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DLN: 93493199000052

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number **B** Check if applicable Results For Development Institute Inc ✓ Address change 20-8530747 E Telephone number Doing Business As Name change (202)470-5711☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 11,612,666 Terminated Amended return City or town, state or country, and ZIP + 4 Washington, DC 20005 Application pending Name and address of principal officer Is this a group return for David De Ferranti 1100 15th Street NW No 400 Washington, DC 20005 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number **Website:** ► www.resultsfordevelopment.org K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► **L** Year of formation 2007 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities To spark innovative ideas that reduce poverty and improve lives in developing countries Activities & Governance Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 12 Number of independent voting members of the governing body (Part VI, line 1b) . 11 4 5 42 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 11 Total number of volunteers (estimate if necessary) 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 8,618,983 9,523,811 2,064,124 9 Program service revenue (Part VIII, line 2g) . 1,626,346 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,951 9,388 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 29,337 15,343 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 10,291,617 11,612,666 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 587,994 830,243 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 3,524,597 4,275,690 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 16,137 5,073,845 4,483,743 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 9,186,436 9,589,676 19 Revenue less expenses Subtract line 18 from line 12 . 2,022,990 1,105,181 t Assets or ind Balances **Beginning of Current End of Year** Year 15,996,127 18,327,576 20 Total assets (Part X, line 16) . . . Met./ 21 Total liabilities (Part X, line 26) 1,073,068 1,381,527 14,923,059 22 Net assets or fund balances Subtract line 21 from line 20 16,946,049 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ***** 2012-07-17 Signature of officer Sign Here David De Ferranti President/CEC Type or print name and title

