Form 990
Department of the Treasury
Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

Open to Public Inspection

OMB No. 1545-0047

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

AF	or th	e 2011 calendar year, or tax year beginning a	Ind ending		
B c	heck if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre	e CENTER FOR GLOBAL DEVELOPMENT			
	Name Chang			52-2	351337
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite		r
	 ated	1000 MASSACHOSEIIS AVENUE, N.W.	3 FL	202-	416-4000
	Amen	City or town, state or country, and $ZIP + 4$		G Gross receipts \$	19,068,408.
	Appli tion	WASHINGION, DC 20030		H(a) Is this a group re	
	pendi	F Name and address of principal officer:NANCY BIRDSALL		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? 🗌 Yes 🗌 No
			(1) or 🛄 52	7 If "No," attach a	list. (see instructions)
		te: ▶ WWW.CGDEV.ORG		H(c) Group exemptio	n number 🕨
κF	orm o	forganization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Yea	r of formation: 2001 N	State of legal domicile: DC
Pa	art I				
ė	1	Briefly describe the organization's mission or most significant activities:	E PART	III, LINE 1.	
Activities & Governance					
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dis	sposed of mo	re than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			
.∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1	b)		
ies	5				
ivit	6				
Act					
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ne	8				16,982,661.
Revenue	9				
Re	10				
	11				
	12				
	13				
	14			-	• •
Expenses	15		10)		
ens		Professional fundraising fees (Part IX, column (A), line 11e)	755	0.	0.
Ä				1 202 011	2 175 626
- 8	19	Revenue less expenses. Subtract line 18 from line 12			
ets o	200	Tatal assats (Dart V. line 10)			
Net Assets or Fund Balances	20				
vet / und	21	Name of organization D Employer identification number CENTER FOR GLOBAL DEVELOPMENT 52-2351337 Doing Business As Souri/Suite E Telephone number 1800 MASSACHUSETTS AVENUE, N.W. 3 FL 202-416-4000 City or town, state or country, and ZIP + 4 G down neeps \$ 19,068,408. MAME AS C ABOVE H(a) Is this a group return for Affiliates? Yes X No AME AS C ABOVE G incore neeps \$ 19,068,408. H(b) Are all affiliates? Yes X No MWW. CGDEV ORG H(b) Are all affiliates? Yes X No H(b) Are all affiliates? Yes X No H(c) Group exemption number ▶ Name and address of principal officer.NANCY BIRDSALL H(c) Are all affiliates? Yes X No H(b) Kore all affiliates? Yes X No H(c) Are all affiliates? Yes X No H(b) Kore all affiliates? Yes X No H(c) Group exemption number ▶ No ratios: [X] offorich(3) 501(c) () (insert no.) H(c) Group exemption number ▶ No readow If the organization discontinued its operations or disposed of more than 25% of its net assets. For independent voting members of the governing body (Part VI, line 1a) 3 27 re of voting members of the gove			
	22 art II	Signature Block		JI,IUU,UHJ.	JU, JIU, JIU.
_			dules and stater	ments and to the hest of m	knowledge and belief it is
onu	or hour	and or perjary, raddure that i have oral mind this rotarily moldaling addomparying solid	aaroo unu siuloi		, momougo ana bonon, it io

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer NANCY BIRDSALL, PRESID Type or print name and title	ENT		Date
Paid	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Preparer	Firm's name 🕒 GELMAN, ROSENBER	G & FREEDMAN		Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY BETHESDA, MD 208			Phone no. (301) 951-9090
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
132001 01-2	23-12 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2011)

		LOBAL DEVELOPMEN	Т	52-2351337	Page 2
Pa	rt III Statement of Program Service Ad	•			V
_	Check if Schedule O contains a response to	any question in this Part III		<u></u>	X
1	Briefly describe the organization's mission: THE CENTER FOR GLOBAL DEV	ELOPMENT IS AN I	NDEPENDENT. 1	NONPROFIT POLI	CY
	RESEARCH ORGANIZATION THA		-		
	INEQUALITY TO MAKING GLOE				
	COMBINATION OF RESEARCH A			INTER ACTIVELY	
2	Did the organization undertake any significant pro				XNo
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule	\sim		Yes	LA_ No
3	Did the organization cease conducting, or make s		ucts any program servic		XNo
U	If "Yes," describe these changes on Schedule O.		uoto, any program oervio		
4	Describe the organization's program service acco	mplishments for each of its three	largest program services	, as measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations and			t of grants and allocations	to
	others, the total expenses, and revenue, if any, fo				061
4a	(Code:)(Expenses \$ 7,944,1 PROVIDED NEW RESEARCH, DA	07. including grants of \$			061.)
	TO HELP ADDRESS ISSUES OF				
	OTHER DEVELOPMENT ISSUES.				
4b	(Code:) (Expenses \$	including grants of \$) (R	evenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (R	evenue \$)
	·		/ 、		/
4.					
4d	Other program services (Describe in Schedule O.)	anto of ¢		١	
4e	(Expenses \$ including gr Total program service expenses ► 7	ants of \$ 7,944,107.) (Revenue \$)	
		,,-•••		Form 9	90 (2011)
13200 02-09-	2 12				. ,
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Part IV Checklist of Required Schedules

CENTER FOR GLOBAL DEVELOPMENT

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		x	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		л Х
140	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1- 1 a		
~	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
•••	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form	990 (2011) CENTER FOR GLOBAL DEVELOPMENT 52-2351	<u>337</u>	P	age 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 85			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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		X
	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	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	0		
٥	Sponsoring organizations maintaining donor advised funds.	8		
<u>,</u>	Did the organization make any taxable distributions under section 4966? N/A	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:	50		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Observe the observe that \mathbf{O} is a state of the second second second the second sec
Check if Schedule O contains a response to any question in this Part VI

