Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2017

DLN: 93493220012008

Form **990**

Paid

Preparer

Use Only

_			Toundations)					
		f the Treasury	 Do not enter social security numbers on this form as it may Information about Form 990 and its instructions is at <a a="" attach="" href="https://www.left.new.numbers.new.new.new.new.new.new.new.new.new.new</th><th></th><th></th><th></th><th>C</th><th>pen to Public Inspection</th></tr><tr><th></th><th></th><th></th><th> </th><th>2017</th><th></th><th></th><th></th><th></th></tr><tr><th></th><th></th><th></th><th>lendar year, or tax year beginning 01-01-2017 , and ending 12-31-C Name of organization</th><th>2017</th><th></th><th>D Employer</th><th>ıdentıf</th><th>cation number</th></tr><tr><td></td><td></td><td>oplicable
change</td><td>RESULTS FOR DEVELOPMENT INSTITUTE INC</td><td></td><td></td><td></td><td></td><td>ication number</td></tr><tr><td></td><td>me cha</td><td>-</td><td>David have a</td><td></td><td></td><td>20-85307</td><td>47</td><td></td></tr><tr><td></td><td>tial reti</td><td>urn
/terminated</td><td>Doing business as
R4D</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>return</td><td>Number and street (or P O box if mail is not delivered to street address) Room/suite</td><td>!</td><td></td><td>E Telephone</td><td>number</td><td></td></tr><tr><td>□Ар</td><td>plicatio</td><td>n pending</td><td>1111 19TH STREET NW NO 700</td><td></td><td></td><td>(202) 470</td><td>)-5717</td><td></td></tr><tr><td></td><td></td><td></td><td>City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>L</td><td></td><td></td><td></td><td>G Gross rece</td><td>ipts \$ 32</td><td>2,802,633</td></tr><tr><td></td><td></td><td></td><td>F Name and address of principal officer GINA LAGOMARSINO</td><td></td><td></td><td>a group retu</td><td>rn for</td><td></td></tr><tr><td></td><td></td><td></td><td>1111 19TH STREET NW NO 700</td><td></td><td></td><td>linates?
subordinates</td><td></td><td>□Yes ☑No</td></tr><tr><td></td><td>v-avam</td><td>npt status</td><td></td><td>in</td><td>clude</td><td>ed?</td><td>•</td><td>☐ Yes ☐No</td></tr><tr><td></td><td></td><td>•</td><td>✓ 501(c)(3)</td><td></td><td></td><td>" list<="" td=""><td>•</td><td>,</td>	•	,			
) W	ebsite	e:▶ WW\	V R4D ORG	ii(c) G	roup	exemption n	umber	•
V Form	n of or	ganization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	Year of 1	forma	tion 2007 N	1 State	of legal domicile DC
K TOIT	11 01 01	garrization	El corporation El must El Association El Other P					
Pa		Sumn	•					
			ribe the organization's mission or most significant activities S THE TOUGH DEVELOPMENT CHALLENGES FACING PEOPLE IN THE DEVEL	ODING V	MODI	D		
ce		O ADDICE.	STILL TOOGH DEVELOPMENT CHALLENGES TACING FEOREE IN THE DEVEL	OFING (VVOIN			
nar	-							
Governance	,	Chack this	box ▶ ☐ If the organization discontinued its operations or disposed of moi	ro than	250%	of its not ass	ote	
Ĝ			voting members of the governing body (Part VI, line 1a)			or its riet ass	3	14
≫	4	Number of	independent voting members of the governing body (Part VI, line 1b) .				4	13
ŢĘ.	5	Total num	per of individuals employed in calendar year 2017 (Part V, line 2a)			•	5	157
Activities &	6	Total num	per of volunteers (estimate if necessary)				6	16
ĕ	7a '	Total unre	ated business revenue from Part VIII, column (C), line 12				7a	0
	Ь	Net unrela	ted business taxable income from Form 990-T, line 34				7b	0
	_				Pric	or Year		Current Year
흨			ons and grants (Part VIII, line 1h)			27,673,54		29,324,861
Rəvenue		_	ervice revenue (Part VIII, Inne 2g)			5,827,99		3,390,728
æ			t income (Part VIII, column (A), lines 3, 4, and 7d)			19,51 115,58		14,548 72,496
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			33,636,64		32,802,633
			I similar amounts paid (Part IX, column (A), lines 1–3)	+		2,266,61		3,310,260
	l		aid to or for members (Part IX, column (A), line 4)			_,,_	0	(
ς,	15	Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5–10)			11,812,46	0	14,508,090
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)				0	C
9 (1)	Ь.	Total fundra	ısıng expenses (Part IX, column (D), line 25) ▶27,786					
ā	17	Other exp	enses (Part IX, column (A), lines 11a–11d, 11f–24e)			9,915,06	0	8,940,846
	18	Total expe	nses Add lines 13–17 (must equal Part IX, column (A), line 25)			23,994,13	8	26,759,196
	19	Revenue le	ess expenses Subtract line 18 from line 12			9,642,50	3	6,043,437
Net Assets or Fund Balances				Begin	ning (of Current Yea	ir	End of Year
set	20 .	Total asse	rs (Part X, line 16)			29,497,04	3	35,454,024
A As	l		ities (Part X, line 26)			5,477,31		5,379,782
ŠĒ	l		or fund balances Subtract line 21 from line 20			24,019,73		30,074,242
Pai	t II		ture Block					<u> </u>
		lties of pe	rjury, I declare that I have examined this return, including accompanying so					
	eage nowle		it is true, correct, and complete Declaration of preparer (other than officer) is das	eu or	i ali illiformati	OH OF V	упісні ргерагег паs
					201			
c:		Signatur	e of officer		Date	3-08-06 ·		
Sign Here		GINALA	GOMARSINO PRESIDENT/CEO					

