserve fund Capitalized interest from proce								-					
5	Proceeds in refunding escrows								-			_		
<u>6</u> 7	Issuance costs from proceeds .								+					
<u>/</u> 8	Credit enhancement from proce								-					
-8 -9	Working capital expenditures fi								-					
10	Capital expenditures from proc					13,224,8	224					_		
11	Other spent proceeds					13,224,0			+					
12	Other unspent proceeds					133,1	.70							
13	Year of substantial completion				21	013								
	<u>'</u>				Yes	No	Yes	No	Yes		No		Yes	No
14	Were the bonds issued as part	of a current refunding	ıssue?			Х								
15	Were the bonds issued as part	of an advance refundir	ng issue?			X								
16	Has the final allocation of proce	eeds been made?			Х									
17	Does the organization maintain proceeds?				Х									
Pai	rt IIII Private Business U		<u> </u>	• •				<u> </u>		·				
						A		В	I	C			D	
					Yes	No	Yes	No	Yes		No		Yes	No
1	Was the organization a partner financed by tax-exempt bonds	r in a partnership, or a	member of an LLC,	which owned property		X								
2	Are there any lease arrangeme property?	ents that may result in	private business us			Х								
For	Panerwork Reduction Act Not				Ca	t No. 501	93F	•	•	_	S	chedule	K (Form	990) 2016

Page 2

D

C

C

Nο

Yes

Schedule K (Form 990) 2016

Nο

Yes

Α

Χ

Χ

В

Nο

Yes

Χ

Α

No

Х

Χ

Χ

Х

Χ

Yes

Χ

a section 501(c)(3) organization or a state or local government 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)

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?

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?

Arbitrage

Part IV

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

Yes

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

No

Page 3

No

D

D

No

Yes

Yes

No

No

В

No

Yes

Yes

		_	-		=	
		Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		x			

Schedule K (Form 990) 2016

period?

Part V

Part VI

COMPUTATION

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

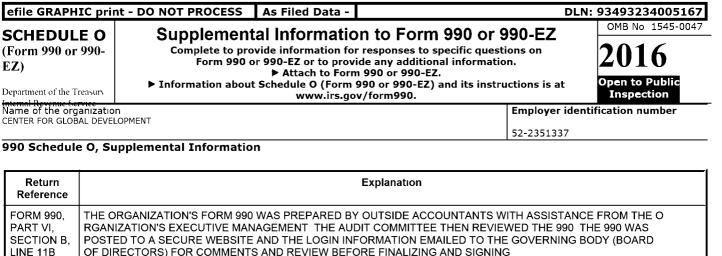
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under

requirements of section 148? . . .

applicable regulations?

Return Reference

PART IV, LINE 2C, REBATE



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	FOR EMPLOYEES, WORK PERFORMED IN A PROFESSIONAL CAPACITY OUTSIDE CGD WHICH MAY INTERSECT W
PART VI,	ITH THE ORGANIZATION'S MISSION MUST BE CLEARED BY THE PRESIDENT IN WRITING BOARD MEMBERS
SECTION B,	ARE REQUIRED TO SIGN A RENEWAL CONFLICT OF INTEREST POLICY STATEMENT EACH YEAR EMPLOYEES
LINE 12C	ARE ADVISED ANNUALLY TO NOTIFY MANAGEMENT OF ANY NEW POTENTIAL CONFLICTS SPECIFIC CASES O
	F CONFLICTS ARE ADDRESSED IN THE POLICY CONFLICTS ARE ADDRESSED BY THE PRESIDENT OR THE B
	OARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES THE PRESIDENT'S ANNUAL SALARY AND BONUS WHEN THE PRESIDENT WAS HIRED, THE ORGANIZATION USED AN OUTSIDE CONSULTANT WHO SPECIALIZE S IN COMPENSATION SURVEYS FOR WASHINGTON AREA NON-PROFITS, SPECIFICALLY THINK TANKS THE C OMPENSATION COMMITTEE ALSO USES COMPENSATION SURVEYS AND OTHER SIMILAR ORGANIZATION'S FORM S 990 ON AN ANNUAL BASIS TO DETERMINE THE PRESIDENT'S COMPENSATION THE MOST RECENT REVIEW OF THE PRESIDENT TOOK PLACE IN FEBRUARY 2016 FOR OTHER OFFICERS AND KEY EMPLOYEES, THE O RGANIZATION BASES SALARIES OFF OF A COMPENSATION STUDY CUSTOM-PREPARED FOR CGD, AS WELL AS AN ANNUAL COMPENSATION STUDY THAT FOCUSES STRICTLY ON THINK THANKS

Return Explanation

990 Schedule O. Supplemental Information

Reference

FORM 990, PART VI, SECTION C, LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493234005167 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. **Open to Public** ► Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization 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) (c) Legal domicile (state (e) 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.		anızatıon answered	l "Yes" on Form 99	0, Part IV, line 34	because it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section ! (13) con entit	512(b) strolled ty?
(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	No
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 501	35Y		Schedule R (Forn	1 990) 20:	16

Part III Identification of Related Organi one or more related organizations to	zations Taxable as a F reated as a partnership	Partnership during the ta	Complet ax year.	te if the org	ganızatıon ar	nswered "Ye	s" on Form	990,	Part I	V, line 34 b	ecau	se it l	nad
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	d, total incom	(g) Share of e end-of-year assets	Disprop	h) ortionate itions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part		(k) Percentag ownershij
					514)			Yes	No	1	Yes	No	
Part IV Identification of Related Organi because it had one or more related	zations Taxable as a (organizations treated as	Corporation s a corporation	or Trus	t Complete st during tl	e if the organ he tax year.	nization ans	wered "Yes	on F	orm 9	90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign untry)	Direc	(d) t controlling Ty entity (C	(e) /pe of entity corp, S corp, or trust)	(f) Share of total Income		(g) e of end- year assets	-of- Perce owne	n) ntage rship	(1	(I) ection 512(3) controll entity? Yes No

Schedule R (Form 990) 2016			Page 3
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		Ye	es No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a	No
b Gift, grant, or capital contribution to related organization(s)		1b Ye	s
c Gift, grant, or capital contribution from related organization(s)		1c	No
d Loans or loan guarantees to or for related organization(s)		1d	No
e Loans or loan guarantees by related organization(s)	•	1e	No
f Dividends from related organization(s)		1f	No
g Sale of assets to related organization(s)		1g	No
h Purchase of assets from related organization(s)		1h	No
i Exchange of assets with related organization(s)		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)		1m Ye	s
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
p Reimbursement paid to related organization(s) for expenses		1p	No
q Reimbursement paid by related organization(s) for expenses		1q	No
r Other transfer of cash or property to related organization(s)		1r	No
${f s}$ Other transfer of cash or property from related organization(s)		1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thresholds		
(a) (b) (c)	(d)		

k Lease of facilities, equipment, of other assets from related organization(s).				-~	140
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m Yes	
f 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
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered re	elationships and trai	nsaction thresholds		
(a) Name of related organization		(c) Amount involved	(d) Method of determining amo	mount involved	
(1)CENTER FOR GLOBAL DEVELOPMENT IN EUROPE	В	777,637	ACTUAL AMOUNT		
(2)CENTER FOR GLOBAL DEVELOPMENT IN EUROPE	М	69,094	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

· · · · · · · · · · · · · · · · · · ·		 										
(a) Name, address, and EIN of entity	(b) Primary activity	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total income	Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
ļ i	ļ l	514)	Yes	No	!		Yes	No	ļ	Yes	No	
												<u> </u>
												·
									Schedul	e R (Form	1 990	0) 2016