X

Sec	tion A. Governing Body and Management											
		0 -		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	27										
	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.	20										
b	Enter the number of voting members included in line 1a, above, who are independent 1b	26										
2												
-	officer, director, trustee, or key employee?											
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				v							
	of officers, directors, or trustees, or key employees to a management company or other person?	Г	3 4		X X							
4												
	 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 Did the organization have members or stockholders?											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		70		x							
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·····	7a		- 23							
D			7b		x							
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	····· -	10									
a	The governing body?		8a	х								
b	Each committee with authority to act on behalf of the governing body?		8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
				Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Γ										
	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	orm?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done		12c	X								
13	Did the organization have a written whistleblower policy?		13	X								
14	Did the organization have a written document retention and destruction policy?	·····	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45-	Х								
	The organization's CEO, Executive Director, or top management official	·····	15a	<u>л</u>	Х							
D	Other officers or key employees of the organization	····· -	15b		Δ							
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
iva	taxable entity during the year?		16a		х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	····· -	100									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	- I	16b									
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed NONE											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s	s only) av	vailab	le								
	for public inspection. Indicate how you made these available. Check all that apply.	-										
	Own website Another's website X Upon request											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest pol	licy, and	l finar	icial								
	statements available to the public during the tax year.											
20	State the name, physical address, and telephone number of the person who possesses the books and records of the or	rganizati	on: 🕨	-								
	ELLEN MACKENZIE - 202-416-4000											
132000		20036		000	001							
01-23-			Form	990 (2011)							

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

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

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

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

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

Name and Title Average hours per weak (describe organization in Schedule O) Description (describe pressure attractivitation pressure attractite attractivitation pressure attractivitation pressure	(A)	(B)			(0	C)			(D)	(E)	(F)
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Form 990 (2011)

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Part VII Section A. Officers, Directors, Tru		nplo	byee			High	est					
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Name and title	Average hours per	(do	not c	heck	more	than is bot	one	Reportable compensation	Reportable compensation		Estima amoun	
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	hours for related	or dire	e,			ated		organization	(W-2/1099-MISC)		from t	
	organizations	ustee	truste		8	suadu		(W-2/1099-MISC)			rganiza and rela	
	in Schedule	Individual trustee or director	Institutional trustee	_	nploye	st co n yee	-				ganiza	
	O)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Forme				5	
(18) NGOZI OKONJO-IWEALA												
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(19) LANT PRICHETT	0 00	37						0				0
MEMBER (20) SHERYN SANDBERG	0.20	X						0.	C	•		0.
MEMBER	0.20	x						0.	C			0.
(21) S. JACOB SCHERR	0120						\vdash			-		
MEMBER	0.20	x						0.	C			Ο.
(22) SMITH SINGH												
MEMBER	0.20	х						0.	C	•		0.
(23) PATTY STONESIFER												-
MEMBER	0.20	X						0.	C	•		0.
(24) LAWRENCE H. SUMMERS	0.20							0.	C			0
MEMBER (25) TONI G. VERSTANDIG	0.20	х						0.	(•		0.
MEMBER	0.20	x						0.	C			0.
(26) ADAM WALDMAN	0120									+		
MEMBER	0.20	x						0.	C	•		0.
1b Sub-total								347,880.				425.
c Total from continuation sheets to Part VI								1,445,529.				161.
d Total (add lines 1b and 1c)								1,793,409.	-	. 2	92,	586.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wl	no r	eceived more than \$100	,000 of reportable			19
compensation from the organization											Yes	-
3 Did the organization list any former officer,	director or tri	ister	e ke	v er	nnlc	vee	or	highest compensated e	mplovee on			
line 1a? If "Yes," complete Schedule J for s	,		,		•		,	ingricer compensated c	inployee en	3		X
4 For any individual listed on line 1a, is the su									the organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edul	e J i	for such individual		. 4	X	
5 Did any person listed on line 1a receive or a	•				-		elat	ed organization or indivi	idual for services			
rendered to the organization? If "Yes," com	olete Schedul	e J f	or si	uch	pers	son				. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	monoctod in	dona		t. o	ont	ro ot		that received more than	\$100,000 of compa	nantia	o from	
 Complete this table for your five highest control the organization. Report compensation for the organization. 	-									IISalio	mom	
(A)	<u>, in calcingan</u>			<u>g</u> .		0		(B)			(C)	
Name and business	address	N	ONE	3				Description of s	ervices		pensati	on
							_					
• Tatalasarkas atin la	Is - Bar - P - 1	-1.1		4.2				d ala avra) vola				
 Total number of independent contractors (ii \$100,000 of compensation from the organiz 	, and a second se	ot li	nite	a to	τno (se li: N	stec	a above) who received m	iore than			
SEE PART VII, SECTION		r I I	NUZ	AT]	IOI	N S	SH:	EETS		For	n 990	(2011)

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52-2351337

Part VII Section A. Officers, Directors,		nplo	byee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(c	hecł	Pos all t			IV)	Reportable compensation	Reportable compensation	Estimated amount of
	per	(0)					.,,,	from	from related	other
	week	2				loyee		the	organizations	compensation
		directo				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		ee or (stee			nsateo		(00-2/1033-10100)		and related
		l trust	nal tru		oyee	ompe				organizations
		Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BELINDA STRONACH		드	=	6	ž	Ŧ	R			
MEMBER	0.20	х						0.	0.	0
(28) ELLEN MACKENZIE										
DIRECTOR OF FINANCE	40.00			X				147,259.	0.	34,634
(29) SARAH MARCHAL MURRAY DIR. INSTITUTIONAL ADV.	40.00			x				129,537.	0.	17,908
(30) LAWRENCE MACDONALD	40.00			<u>^</u>				129,557.	0.	17,900
VICE PRESIDENT	40.00				x			179,292.	0.	39,321
(31) TODD MOSS									_	
VICE PRESIDENT	40.00				X			176,822.	0.	39,327
(32) ALAN GELB SENIOR FELLOW	40.00					x		178,073.	0.	25 026
(33) VIJAYA RAMACHANDRAN	40.00							1/0,0/3.	0.	25,926
SENIOR FELLOW	40.00					x		154,524.	0.	27,646
(34) KIM ELLIOTT										
SENIOR FELLOW	40.00					х		150,927.	0.	33,262.
(35) AMANDA GLASSMAN	40.00							150 004	0	F 044
SENIOR FELLOW (36) LILIANA ROJAS-SUAREZ	40.00					X		156,604.	0.	5,044
SENIOR FELLOW	40.00					x		172,491.	0.	32,093
										02,000
			-							
			-							
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u>	1,445,529.		255,161

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Form	990	(20)11))