Preparer's signature WILLIAM E TURCO CPA

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

Firm's address ▶ 9737 WASHINGTONIAN BLVD 400

GAITHERSBURG, MD 20878

GINA LAGOMARSINO PRESIDENT/CEO Type or print name and title

Print/Type preparer's name WILLIAM E TURCO CPA

Firm's name RSM US LLP

Cat No 11282Y Form **990** (2017)

☑ Yes ☐ No

PTIN

P00369217

Check \square if

self-employed

Firm's EIN ► 42-0714325

Phone no (301) 296-3600

Date

or X as applicable

Checklist of Required Schedules

Section 501(c)(3) organizations.

Page 3

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

No

No

Νo

Nο

No

Nο

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Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

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

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

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

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

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

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

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

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

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

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11a

11b

11c

11d

11e

11f

12a

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14a

14b

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19

Yes

Yes

Yes

Yes

Yes

Yes

Yes

29

Page 4

Part IV Checklist of Required Schedules (continued) Yes

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

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

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

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

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

20a

Yes

Yes

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35h

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37

Yes

Form 990 (2017)

No

Νo Νo

Nο

Νo

Nο

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

orm '	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 61			
	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	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
	If "Yes," enter the name of the foreign country ►BE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	See instructions for filling requirements for fillicent form 114, Report of Foreign Bank and Filliancial Accounts (FBAK)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F.		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		
_	Did the agreement on discount the second many many many discounts are subjected to a second beautiful as a second by the second	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	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 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		. /== := :
				n (2017

OHIII	990 (20	517)					Page
Par		Governance, Management, and DisclosureFor each "Yes" response to lines 2 th 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	A. Governing Body and Management					
1a	Enter t	the number of voting members of the governing body at the end of the tax year	1a	14		Yes	No
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O					
b	Enter t	the number of voting members included in line 1a, above, who are independent	1b	13			
2		y officer, director, trustee, or key employee have a family relationship or a busines director, trustee, or key employee?	s rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed by ers, directors or trustees, or key employees to a management company or other p			3		No
4	Did the	e organization make any significant changes to its governing documents since the p	orior F	Form 990 was filed?	4		No
5	Did the	e organization become aware during the year of a significant diversion of the organ	ızatıo	n's assets?	5		No
6	Did the	e organization have members or stockholders?			6		No
7a	Did the	e organization have members, stockholders, or other persons who had the power to	o elec	t or appoint one or more			
		ers of the governing body?			7a		No
b		y governance decisions of the organization reserved to (or subject to approval by) s other than the governing body?	mem	bers, stockholders, or	7b		No
8	Did the the fol	e organization contemporaneously document the meetings held or written actions u lowing	ındert	aken during the year by			
	-	verning body?			8 a	Yes	
b	Each c	ommittee with authority to act on behalf of the governing body?	•		8b	Yes	
	organi	e any officer, director, trustee, or key employee listed in Part VII, Section A, who c zation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenue	e Code		
	D 111					Yes	No
	If "Yes	e organization have local chapters, branches, or affiliates?			10a 10b		No
44-		anches to ensure their operations are consistent with the organization's exempt pu	•		100		
	form?	e organization provided a complete copy of this Form 990 to all members of its gov	•	g body before filing the	11a	Yes	
		pe in Schedule O the process, if any, used by the organization to review this Form	990		42	V	
		e organization have a written conflict of interest policy? If "No," go to line 13	•		12a	Yes	
	conflic				12b	Yes	
	Sched	e organization regularly and consistently monitor and enforce compliance with the pule O how this was done	oolicy •	? If "Yes," describe in	12c	Yes	
13		e organization have a written whistleblower policy?	•		13	Yes	
14		e organization have a written document retention and destruction policy?	• . •		14	Yes	
15	person	e process for determining compensation of the following persons include a review a s, comparability data, and contemporaneous substantiation of the deliberation and					
		ganization's CEO, Executive Director, or top management official			15a	Yes	
b		officers or key employees of the organization			15b		No
		" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxable	e organization invest in, contribute assets to, or participate in a joint venture or single entity during the year?			16a		No
b	ın joint	," did the organization follow a written policy or procedure requiring the organization venture arrangements under applicable federal tax law, and take steps to safeguation with respect to such arrangements?			4.5.		
c-					16b		
<u>Se</u> 17		C. Disclosure e States with which a copy of this Form 990 is required to be filed▶					
		DC					
18		n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection Indicate how you made these available Check all that app		990-T (501(c)(3)s only)			
		wn website Another's website 🗹 Upon request 🔲 Other (explain in Sci		•			
19		pe in Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year	umen	ts, conflict of interest			
20		the name, address, and telephone number of the person who possesses the organization.	zation	's books and records			
		C NGUYEN CHIEF FINANCIAL OFFICER 1111 19TH STREET NW NO 700 WASHING			7		