Date

2012-07-17

1899 L Street NW Suite 900

Washington, DC 20036

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

Frank H Smith

Preparer's

Firm's name (or yours

if self-employed), address, and ZIP + 4

Paid

Preparer's

Use Only

Check if

employed 🕨 🧧

Preparer's taxpayer identification number

(see instructions) P00639053

EIN > 52-1511275

Phone no (202) 822-5000

orm 9	90 (2	11) Page 2
Part	ш	Statement of Program Service Accomplishments Check If Schedule O contains a response to any question in this Part III
he Re R4D's neasu mprov	esults missi res of	describe the organization's mission or Development Institute, Inc. (R4D) is dedicated to reducing poverty and improving human welfare in developing countries in it is to encourage high impact investments in poor people by seeding new thinking, implementation methods, and simple esults to support innovative financing arrangements for subsidies that overcome market, government and institutional failures, countability of governments and private providers for results, and improving institutional arrangements that help households nancial risks of poor health and the costs of investing in their children
1	he pr	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?
3	Oid th	" describe these new services on Schedule O organization cease conducting, or make significant changes in how it conducts, any program s?
4	Descr expen	describe these changes on Schedule O ethe or describe the organization's program services, as measured by estable services accomplishments for each of its three largest program services, as measured by es Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	improportal insura Thaila model tracks compared for the country provided organic program to success to supprove to	Joint Learning Network for Universal Health Coverage The Joint Learning Network for Universal Health Coverage (JIN) aims to accelerate the progress and the success of low and middle-income countries in implementing financing reforms designed to improve health outcomes and financial protection for the did move toward universal health coverage. Founded in 2010 as a network of policymakers in Asian and African countries that are pursuing national health ereforms, since its inception, the JIN has grown to include the member countries. Ghain, Jinda, Indionesia, Keniya, Malaysa, Mali, Nigeria, the Philippines, in and Vetnam In 2011, R4D played a prvotal role in the development of a broad coalition of JIN colaborating partners and pioneered a new and innovative or supporting south-south learning among countries. Other major accomplishments in 2011 included launching and coordinating the work of the four technical not be lont Learning Fund to flexibly fund small, demand-driven cross-country learning activities, developing and publishing 19 online, modular, struct case studes and 15 promising practice case studies, managing the country engagement process, inclining network membership, organizing multilateral rining workshops for JIN member countries and resource countries, and launching a JIN web portal and plot member platform to facilitate information and exchange among countries. R4D receives funding from the Rockefeller Foundation and the Bill and Melinda Gates Foundation to support the JIN. The or Health Market Innovations (CHMI) promotes policies and practices that improve health care delivered by the private sector for the poor in developing in Mrfca, Asia, and Latin America to dentify, document, and promote the diffusion of promising models. In 2011, R4D made significant is in expanding the reach and activities of CHMI, including continuing to source mnovative models for its growing database of programs, expanding the in ofreported results from featured programs, completing a sense of analytic products, and begi
4b	TAP3 improvements the effective opports for im Nover Faso, under These reports) (Expenses \$ 1,326,291 including grants of \$ 546,196) (Revenue \$) ince - In 2011, R4D launched the third phase of its flagship Governance program, the Transparency and Accountability Program. The primary component of 2011 was the selection and awarding of fifteen sub-grants to civil society organizations in sub-Saharan Africa to design and undertake projects that will expending and service delivery in the health and education sectors. Five of the sub-grantees were selected in early 2011 to complete 2.5-year projects in civil society organizations of pharmaceutical supplies (Uganda), reproductive health and family planning supplies (Uganda), nine-year basic education (Rwanda), textbook ment (Ghana), and resources for teaching and learning (Burkina Faso). In May 2011, R4D designed and led a technical support and peer learning workshop effice organizations to provide training on expenditure and service delivery monitoring, support in designing research objectives and questions, peer learning interest, and advocacy training. Since the May 2011 workshop, the five sub-grantees have completed the first phase of their research, identified useful findings oving service delivery and spending in their countries, and begun advocacy - all with the support of R4D. The additional ten sub-grantees were selected in per 2011 to design and initiate citizen report cards with the financial and technical support of the TAP3 program. These organizations are based in Burkina hana, Kenya, Rwanda, Senegal, Tanzania, and Uganda. In addition to the financial support, technical support, and training of civil society organizations, R4D obseveral activities to develop resources that can provide wider support to organizations interested in undertaking social accountability across the world sesources include a strengthened website and library of resources on public expenditure tracking, service delivery surveys, absenteeism studies, and citizen and series of videos highlighting successful evidence-based advocacy efforts of civil society or
4 c	(MDC) Fund I new p Marke Impler marke best p supply negled manut malari for ma comm drive i consul) (Expenses \$ 425,012 including grants of \$ 30,000) (Revenue \$ 427,831) Dynamics - Developed Market Shaping Strategy for the Global Fund's \$7 billion health products portfolio The Global Fund's Market Dynamics Committee commissioned R4D to develop concrete strategies which optimized value for money' across its \$7B health products portfolio Based on R4D's analysis, Global inched an innovative Market-Shaping Strategy. The initial application was to HIV/AIDs drugs, and will save an initial \$520 million - this can fund 3 5 million inents on ARVs. The strategy also identified strategies to prevent 90,000 children from facing treatment disruption Enabled implementation of the Global Fund Shaping Strategy. Following development of the Market Shaping Strategy (see above), the Global Fund Secretariat commissioned R4D to develop an entation strategy to enable its voluntary pooled procurement mechanism (VPP) to strategically manage demand. Much of the impact of the Global Fund's shaping strategy relies on the effective functioning of the VPP, which requires strategic management of demand. The team developed a model of industry cities for strategic demand, along with the policy and operational steps for the Secretariat to successfully optimize VPP functioning Ensured sustainable of drug for neglected disease. The Market Dynamics Practice was charged by the Gates Foundation with ensuring sustainable supply of drugs for treating did tropical disease schistosomiasis. R4D worked with partners across the market place - including major donors, procurement agents, and pharmaceutical citurers - to map supply constraints and recommend strategies to break bottlenecks. Identified strategies to save over \$600M in the bed net market for prevention. Over 560 million long-lasting insecticide-treated bed nets (LLINs) are required through 2015 alone to achieve and maintain universal coverage map prevention in Africa, at a total global cost of \$2.4 billion. With Gates Foundation support, R4D developed concrete strategies to save the glob