52-2351337 Page 9

(A) (B) (C) (D) Total revenue Related or exampt function Urrelated or exampt function Urre	Pa	rt VIİ	Statement of Rever	nue					
2 a CONTRACT REVENUE Business Code 900099 753,792. 753,792. b PUBLICATION INCOME 900099 24,269. 24,269. c							Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,
2 a CONTRACT REVENUE Business Code 900099 753,792. 753,792. b PUBLICATION INCOME 900099 24,269. 24,269. c	ints								
2 a CONTRACT REVENUE Business Code 900099 753,792. 753,792. b PUBLICATION INCOME 900099 24,269. 24,269. c	<u>S</u> a								
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2 a CONTRACT REVENUE Business Code 900099 753,792. 753,792. b PUBLICATION INCOME 900099 24,269. 24,269. c	la Gi				7202050				
2 a CONTRACT REVENUE Business Code 900099 753,792. 753,792. b PUBLICATION INCOME 900099 24,269. 24,269. c	Sir		÷ .	· ·	1293850.				
2 a CONTRACT REVENUE Business Code 900099 753,792. 753,792. b PUBLICATION INCOME 900099 24,269. 24,269. c	er utio	f			0699911				
2 a CONTRACT REVENUE Business Code 900099 753,792. 753,792. b PUBLICATION INCOME 900099 24,269. 24,269. c	l <u>ę</u> ti	-			9000011.				
2 a CONTRACT REVENUE Business Code 900099 753,792. 753,792. b PUBLICATION INCOME 900099 24,269. 24,269. c	u pu					16 982 661			
2 a CONTRACT REVENUE 900099 753,792. 753,792. 900099 24,269. 24,269. a Gross mouth income (including dividends, interest, and other similar amounts) 764,885. 764,885. 4 Income from investment of tax-exempt bond proceeds 764,885. 764,885. 5 Royaties 91052. -48448. a Gross rents 60 Securities 9000th 10. 10. 10. 9 Less: circit expenses 120. 19,956. c Gain or (loss) -10. -19956. c Gain or (loss) of contributions reported on line tc). See -19,966. 9 Gross income from gaming activities. See 0 -19,966. 9 Gross income from gaming activities. See 0 -19,966. 9 Gross income from gaming activities. See 0 0 9 Gross income from gaming activities. See 0 0 9 Gross income from gaming activities. See 0 -19,966. 9 Gross income from gaming activities. See 0 -19,966. 9 Less: circet expenses 0 0 0 9 Gross income from gaming activities. See 0 0 0	<u> </u>					10,001,001.			
B PUBLICATION INCOME 900099 24,269. 24,269. c	ø	2 a	CONTRACT REVENU	E		753,792.	753,792.		
g Total. Add lines 2a:2 778,061. 3 Investment income (including dividends, interest, and other similar amounts). 764,885. 4 Income from investment of tax-exempt bond proceeds 764,885. 5 Royalties 0) Real (i) Personal 6 a Gross rents 542604. b Less: rental expenses 591052. c Rental income or (loss) -48448. d Net rental income or (loss) -48448. a Gross amount from sales of assets other than inventory 110. b Less: cost or other basis and sales expenses 120. 19,956. c Gain or (loss) -1019956. d Net gain or (loss) -19,966. b Less: cost or other basis and sales expenses 01. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 -19,966. b Less: direct expenses b c Ross income from gaming activities. See Part IV, line 19 a Less: direct expenses b Less: direct expenses	Ś								
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6 a Gross rents (i) Peal (ii) Personal b Less: rental expenses 542604. c Rental income or (loss) -48448. d Net rental income or (loss) -48,448. d Net rental income or (loss) -48,448. i Net rental income or (loss) -19,956. c Gain or (loss) -10. d Net gain or (loss) -19,956. d Net gain or (loss) of c orbit including \$ of -19,966. c Net income or (loss) from fundraising events a b Less: direct expenses b ga Gross income from gaming activities. See - Part IV, line 19 a b Less: direct expenses b b Less: direct expenses b				come from investment of tax-exempt bond proceed					
6 a Gross rents 542604. b Less: rental expenses 591052. c Rental income or (loss) -48448. d Net rental income or (loss) -48,448. 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis 110. 110. and sales expenses 120. 19,956. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See -19,966. Part IV, line 18 a b Less: direct expenses b a Gross income from gaming activities. See a part IV, line 19 a b Less: direct expenses b		5	Royalties						
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a Net gain or (loss) -19,966. -19,966. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a			and sales expenses	120.	19,956.				
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a a b Less: direct expenses b b c Net income or (loss) from fundraising events b 9 a Gross income from gaming activities. See Part IV, line 19 a b b Less: direct expenses b b		с	Gain or (loss)	-10.	-19956.				
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b	enue	8 a							
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9 a Gross income from gaming activities. See a Part IV, line 19 a b Less: direct expenses b	₹								
Part IV, line 19 a b b				-	····· ►				
b Less: direct expenses b		9 a							
		h							
10 a Gross sales of inventory, less returns									
and allowances a									
b Less: cost of goods sold b		b							
c Net income or (loss) from sales of inventory									
Miscellaneous Revenue Business Code				e					
11 a MISCELLANEOUS 900099 87. 87		11 a	MISCELLANEOUS		900099	87.			87.
b		b							
c		С							
d All other revenue ► 87.		d				07			
			I otal. Add lines 11a-11d		🕨		778 061	<u> </u>	696 558
	13200		TOTAL LEVENUE. SEE INSTRUCTIONS.		₽	10,407,200.	110,001.	0.	Form 990 (2011)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,150,380.	503,324.	494,560.	152,496
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	4,084,715.	3,808,379.	174,978.	101,358
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	369,232.	361,534.	312.	7,386
9	Other employee benefits	320,150.	283,742.	22,123.	14,285
10	Payroll taxes	320,823.	268,431.	37,472.	14,920
11	Fees for services (non-employees):				
а	Management				
b	Legal	26,288.	5,551.	20,210.	527
с	Accounting	34,750.	7,337.	26,716.	697
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	682,575.	664,615.	17,503.	457
12	Advertising and promotion				
13	Office expenses	361,324.	250,713.	69,745.	40,866
14	Information technology	22,895.	4,834.	17,602.	459
15	Royalties				
16	Occupancy	1,201,093.	6,292.	1,194,740.	61
17	Travel	414,696.	406,975.	4,041.	3,680
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	342,902.	226,669.	8,849.	107,384
20	Interest				
21	Payments to affiliates	1.4.0 (1.0		140 (10	
22	Depreciation, depletion, and amortization	149,618.	2 0 2 2	149,618.	
23	Insurance	44,830.	3,239.	40,643.	948
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OVERHEAD ALLOCATION	0.	1,068,716.	-1,135,929.	67,213
b	FURN./EQUIP./SOFTWARE	105,538.	17,538.	87,617.	383
с	OUTREACH ACTIVITIES	79,048.	54,048.	25,000.	
d	MEMBERSHIP DUES	10,126.	732.	9,180.	214
е	All other expenses	-57.	1,438.	-1,916.	421
25	Total functional expenses. Add lines 1 through 24e	9,720,926.	7,944,107.	1,263,064.	513,755
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 E if following SOP 98-2 (ASC 958-720)				
13201	0 01-23-12				Form 990 (2011