) (Revenue \$ 59,750) (Code) (Expenses \$ 285,915 including grants of \$ Education 4d Other program services (Describe in Schedule O) 285,915 including grants of \$) (Revenue \$ 59,750) (Expenses \$

4e Total program service expenses►\$ 9,144,079

Dart TV	Checklist	of Peguire	ed Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		N o
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? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes," complete Schedule F, Part II and IV</i>	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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

Part 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
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 80			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 _c	Yes	
a.	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities account)?	4a		Νo
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			
	j ,			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- -		
-		5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	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	7a		No
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
ال.	file Form 8282?	7c		<u> No</u>
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
"	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from members or snareholders			
ט	sources against amounts due or received from them)			
3 -				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
-	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
1-		145		N a
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
n	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management						
		_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax						
Id	year	12					
b	Enter the number of voting members included in line 1a, above, who are independent	11					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh other officer, director, trustee, or key employee?		2		Νo		
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors or trustees, or key employees to a management company or other p		3		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 9 filed?	90 was	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assi	ets? .	5		No		
6	Did the organization have members or stockholders?		6		Νo		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appropriate members of the governing body?		7a		No		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s or persons other than the governing body?	tockholders,	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken d year by the following	luring the					
а	The governing body?		Ba	Yes			
b	Each committee with authority to act on behalf of the governing body?		8b	Yes			
9							
		9		Νo			
	ection B. Policies (This Section B requests information about policies not required by the	e Internal					
ке	evenue Code.)			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	T ₁	.0a		No		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		-		110		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		.0ь				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body the form?		.1a	Yes			
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	.2a	Yes			
b	Were officers, directors or trustees, and key employees required to disclose annually interests that crise to conflicts?		.2b	Yes			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Your Schedule O how this was done		.2c	Yes			
13	Did the organization have a written whistleblower policy?	🗀	13	Yes			
14	Did the organization have a written document retention and destruction policy?	:	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval independent persons, comparability data, and contemporaneous substantiation of the deliberation an						
а	The organization's CEO, Executive Director, or top management official	1	.5a	Yes			
b	Other officers or key employees of the organization	1	.5b	Yes			
	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 arrange taxable entity during the year?	1	.6a		No		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguorganization's exempt status with respect to such arrangements?	ard the	.6b				
Se	ection C. Disclosure	<u>'</u>					
17	List the States with which a copy of this Form 990 is required to be filed.						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that applicable is a second or section.						

 Γ O wn website Γ A nother's website $\overline{\Gamma}$ U pon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F Shirlene Archer

1100 15th Street NW No 400 Washington, DC 20005

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

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

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

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

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

◆ 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

(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		МІЗСУ	organizations	
(1) David De Ferranti President/CEO	40 00	х		х				302,210	0	13,605	
(2) Mark W Hinkley Chairman	30	х		х				0	0	0	
(3) Oliver Lafourcade Vice Chair	30	х		х				0	0	0	
(4) Ozgur Karosmanoglu Treasurer	30	х		х				0	0	0	
(5) Dzıngaı Mutumbuka Secretary	30	х		Х				0	0	0	
(6) KY Amoako Director	30	х						0	0	0	
(7) Ana-Maria Arriagada Director	30	х						0	0	0	
(8) Roberto Danino Director	30	х						0	0	0	
(9) Fola Laoye Director	30	х						0	0	0	
(10) Jorge Quiroga Director	30	х						0	0	0	
(11) Sangıta Reddy Dırector	30	х						0	0	0	
(12) Jo Ritzen Director	30	х						0	0	0	
(13) Shirlene Archer Chief Administrative Officer	40 00			х				135,840	0	14,939	
(14) Kanika Bahl Principal/Managing Director	40 00				х			208,862	0	11,811	
(15) Nicholas Burnett Principal/Managing Director	40 00				х			300,601	0	13,845	
(16) Robert M Hecht Principal/Managing Director	40 00				х			299,939	0	13,845	
(17) Gina M Lagomarsino Principal/Managing Director	40 00				х			283,943	0	13,807	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