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Form **990** (2011)

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	employers and sponsoring organizations of sect					
	employees' beneficiary organizations (see instru		6			
7	Notes and loans receivable, net		7			
8	Inventories for sale or use	E1 080	8			
9	Prepaid expenses and deferred charges	51,872.	9	177,802.		
10a	Land, buildings, and equipment: cost or other		4			
	basis. Complete Part VI of Schedule D		1,323,889.			
b	Less: accumulated depreciation	10b	680,569.	745,619.	10c	643,320.
11	Investments - publicly traded securities	15,742,800.	11	17,141,964.		
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			0.		24,576.
16	Total assets. Add lines 1 through 15 (must equa	32,002,508.		39,395,166.		
17	Accounts payable and accrued expenses			388,103.	17	479,962.
18	Grants payable				18	
19	Deferred revenue		19			
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete I		21			
22	Payables to current and former officers, director					
	highest compensated employees, and disqualifi					
	of Schedule L		22			
23	Secured mortgages and notes payable to unrela		23			
24	Unsecured notes and loans payable to unrelate	d third	parties		24	
25	Other liabilities (including federal income tax, pa	yables	to related third			
	parties, and other liabilities not included on lines					
	Schedule D			427,760.		598,886.
26				815,863.	26	1,078,848.
	Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
	lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets			19,634,944.		21,186,149.
28	Temporarily restricted net assets			11,551,701.	28	17,130,169.
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, c	heck h	ere 🕨 📖 and 🛛			
	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ec		r		31	
32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
33	Total net assets or fund balances			31,186,645.		38,316,318.
34	Total liabilities and net assets/fund balances	32,002,508.	34	39,395,166.		

CENTER FOR GLOBAL DEVELOPMENT

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

of Schedule L

Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II

Receivables from other disgualified persons (as defined under section

4050(1), normalized in continue 4050(1)(2)(2), and contributing

762.

1,076.

1

2

3

4

5

(A)

Beginning of year

6,305,709.

9,154,670.

(B)

End of year

8,946,904.

78,809.

Form 990 (2011)

12,381,029.

762.

Form 990 (2011)	
Part X	Ba	ance	Sheet

1

2

3

4 5

6

Assets

Liabilities

Net Assets or Fund Balances

Part X

Form	990 (2011) CENTER FOR GLOBAL DEVELOPMENT	52-23	351337	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,72		
3	Revenue less expenses. Subtract line 2 from line 1	3	8,73		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,18		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,60		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38,31	5,3	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990 (2011)

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	DULE A 90 or 990-EZ)	Pub	lic Charity St	atus	and P	ublic	Supp	ort	F	OMB No.	1545-00	47
Department o Internal Reve	of the Treasury nue Service		Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.						Open to Inspe	o Publ		
Name of the organization Employer								mployer i	dentificati	on nu	mber	
CENTER FOR GLOBAL DEVELOPMENT 52-235133									337			
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through ⁻	11, check	only one b	ox.)					
1 🗌	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🛄	A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ıe,
	city, and stat											
5 📖	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	mental uni	t describe	ed in		
		(b)(1)(A)(iv). (Comple										
6			ent or governmental unit									
7 X			eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic desc	ribed	in
		b)(1)(A)(vi). (Comple										
8			ection 170(b)(1)(A)(vi).									
9 📖	-	•	eives: (1) more than 33 1							-	-	
			nctions - subject to certa									
			axable income (less sect	lion 511 ta	x) from bu	Isinesses a	acquired b	y the orga	nization a	πer June 3	su, 197	э.
10		509(a)(2). (Complete		at for publi	io cofoty (Soo cootio	n E00(a)(4	N				
11	-	-	perated exclusively to te perated exclusively for the	-	-			-	v out the r		one	or
•••			itions described in section									0i
			organization and comple				_). 000 300				that	
	a Type I					tionally int	tearated		d 🗌	Type III - (Other	
e 🗌	• •		t the organization is not			•	J. J	r more disc		•		an
			han one or more publicly									
f			ten determination from t						()()		()()	
		rganization, check th										
g	Since August	t 17, 2006, has the o	rganization accepted ar									
					Yes	No						
	the gove	erning body of the su	upported organization?							. 11g(i)		
	(ii) A family member of a person described in (i) above?											
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (ii) above	e?					. 11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
• • •	e of supported	(ii) EIN	(iii) Type of organization			(v) Did you		(vi) Is organizatio	on in col. I	(vii) An		of
organization			(described on lines 1-9		sted in your document?			(i) organiz U.S	ed in the	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
									├			

LHA For Paperwork Re	duction Act Notice	, see the Instructions for	
Form 990 or 990-EZ.			