per unless person is both week an officer and a officer and a director/trustee) and substituting the director/trustee (W- 2/1099- MISC) with the organization (W- 2/1099- o	(F) Estima amount of compens from t organizati relate organiza	ited fother sation the on and
Trelated Or clied		24,358
Principal/Managing Director 40 00 X 253,242 0 (19) Mame Annan-Brown Chief Communications Officer 40 00 X 130,618 0 (20) Amanda Folsom Program Officer 40 00 X 107,169 0 (21) Courtney Tolmie 40 00 X 136,578 0		•
Chief Communications Officer 40 00 X 130,618 0 (20) Amanda Folsom Program Officer 40 00 X 107,169 0 (21) Courtney Tolmie 40 00 Y 136,578 0		E 057
Program Officer 40 00 X 107,169 0 (21) Courtney Tolmie 40 00 X 136 578 0		3,037
		12,093
		11,785
1b Sub-Total		
c Total from continuation sheets to Part VII, Section A		135,145
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►10		
	Yes	No
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	+	
services rendered to the organization? If "Yes," complete Schedule I for such person	<u> </u>	No
Section B. Independent Contractors		
1 Complete this table for your five highest compensated independent contractors that received more than		

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Affinity Bridge Consulting LTD 710-207 West Hastings St Vancouver V6B1H7 CA	Website dev & maint	195,307
Real Useful Travel & Marketing Co PO Box 51458 Nairobi KE	Travel & conf srvcs	151,351
Balanced Scorecard Institute 975 Walnut St Suite 375 Cary, NC 27511	Project management	108,585
Somerset Systems LLC 6732 Old McLean Village Dr McLean, VA 22101	IT services	100,145
2. Total number of independent contractors (including but not limited to those listed above)	who received more than	

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

Pait V		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
発光	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
Σ.∰ 	c	Fundraising events 1c					
£ ï	d	Related organizations 1d	-				
ರ≟ಹ್ಞ	e	Government grants (contributions) 1e					
충분	-		<u> </u>				
i ž a	f	All other contributions, gifts, grants, and similar amounts not included above	9,523,811				
들는	g	Noncash contributions included in					
투호		lines 1a-1f \$					
တိုင်း ကြောင်း	h	Total. Add lines 1a-1f	· · · •	9,523,811			
- CO			Business Code				
ž	2a	Contracts	900099	2,064,124	2,064,124		
9. 8.	ь			_,,	, ,		
o≛ o.							
Š	C						
<u></u>	d						
Ē	e						
Program Serwce Revenue	f	All other program service revenue					
နို	_	Total. Add lines 2a-2f	L	2,064,124			
•	g 3			2,004,124			
		Investment income (including dividen	_	9,388			9,388
	_	and other similar amounts) Income from investment of tax-exempt bond	-	5,500			5,550
	4						
	5	Royalties					
	_	(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount	(, 5				
		from sales of assets other					
		than inventory					
	b	Less cost or other basis and					
		sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising					
Ĕ		events (not including					
ō >		of contributions reported on line 1c)					
ě		See Part IV, line 18					
Other Revenue		а					
ž	b	Less direct expenses b					
0	C	Net income or (loss) from fundraising	events 🟲				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	ь						
	C	Less direct expenses b Net income or (loss) from gaming acti	VITIAS III-				
	10a						
	IVa	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	entory 🟲				
		Miscellaneous Revenue	Business Code				
	11a	Sublease income	900099	8,550			8,550
	ь	O ther income	900099	7,418			7,418
	c	Foreign currency loss	900099	-625			-625
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			· · · · •	15,343			
	12	Total revenue. See Instructions .	▶		_		
	I			11,612,666	2,064,124	0	24,731