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Total

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Schedule A (Form 990 or 990-EZ) 2011 CENTER FOR GLOBAL DEVELOPMENT Part II Support Schedule for Organizations Described in Sections 170(b)

52-2351337 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17,007,998.	7,096,008.	11,892,769.	6,822,069.	16,982,661.	59,801,505.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	17,007,998.	7,096,008.	11,892,769.	6,822,069.	16,982,661.	59,801,505.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						27,678,501.
6	Public support. Subtract line 5 from line 4.						32,123,004.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	17,007,998.	7,096,008.	11,892,769.	6,822,069.	16,982,661.	59,801,505.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	537,499.	535,693.	744,574.	1,250,265.	1,307,489.	4,375,520.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	12,020.		10,216.	6,326.	87.	28,649.
11	Total support. Add lines 7 through 10						64,205,674.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,401,515.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	50.03 %
15	Public support percentage from 2010) Schedule A, Part	II, line 14			15	49.36 %
1 6a	6a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		
b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a public	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, <u>16</u>	a, 16b, 17a, or 17b	, check this box a	ind see instruction	s 🕨 🗖
					Sche	dule A (Form 990	or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first. second. thi	rd. fourth. or fifth	tax vear as a secti	on 501(c)(3) organ	ization.
check this box and stop here	•					·
Section C. Computation of Publi						· · · ·
15 Public support percentage for 2011 (li			column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2011. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2010. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-24-12		· · · · · ·	· · · · ·			90 or 990-EZ) 2011
			16		,	_,

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Schedule of Contributors

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

Name of the organization

Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organiza		Employer identification number
_	CENTER FOR GLOBAL DEVELOPMENT	52-2351337
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

nnlover identification numb

Name of organization

Employer identification number

(d)

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CENTER FOR GLOBAL DEVELOPMENT

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

 No.
 Name, address, and ZIP + 4
 Total contributions

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$5,738,186.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,000,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>6,407,775.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>676,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>433,375.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	3-12	\$383,612. Schedule B (Form S	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)

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Employer identification number

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CENTER FOR GLOBAL DEVELOPMENT

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		<u> </u>	
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		—	
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		<u> </u>	
		\$	990, 990-EZ, or 990-PF) (2

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iame of organiza		m				
Part III E	OR GLOBAL DEVELOPMEN Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, charitable, et Jse duplicate copies of Part III if additior	vidual contributions to section 501(c)(the following line entry. For organization tc., contributions of \$1,000 or less for t	52-2351337 7), (8), or (10) organizations that total more than \$1,000 for the s completing Part III, enter he year. (Enter this information once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	er of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
23454 01-23-12			Schedule B (Form 990, 990-EZ, or 990-PF) (201			

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SCHEDULE C	Political Campa	ign and Lobbyir	na Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From	2011		
Department of the Treasury Internal Revenue Service	-EZ. Open to Public Inspection			
-	ered "Yes" to Form 990, Part IV, line 3		e 46 (Political Campaign	Activities), then
	Inizations: Complete Parts I-A and B. Do than section 501(c)(3)) organizations: Co	•	/ Do not complete Part I-B	
	ions: Complete Part I-A only.			
If the organization answ	ered "Yes" to Form 990, Part IV, line 4	, or Form 990-EZ, Part VI, lir	ne 47 (Lobbying Activities	s), then
(),(), U	inizations that have filed Form 5768 (ele	()/		•
· / · · · ·	nizations that have NOT filed Form 5766 ered "Yes" to Form 990, Part IV, line 5			•
-	or (6) organizations: Complete Part III.		L, Fait V, Ine SSC (FLOXY	Tax), then
Name of organization			Emp	oloyer identification number
Deut I A Commis	CENTER FOR GLOBAL DE		ar is a section EQ7.	52-2351337
Part I-A Comple	te if the organization is exemp	t under section 501(c)	or is a section 527	organization.
1 Provide a descriptio	n of the organization's direct and indirec	t political campaign activities	in Part IV	
	s			\$
	te if the organization is exemp			<u></u>
	any excise tax incurred by the organizat any excise tax incurred by organization			
3 If the organization in	curred a section 4955 tax, did it file Form	n 4720 for this year?	· ·	↓ YesNo
	de?			
b If "Yes," describe in	Part IV.			
-	te if the organization is exemp			
	ectly expended by the filing organizatior the filing organization's funds contribute			¢
	vities	•		\$
	n expenditures. Add lines 1 and 2. Enter			
				\$
	ation file Form 1120-POL for this year?			
	dresses and employer identification num each organization listed, enter the amo	. ,	•	
	ed that were promptly and directly delive			•
political action com	hittee (PAC). If additional space is neede	d, provide information in Part	IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduction	n Act Notice, see the Instructions for	Form 990 or 990-EZ.	Schedule (C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 CENTER FOR GLOBAL DEVELOPMENT
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Schedule C (Form 990 or 990-EZ) 2011	CENTER FOR	GLOBAL DEVE	LOPMENT		351337 Page 2			
Part II-A Complete if the org	-	mpt under sectio	n 501(c)(3) and fil	ed Form 5768				
(election under sec								
	-	iliated group (and list ir	n Part IV each affiliated	group member's nam	ie, address, EIN,			
	are of excess lobbying							
B Check b if the filing organization	ation checked box A a	nd "limited control" pro	ovisions apply.		1			
	its on Lobbying Expe ditures" means amou	nditures unts paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to inf	luence public opinion ((grass roots lobbying)		0.				
b Total lobbying expenditures to inf	luence a legislative bo	dy (direct lobbying)		0.				
c Total lobbying expenditures (add				0.				
d Other exempt purpose expenditu				10311978.				
e Total exempt purpose expenditure	es (add lines 1c and 1c	d)		10311978.				
f_Lobbying nontaxable amount. Ent				665,599.				
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:					
Not over \$500,000	20% of	the amount on line 1e.						
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.					
Over \$1,000,000 but not over \$1,5	ess over \$1,000,000.							
Over \$1,500,000 but not over \$17								
Over \$17,000,000								
g Grassroots nontaxable amount (e	166,400.							
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-			0.				
i Subtract line 1f from line 1c. If zer	o or less, enter -0-			0.				
j If there is an amount other than ze	ation file Form 4720	_						
reporting section 4911 tax for this	year?			L	Yes No			
		eraging Period Under	• •					
		section 501(h) election						
	columns below. See the instructions for lines 2a through 2f on page 4.)							
Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a Lobbying nontaxable amount	1,000,000.	710,742.	674,253.	665,599.	3,050,594.			
b Lobbying ceiling amount (150% of line 2a, column(e))					4,575,891.			
	1	1						

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a Lobbying nontaxable amount	1,000,000.	710,742.	674,253.	665,599.	3,050,594.			
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					4,575,891.			
c Total lobbying expenditures								
d Grassroots nontaxable amount	250,000.	177,686.	168,563.	166,400.	762,649.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,143,974.			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2011

132042 01-27-12

Schedule C (Form 990 or 990 EZ) 2011 CENTER FOR GLOBAL DEVELOPMENT

52-2351337 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

Schedule C (Form 990 or 990-EZ) 2011

132043 01-27-12

(Form	990)
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Department of the Treasury