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b, o, 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	45.000	·	, g	
2	Grants and other assistance to individuals in the United States See Part IV, line 22	45,000	45,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	785,243	785,243		
4	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors, trustees, and key employees	1,890,847	1,747,001	138,294	5,552
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$, ,	, ,	·	,
7	Other salaries and wages	1,939,168	1,917,317	19,124	2,727
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	79,104	78,909	146	49
9	Other employee benefits	141,969	140,559	1,335	75
10	Payroll taxes	224,602	215,469	8,714	419
11	Fees for services (non-employees)	221,002	213,133	9,7.11	113
a	Management				
b	Legal	12,760	9,982	2,778	
c	Accounting	50,000	35,424	14,576	
d	Lobbying	30,000	33,424	14,570	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g g	Other	2,170,560	2,141,963	28,597	
12	Advertising and promotion	3,036	2,882	119	35
13	Office expenses	230,872	201,065	29,110	697
14	Information technology	84,992	59,924	25,068	
15	Royalties	04,332	33,324	23,000	
16	Occupancy	496,124	369,503	126,621	
17	Travel	1,034,615	'	· · ·	6,456
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,034,013	1,011,270	10,003	0,430
19	Conferences, conventions, and meetings	271,138	270,117	894	127
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	107,776	95,706	12,070	
23	Insurance	16,104	11,356	4,748	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Books and subscriptions	5,146	4,870	276	
b	Miscellaneous	620	513	107	0
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,589,676	9,144,079	429,460	16,137
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 156,622 2,594 1 1 6.316.003 10.167.470 2 2 3 8,644,851 6,724,305 569.075 851.288 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 8 9 57,401 9 154,741 Prepaid expenses and deferred charges 508.852 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 245,034 b Less accumulated depreciation 225,794 10c 263,818 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 26,381 15 15 163,360 15,996,127 18,327,576 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,066,204 17 859,055 17 Accounts payable and accrued expenses . 18 18 250,000 19 19 75,414 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 6,864 25 197,058 D 26 1,073,068 26 1,381,527 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 -339,756 27 -184,632 Unrestricted net assets 15.262.815 28 17,130,681 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 14.923.059 33 16.946.049 34 Total liabilities and net assets/fund balances 15.996.127 34 18.327.576

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11 4	512,666
2	Total expenses (must equal Part IX, column (A), line 25)	2			589,676
3	Revenue less expenses Subtract line 2 from line 1	3			22,990
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,9	923,059
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
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		16,9	946,049
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		,		
		•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudits or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Results For Development Institute Inc

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

									20-8530				
	rt I			blic Charity Sta	•			•		nstructions	5		
	organiz		•	te foundation becaus	•			•	•				
1	<u> </u>		-	ion of churches, or as			-	b)(1)(A)(i)	•				
2	<u> </u>			in section 170(b)(1									
3	<u> </u>	•		perative hospital se	-								
4	ı			h organization operat ity, and state	ed in conjui	nction with	a hospital des	cribed in s e	ection 170(b)	(1)(A)(iii).	Enter the		
5	Γ	_	·	erated for the benefit (A)(iv). (Complete P	_	e or univers	sity owned or	operated by	a governmer	ntal unit des	cribed in		
6	Г			local government or		ntal unit des	scribed in sect	ion 170(b)((1)(A)(v).				
7	<u>\</u>	An orgai describe	nization the ed in	at normally receives	a substantı					from the ger	neral publi	с	
8	_			(A)(vi) (Complete P	•	(A)() (C.	amplete Dart I	т \					
9 10 11 e f g	ר ר	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a											
		(ii) a far	nıly memb	er of a person descri	bed ın (ı) ab	ove?				119	g(ii)		
		(iii) a 35	5% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11 g	ı(iii)		
h		Provide	the follow	ng information about	the support	ted organiza	ation(s)						
(i) Name suppor organiza		e of (ii) (described o rted EIN lines 1-9 abo ration or IRC section			(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		A mo	(vii) A mount of support?	
				instructions))	Yes	No	Yes	No	Yes	No	7		
												-	
-a+ a		l		ı l		1	1	1	1	1	I		

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

	ection A. Public Support	c organization	rans to quanty u	inder the tests i	isted below, pie	ase complete i	art III.)
	endar 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")	2,611,46	.8 10,947,974	8,568,117	8,618,983	9,523,811	40,270,353
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit						
4 5	to the organization without charge Total. Add lines 1 through 3 The portion of total contributions	2,611,46	8 10,947,974	8,568,117	8,618,983	9,523,811	40,270,353
_	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						30,050,241
6	(f) Public Support. Subtract line 5 from line 4						10,220,112
<u> </u>	ection B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2,611,468	10,947,974	8,568,117	8,618,983	9,523,811	40,270,353
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,854	18,690	110,693	50,401	17,938	201,576
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		734	2,167	4,776	7,418	15,095
11	Total support (Add lines 7 through 10)						40,487,024
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12	5,974,386
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or fı	fth tax year as a s	501(c)(3) organız	ation, ▶☑
S	ection C. Computation of Pul	blic Support	Percentage				
14	Public Support Percentage for 201			11 column (f))		14	
15	Public Support Percentage for 201	0 Schedule A, Pa	art II, line 14			15	
16a	33 1/3% support test—2011. If the				ine 14 is 33 1/3%		
	and stop here. The organization qui 33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me organization	e organization did n qualifies as a p — 2011. If the org ation meets the "	d not check the box publicly supported ganization did not of facts and circums	x on line 13 or 16 organization check a box on lin tances" test, chec	e 13, 16a, or 16b ck this box and st e	and line 14 op here. Explain	▶ ┌
ь 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organizationstructions	nization meets thation meets the "	ne "facts and circu facts and circums	mstances" test, c tances" test The	heck this box and organization qual	d stop here. Ifies as a publicly	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).									
	Facts And Circumstances Test									
	Explanation									

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 20-8530747

Name: Results For Development Institute Inc

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses \$ 285,915 including grants of \$) (Revenue \$ 59,750)

Education

DLN: 93493199000052

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization ults For Development Institute Inc	·	Emp	loyer ident if icat	ion numbe	er
1100	and for Development Institute Inc		20-8	3530747		
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99		unds	or Accounts.	Comple	te if the
		(a) Donor advised funds	(b) Funds and ot	her accou	nts
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 adv funds are the organization's property, subject to the		nor advı	sed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber				┌ Yes	□ No
Dai	rt II Conservation Easements. Complete	if the organization answered "Ves" t	o Form	990 Part IV		
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	certified	d historic struct	•	a
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	3	2b			
c	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfer the taxable year ►	erred, released, extinguished, or terminate	ed by th	e organızatıon d	urıng	
4	Number of states where property subject to conserv	ation easement is located ►				
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easen	nents di	uring the year 🛌		
7	A mount of expenses incurred in monitoring, inspection • \$	ng, and enforcing conservation easement	s durıng	the year		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	ction		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia				
ar	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Oth	ner Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or resear	ch in fu			≘,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(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, hist following amounts required to be reported under SFA		or finan	cial gain, provid	e the	
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	cal Treas	sures, or	<u>Othe</u>	<u>r Similar Asse</u>	ets (co	ontinued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing that	are a sıgnıfı	cant u	se of its collection	n	
а	Public exhibition		d	Γ	Loan or ex	kchange pro	grams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w the	/ further th	e organızatı	on's ex	cempt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Part	Part IV, line 9, or reported an an					on answer	ed "Y	es" to Form 990),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	forc	ontribution	s or other as	ssets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving ta	able			Amoi	ınt	
c	Pagunung halanga						1c	Amo	4116	
_	Beginning balance Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on Fo	orm 990 Part V lin	م 210 م	,					Yes	□ No
	If "Yes," explain the arrangement in Part XIV	•	C 21'					,	163	, 140
Pari			n and	.wer	ad "Yes" t	n Form 991) Par	t IV line 10		
	Enactment and complete	(a)Current Year)Prior `		Two Years Bac			Four Y	ears Back
1a	Beginning of year balance									
b	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held	as		•			•		
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c ·	Term endowment ►									
3a .	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are held and	d admınıster	ed for	the	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations			•				3a(ii)		
	If "Yes" to 3a(II), are the related organization							Зь		
	Describe in Part XIV the intended uses of th									
Part	VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	art X	line 10.					
	Description of property) Cost or othe sis (investmei			(c) Accumulated depreciation	(d) B	ook value
1a	and									
	uildings								L	
b B	uildings						34,602	12,453		22,149
b B c Le							34,602 59,415			22,149 43,606
b B c Lo d E	easehold improvements					1		115,809		