Supplemental Financial Statements

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

OMB No. 1545-0047
2011
Open to Public Inspection

Nam	e of the organization	· · ·	Employer identification number
	CENTER FOR GLOBAL		52-2351337
Pa	rt I Organizations Maintaining Donor Advis		r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Pa			
			t IV, line 7.
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or		rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
0	Complete lines 2a through 2d if the organization held a qual	lified concernation contribution in the form of	a concernation accoment on the last
2	day of the tax year.		a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year 🕨		
4	Number of states where property subject to conservation e	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes 🛛 No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements duri	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	l enforcing conservation easements during th	e year 🕨 \$
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conserva	-	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	e organization's accounting for
Do	conservation easements. rt III Organizations Maintaining Collections of	of Art. Historical Tracquires, or Oth	or Similar Acasta
Га			er Sinniar Assets.
	Complete if the organization answered "Yes" to Forn		
Ia	If the organization elected, as permitted under SFAS 116 (A historical treasures, or other similar assets held for public explored and the similar assets held for public expl		
	the text of the footnote to its financial statements that desc		e of public service, provide, in Part Alv,
h	If the organization elected, as permitted under SFAS 116 (A		ad balance sheet works of art historical
, N	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		s service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr		
-	the following amounts required to be reported under SFAS	-	,,
а	Revenues included in Form 990, Part VIII, line 1	· · · •	► \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2011

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24 60 CENTE

		FOR GLOBAL							5133		
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	r Other	Simila	r Asse	ts (cont	inued))
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following that	are a sigi	nificant u	se of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	d	ıЦ	Loan or exc	hange progra	ms					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how tl	hey further tl	ne organizatio	on's exem	pt purpos	se in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or othe	er similar a	issets		-		_
	to be sold to raise funds rather than to be m							L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	Yes" to Fe	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-	_	7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				1
	Did the organization include an amount on F		21?					L	Yes		∣ No
Par	If "Yes," explain the arrangement in Part XIV					V line 10					
Fai	t V Endowment Funds. Complete				(c) Two years			are back		Voare	back
4	Designing of year balance	(a) Current year	(d) F	Prior year	(C) 100 years	S DACK (O	j Thee ye	ais dauk	(e) Four	years	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the cur	ront year and balance	o (lino 1)) hold as:						
2	Board designated or quasi-endowment			rg, column (a	u)) Heiu as.						
	Permanent endowment	%	70								
	Temporarily restricted endowment	%									
C	The percentages in lines 2a, 2b, and 2c show										
39	Are there endowment funds not in the posse		ation th	at are held a	nd administer	red for the	organiza	ation			
ou	by:						, organize		1	Yes	No
	(i) unrelated organizations								3a(i)	100	110
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipn										
	Description of property	(a) Cost or c		(b) Cost	or other	(c) Acc	umulated	ł	(d) Boo	k valu	е
	,	basis (investr		basis			eciation				
1a	Land										
	Buildings										
	Leasehold improvements				5,113.		17,69			7,4	
	Equipment				0,511.		27,57			2,9	
	Other			40	8,265.	2:	35,30	1.		2,9	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	0(c).)				64	3,3	20.
							6	chodulo			0044

Schedule D (Form 990) 2011

132052 01-23-12

Schedule D) (Form 990) 201
Part VII	Investment

dule D (Form 990) 2011 CENTER FOR GLOBAL DEVELOPMENT

(a) Description of security or category (including name of security)	See Form 990, Part X, I (b) Book value		(c) Method of valuat st or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related	See Form 990, Part X,	line 13.		·
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuat st or end-of-year mark	
(1)				
(2)				
(3)				
(4) (5)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	•			
Part IX Other Assets. See Form 990, Part X,				
, ,	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)				
Part X Other Liabilities. See Form 990, Part	t X, line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEFERRED RENT		501,636.		
(3) OTHER LIABILITIES		97,250.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)	598,886.		tay positions under
Filivi48 (ASC 740) Footnote. In Part XIV, provide the text of the footnot 2. FIN 48 (ASC 740). 132053 01-23-12	ore to the organization's financia	i statements that reports the organi	Zauon S nability for uncertain	tan positions under
132053 01-23-12		o.c.	Sche	dule D (Form 990) 201

	ER FOR GLOBAL DEVELOPME					2351337	Page 4
	ge in Net Assets from Form 990 to				emen	ts 18,457	200
1 Total revenue (Form 990, Part VIII, col				1		$\frac{18,457}{9,720}$	
	lumn (A), line 25)			2		8,736	,920
	Internet int			4		-1,606	
	tments			5		1,000	,001
				6			
				7			
				8			
9 Total adjustments (net). Add lines 4 th	nrough 8			9		-1,606	,681
	lited financial statements. Combine lines 3 and			10		7,129	,673
	nue per Audited Financial Stateme			nue per F	Retur	n	
1 Total revenue, gains, and other suppo	ort per audited financial statements				1	16,919	,003
2 Amounts included on line 1 but not or	n Form 990, Part VIII, line 12:						
a Net unrealized gains on investments		2a	-1,60	6,681.			
c Recoveries of prior year grants		2c					
d Other (Describe in Part XIV.)		2d	1	9,956.	•		
					2e	-1,586	,725
					3	18,505	,728
4 Amounts included on Form 990, Part	VIII, line 12, but not on line 1 :		1				
	Form 990, Part VIII, line 7b						
b Other (Describe in Part XIV.)		4b	- 4	8,448.	<u>.</u>		
					4c		,448
	his must equal Form 990, Part I, line 12.)		A/:+!=		5	18,457	,280
	nses per Audited Financial Stateme				1	urn 9,789	220
	d financial statements				1	9,709	, 330
2 Amounts included on line 1 but not or		0	I				
		2a 2b			-		
					-		
		-	1	9,956.	-		
					2e	19	,956
•					3	9,769	
4 Amounts included on Form 990, Part						57105	/0/1
	Form 990, Part VIII, line 7b	4a					
			-4	8,448.			
c Add lines 4a and 4b				• • • • •	4c	-48	,448
	This must equal Form 990, Part I, line 18.)					9,720	-
Part XIV Supplemental Informat						,	•
	ns required for Part II, lines 3, 5, and 9; Part III	, lines [·]	1a and 4; Pa	art IV, lines 1	lb and	2b; Part V, line	e 4; Part
	d 4b; and Part XIII, lines 2d and 4b. Also compl						
	NE 2006, THE FINANCIAL A						
(FASB) RELEASED FASB A	ASC 740-10, INCOME TAXES	5, T	HAT PR	OVIDES	GU GU	IDANCE	FOR
						01	
REPORTING UNCERTAINTY	IN INCOME TAXES. FOR TH	IE Y	EAR EN	DED DE	CEM	BER 31,	
				- 7 4 0 1	0 7		
ZUII, CGD HAS DOCUMENT	TED ITS CONSIDERATION OF	F'A	SB ASC	/40-1	LU A	ND	
DEMERNINED MUNM NO MN		· T m T			₽∩₽		
DETERMINED THAT NO MAT	PERIAL UNCERTAIN TAX POS	9 T.T.T	UNS QU	ALIFY	FOR	ELTHER	
RECOGNITION OR DISCLOS	SURE IN THE FINANCIAL ST	יልጥድ	MENTS	ייאד ד	ਸ਼ਰਸ਼ਾ	RAL FOR	м
decominion on Dibelog	JOKE IN THE TIMMETHE DI				םסם		
990, RETURN OF ORGANIZ	ATION EXEMPT FROM INCOM	IE T	AX, IS	SUBJE	ECT	то	
EXAMINATION BY THE INT	ERNAL REVENUE SERVICE,	GEN	ERALLY	FOR 1	HRE	E YEARS	
10005.1					Schee	dule D (Form	990) 201
132054 01-23-12	~=						
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020619 745960 07633	2011.03060 CENTER	FOI	K GLOBA	AL DEV	ELOI	-ME 076.	ງງ <u>1</u>