Investments—Other Securities. See	form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)20011 10100	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
o ther		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		<u> </u>
		<u> </u>
Total (Column (h) should equal Form 990, Part X, col.(R) line 13.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Pools volue
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,612,666
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,589,676
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,022,990
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,022,990
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	
1	Total revenue, gains, and other support per audited financial statements	1	11,612,666
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	11,612,666
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,612,666
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	
1	Total expenses and losses per audited financial statements	1	9,589,676
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,589,676
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
4			
4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4c	0
4 a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV)	4c 5	0 9,589,676

additional information

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48		In accordance with Accounting Standards Codification (ASC) Topic 740, Income Taxes, R4D has evaluated uncertain tax positions for the year ended December 31, 2011, and determined that there were no matters that would require recognition in the financial statements or that may have any effect on its tax-exempt status

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"Yes" to Form 990, Part IV, line 14b.

As Filed Data -

DLN: 93493199000052

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Open to Public

Department of the Treasury Internal Revenue Service

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Inspection Employer identification number Name of the organization Results For Development Institute Inc 20-8530747 Part I General Information on Activities Outside the United States. Complete if the organization answered

1	For grantmakers. Does the eassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	
2	For grantmakers. Describe in Pa United States	ert V the organiz	atıon's proceduı	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Sub-Saharan Africa	0	0	Grantmaking		682,706
	Europe (including Iceland and Greenland)	0	0	Grantmakıng		30,000
	South Asia	0	0	Grantmakıng		72,537
	-					
3-	Sub-total	0	0			785,243
	Total from continuation sheets to Part I	0	-			0
c	: Totals (add lines 3a and 3b)	0				785.243

	· · ·
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

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

2	Enter total number of other organizations or entities.											-	_
,	Enter total number of other organizations of entitles.				 								-

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

I dentifier	ReturnReference	Explanation
Procedure for Monitoring Grants		Schedule F, Part I, Line 2 Grant recipients have deliverables based on agreements with R4D on the scope of the work
Outside the U S		based on agreements with R4D on the scope of the work
	+	
	-	
	+	
	<u> </u>	

Software ID: Software Version:

EIN: 20-8530747

Name: Results For Development Institute Inc

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Informal Provider Study	106,510	Wire			
		Sub-Saharan Africa	Transparency & Acountability Program	80,000	Wire			
		Sub-Saharan Africa	Transparency & Acountability Program	79,998	Wire			
		Sub-Saharan Africa	Transparency & Acountability Program	79,985	Wire			
		Sub-Saharan Africa	Transparency & Acountability Program	79,960	Wire			
		Sub-Saharan Africa	Transparency & Acountability Program	79,668	Wire			
		South Asia	Informal Provider Study	72,537	Wire			
		Europe (including Iceland and Greenland)	Global Symposium on Health Systems Research	30,000	Wire			
		Sub-Saharan Africa	Transparency & Acountability Program	30,000	Wire			
		Sub-Saharan Afrıca	Transparency & Acountability Program	15,000	Wire			
		Sub-Saharan Afrıca	Transparency & Acountability Program	15,000	Wire			
		Sub-Saharan Afrıca	Transparency & Acountability Program	15,000	Wire			
		Sub-Saharan Afrıca	Transparency & Acountability Program	15,000	Wire			
		Sub-Saharan Afrıca	Transparency & Acountability Program	14,971	Wire			
		Sub-Saharan Afrıca	Transparency & Acountability Program	14,860	Wire			
		Sub-Saharan Afrıca	Transparency & Acountability Program	14,853	Wire			
		Sub-Saharan Africa	Transparency & Acountability Program	14,239	Wire			
		Sub-Saharan Afrıca	Transparency & Acountability Program	13,974	Wire			
		Sub-Saharan Africa	Transparency & Acountability Program	13,688	Wire			

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Schedule I

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545-0047

DLN: 93493199000052

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Employer identification number

Results For Development Insti						20-8530747				
Part I General Information Does the organization mathe selection criteria use Describe in Part IV the of	ed to award the grants	stantiate the amount of t					┌ Yes ┌			
Form 990, Part	IV, line 21 for any	O Governments and recipient that received 0) if additional space	d more than \$5,000	. Check this box if n	io one recipient rece	ived more than \$5,0	000. Use			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) Trustees of Boston University264 Bay State Road Boston, MA 02215	04-2103547		45,000				Study of drug quality & health-Indian Rretail pharmacy mkt			
Enter total number of secEnter total number of oth										
3 Enter total number of oth		an die inie rabie i			<u> </u>					

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

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

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

Compensation Information

DLN: 93493199000052

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** Results For Development Institute Inc 20-8530747 Questions Pagarding Compensation

-	Questions Regarding Compensation			
			Yes	Νo
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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		Νo
ь	Any related organization?	5b		Νο
	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νο
	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	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			,
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			
	section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) David De Ferranti	(ı) (ıı)			2,210	12,250	1,355 0	315,815	
(2) Shirlene Archer	(1) (11)	125,000	10,750 0	90	6,792	8,147 0	7 150,779 0 0	,
(3) Kanıka Bahl	(1) (11)	200,000	8,700 0	162 0	10,443	1,368 0	220,673	
(4) Nicholas Burnett	(1) (11)	290,000	8,700 0	1,901 0	12,250	1,595 0	314,446	
(5) Robert M Hecht	(1) (11)	290,000	8,700 0	1,239 0	12,250	1,595 0	313,784	
(6) Gina M Lagomarsino	(1) (11)	275,000 0	8,700 0	243	12,250	1,557 0	7 297,750 0 0	
(7) William M Makinen	(1) (11)	251,563 0	0	1,679 0	12,250	12,108 0	277,600	,
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Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Nicholas Burnett, Principal/Managing Director, Kanika Bahl, Principal/Managing Director, Robert M Hecht, Principal/Managing Director, Gina M Lagormarsina, Principal/Managing Director, Courtney Tolmie, Program Officer, all received bonuses which were based on review of their performances

Schedule J (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Results For Development Institute Inc	Employer identifi	cation number
·	20-8530747	

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	The Form 990 is reviewed by the audit committee with the tax preparer and then forwarded to the full Board of Directors for final review prior to filing with the Internal Revenue Service
	Form 990, Part VI, Section B, line 12c	The Board of Directors approved a conflict of interest policy at their October 28, 2009 meeting. The Board members review the conflict of interest policy annually. To ensure the Results for Development Institute operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining, and whether partnerships, joint ventures, and arrangements with management organizations conform to R4D's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurnment, impermissible private benefit or in an excess benefit transaction. If the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.
	Form 990, Part VI, Section B, line 15	The Board of Directors reviews and approves the president's compensation on an annual basis. The Board commissioned a report from an independent consultant in 2009 to ensure the appropriateness of the compensation levels of the managing directors and the president. In 2010 the R4D management undertook a review of an independently produced compensation survey of other nonprofit organizations of similar size and scope to R4D to ensure the appropriateness of the compensation levels of its staff. Annually R4D management reviews the salary of its staff and compensation of R4D managing directors and all staff salaries are approved by the president.
	Form 990, Part VI, Section C, line 19	R4D makes its governing documents and conflict of interest policy available to the public upon request