52-2351337 Page 5

Part XIV Supplemental Information (continued)

AFTER IT IS FILED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS REPORTED AS EXPENSE

19,956.

ON THE FINANCIAL STATEMENTS AND INCLUDED ON FORM 990,

PART VIII, LINE 7.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NET RENTAL INCOME NETTED AGAINST OCCUPANCY COSTS ON THE -48,448.

FINANCIAL STATEMENTS AND REPORTED AS INCOME ON FORM 990,

PART VIII, LINE 6.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS, REPORTED AS EXPENSE 19,956.

ON THE FINANCIAL STATEMENTS AND INCLUDED ON FORM 990,

PART VIII, LINE 7.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

NET RENTAL INCOME NETTED AGAINST OCCUPANCY COSTS ON THE -48,448.

FINANCIAL STATEMENTS AND REPORTED AS INCOME ON FORM 990,

PART VIII, LINE 6.

Schedule D (Form 990) 2011

132055 01-23-12

(Form 990) For certain Officers Directors Trustees Key Employees and Highest Component of Employees and Highest Component of Employees (Employees) During Public Internation Destination of the organization Attach to Form 980. > See separate instructions. Employer identification number 52–2351337 Part I Outestion Regarding Compensation Employer identification number 52–2351337 Yes Part I Outestion Regarding Compensation Employer identification number 52–2351337 Part I Outestion Regarding Compensation Yes No I Check the appropriate box(es) if the organization provided any of the following to or for a personal isted in Form 990. Yes No I Travel for comparison Inclusing allowance or realidence for personal use Personal services (e.g., maid, chauffeur, chef) Inclusing allowance or realidence for personal use I Inclusion allowance or realidence for personal use Inclusion allowance or realidence for personal use I Inclusion allowance or realidence for personal use Inclusion allowance increase (e.g., maid, chauffeur, chef) Inclusion allowance increase (e.g., maid, chauffeur, chef) I Indicate which, if any, of the following the summation regarding the issue or personal realidance (e.g., maid, chauffeur, chef) Indicate which, if any, of the following the iling orga	SCHE		Compensation Information	I	OMB No.	1545-00	47			
Composite of the organization answered "Yes" to Form 990, Part IV, Une 23, Part IV, Une 23, Part IV, Une 24, Part II Section A, Iber 4, Complete Part II Complete Part II Section A, Iber 4,	(Form					2011				
Impertain the neuronal structure of the research instructions. Open to Public Impertain Name of the organization Part N, line 23. Open to Public Impertain Name of the organization CENTER FOR GLOBAL DEVELOPMENT Employeer identification number 52 - 2351337 Part Locestions Regarding Compensation Yes No. See segarate instructions. Yes No. ************************************	·	,	Compensated Employees		ΖU		1			
Image of the organization Attach to Form 990. See separate instructions. Image of the organization CENTER FOR GLOBAL DEVELOPMENT 52-2351337 Part II Questions Regarding Compensation In Check the appropriate box(es) if the organization provide any other following to or for a person listed in Form 990. Yes No Part II Check the appropriate box(es) if the organization provide any otheral information regarding these tarens. Yes No First-class or charter travel Postioning allowance or residence for personal residence Personal services (e.g., maid, chauffeur, chef) It b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reintbursement or provision of all of the expenses described above? If "No," complete Part III to explain. It 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trastation of the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filling organization survey or study Yes for the organization? 2 X COC/Descutive Director, Reparing the item apply. Do not check any boxes for methods used by a related organization to establish compensation committee Yes fore aprosenal services apprent X										
Name of the organization Employer identification number 52 - 2351337 Part I Questions Regarding Compensation Yas No Image: A state of the organization provided any of the following to or for a person listed in Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these tens. Image: A state of the organization provided any of the following to or for a person listed in Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these tens. Image: A state of the organization organization follow and the organization follow and the organization consolical bub dues or initiation fees Image: A state of the organization or a person listed in Form 990, Part VI, Section A, line ta are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 2 Did the organization committee Did the organization committee to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 X 3 indicate which, if any, of the following the filing organization used to establish the compensation of the organization to astablish compensation or het CEO/Executive Director. Check any boxes for methods used by a related organization to astablish compensation committee Image: X 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respact to the filing organization or a related organization: Becei		epartment of the Treasury								
Part1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these tens. Image: Complete Part III to provide any relevant information regarding these tens. Image: Complete Part III to provide any relevant information regarding these tens. Image: Complete Part III to provide any relevant information regarding these tens. Image: Complete Part III to provide any relevant information regarding these tens. Image: Complete Part III to provide any relevant information regarding these tens. Image: Complete Part III to explain Image: Complete Part III to explain 1 If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov? If "No," complete Part III to explain Image: CompletePart III to explain Image: Comp	Name of									
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding the series of personal series (e.g., maid, chartfet ruse) Image: Complete Part III to provide any relevant information regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to provide any relevant information regures ubstantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or a related organizations Image: Zin			CENTER FOR GLOBAL DEVELOPMENT	52-2	35133	7				
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Impact lass or charter travel Housing allowance or residence for personal use Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 2 Did the organization requires usbatantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 4 During the year, did any person listed in Form 980, Part VII, Section A, line 1a, with respect to the filing organizations 2 5 Participate in, or receive payment form, an equity-based compensation arrangement? 4a X 4 During the year, did any person listed in Form 980, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	Part I	Question	s Regarding Compensation							
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regaring these items. Image: Comparison of Comparison	-	•				Yes	No			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Pearments for business use of personal residence Image: Travel for companions Pearments for business use of personal residence Image: Travel for companions Pearments for business use of personal residence Image: Travel for companions Pearments for business use of personal residence Image: Travel for companions Pearments for business use of personal residence Image: Travel for companions Pearments for business use of personal residence Image: Travel for companions Pearments for business use of personal residence Image: Travel for companions Pearments for business use of personal residence Image: Travel for companions Pearments for business use of personal residence Image: Travel for companions Travel for companions	1a Che	eck the appropri	ate box(es) if the organization provided any of the following to or for a person listed in Form	990,						
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a The organization? 5a X b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X f "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				n						
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		•			_		v			
If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a The	e organization?			5a					
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					5b		<u> </u>			
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9										
a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				n						
b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					0-		v			
If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a Ine	a The organization?								
 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 										
not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9										
 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		-			-		v			
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9							<u> </u>			
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 9 9		-					v			
Regulations section 53.4958-6(c)?					8		<u> </u>			
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	(B) Breakdown of V	N-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F)	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(1)	243,900.	103,980.	0.	35,625.	1,800.	385,305.	0.
1 NANCY BIRDSALL	(i)	243,900.	0.	0.	0.	<u> </u>	0.	0.
	(ii) (i)	147,259.	0.	0.	22,538.	12,096.	181,893.	0.
2 ELLEN MACKENZIE	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
	(i) (i)	179,292.	0.	0.	27,225.	12,096.	218,613.	0.
3 LAWRENCE MACDONALD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	176,822.	0.	0.	27,231.	12,096.	216,149.	0.
4 TODD MOSS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	178,073.	0.	0.	24,126.	1,800.	203,999.	0.
5 ALAN GELB	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	154,524.	0.	0.	23,314.	4,332.	182,170.	0.
6 VIJAYA RAMACHANDRAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	150,927.	0.	0.	22,966.	10,296.	184,189.	0.
7 KIM ELLIOTT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	156,604.	0.	0.	4,069.	975.	161,648.	0.
8 AMANDA GLASSMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	172,491.	0.	0.	25,961.	6,132.	204,584.	0.
9 LILIANA ROJAS-SUAREZ	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							

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

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(ii) (i) (ii)

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

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

52-2351337

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

CENTER FOR GLOBAL DEVELOPMENT

Employer identification number 52-2351337

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENGAGES POLICY MAKERS AND THE PUBLIC TO INFLUENCE THE POLICIES OF THE

U.S. AND OTHER RICH COUNTRIES AND SUCH INSTITUTIONS AS THE WORLD BANK.

IMF AND WTO TO IMPROVE THE ECONOMIC AND SOCIAL DEVELOPMENT PROSPECTS IN

POOR COUNTRIES.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS WITH ASSISTANCE FROM THE ORGANIZATION'S EXECUTIVE MANAGEMENT. THE AUDIT COMMITTEE THEN REVIEWED THE 990. THE 990 WAS POSTED TO A SECURE WEBSITE AND THE LOGIN INFORMATION EMAILED TO THE GOVERNING BODY (BOARD OF DIRECTORS) FOR COMMENTS AND REVIEW BEFORE FINALIZING AND SIGNING.

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

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES THE PRESIDENT'S ANNUAL SALARY AND BONUS. THE ORGANIZATION HIRED AN OUTSIDE CONSULTANT WHO SPECIALIZES IN COMPENSATION SURVEYS FOR WASHINGTON AREA NON-PROFITS, SPECIFICALLY THINK TANKS. THE LAST REVIEW OF THE PRESIDENT TOOK PLACE IN FEBRUARY 2011. FOR OTHER OFFICERS AND KEY Schedule O (Form 990 or 990-EZ) (2011) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12 31

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Name of the organization CENTER FOR GLOBAL DEVELOPMENT EMPLOYEES, THE ORGANIZATION BASES SALARIES OFF OF A COMP CUSTOM-PREPARED FOR CGD, AS WELL AS AN ANNUAL COMPENSATI FOCUSES STRICTLY ON THINK THANKS.	
CUSTOM-PREPARED FOR CGD, AS WELL AS AN ANNUAL COMPENSATI	
	ON STUDY THAT
FOCUSES STRICTLY ON THINK THANKS.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	MAKES ITS
FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT C	F INTEREST POLICIE
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-1,606,681
132212 01-23-12 Sch	edule O (Form 990 or 990-EZ) (201
32 020619 745960 07633 2011.03060 CENTER FOR GLOBAL	DEVELOPME 076331

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

0 1

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file* for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
print	CENTER FOR GLOBAL DEVELOPMENT	X 52-2351337		
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1800 MASSACHUSETTS AVENUE, N.W., NO. 3 FL	Social security number (SSN)		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036			

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return	
Is For	Code	ls For				
Form 990	01	Form 990-T (corporation)				
Form 990-BL	BL 02 Form 1041-A					
Form 990-EZ	01	Form 4720				
Form 990-PF	04	Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870					12	
 The books are in the care of ► FL - WASHINGTON Telephone No. ► 202-416-4000 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit box ► . If it is for part of the group, check this box ► . If it is for part of the group, check this for a corporation. 	N, DC s in the Ur Group Exe and atta required t organiza	FAX No. ►	s is for memb	r the whole group, cl ers the extension is The extension	heck this	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	,		3a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	,				0	
estimated tax payments made. Include any prior year overp			3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your pa	•				0	
by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Caution. If you are going to make an electronic fund withdrawal w			8879-			
LHA For Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form 8868 (Re	v. 1-2012)	
123841 01-04-12		22				

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