orm 990 (2	017)										Page 7			
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,			
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>			
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees				
ear	e this table for all persons require										-			
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-				
	of the organization's current key		•											
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the				
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-							
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9			
			ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest				
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, 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 ganization, more than \$10,000 of reportable compensation from the organization and any related organizations in the following order individual trustees or directors, institutional trustees, officers, key employees, highest impensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) Name and Title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Reportable compensation from the organization (W- 2/1099-MISC) (B) Reportable compensation from the organization (W- 2/1099-MISC) (W- 2/1099-MISC) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) (D) Reportable compensation from the organization (W- 2/1099-MISC) (W- 2/1099-MISC) Average hours per week (list any hours for metaled organizations organ													
		organizations below dotted	Institutional Trustee Individual trustee or director		Officer	key employee	Highest compensated employee	Former			related			
See Additiona	al Data Table													

BOSTON, MA 022413829

compensation from the organization ▶ 6

(B)

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

(E)

(D)

Page 8

	(A) Name and Title	Average hours per week (list any hours for related	than o	one b	ox, u an off	t che unle: fficer	neck mees pers r and a tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (\)2/1099-MISC	Estin amount compe W- from		f other sation the	
		organizations below dotted line)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/ 1099-MISC)	2/1099-M13C		relat organiza	ed
See A	dditional Data Table			$oxed{\Box}$									
			 	\vdash	igdash	\vdash	 	\vdash			+		
				lacksquare		F	lacksquare	lacksquare					
				+	H	\vdash	+	_					
			-	\vdash		_	-	_					
1b S	ub-Total				<u>.</u>	<u></u>	<u> </u>	<u> </u>			\top		
	otal from continuation sheets to otal (add lines 1b and 1c)	•					▶		3,659,012		0		496,089
	Total number of individuals (includir of reportable compensation from the	ng but not limited	to thos				e) who	rec		100,000	-		
												Yes	No
3	Did the organization list any forme l line 1a? <i>If "Yes," complete Schedule</i>										3		No
4	For any individual listed on line 1a, organization and related organization individual									m the	4	Yes	_
5	Did any person listed on line 1a recesservices rendered to the organization										5		No
	ction B. Independent Contra				_	_							
1	Complete this table for your five hig from the organization Report comp										npen	sation	
		(A) e and business addre						-		(B) cription of services		(C Comper	
EKOHE	E LIMITED	3 dilu Dusiliess auure	255						WEB MAIN	TENANCE & HOSTING	j .	Compe	225,534
720 60 KOWLO HK	04 KALOK BLDG 720 NATHAN RO OON								SERVICES				
27 KIN	A N KHAN, IGMAN ROAD DN, MA 02461								CONSULTA	NT FOR GACIDIA			136,500
6405 E	SAXENIAN, BROAD STREET BETHESDA MD 208 SDA, MD 20816									NT FOR GATES TION TOOLKI			125,736
	STER UNIVERSITRY									ISE PORTAL AND L SUPPORT			121,124
HAMIL CA	MAIN STREET WEST TON ONTARIO LS K												
	RIGHAM AND WOMEN'S HOSPITAL X 3887 JN. MA 022413829									HEALTH CARE NCE INITIATI			110,313

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

(C)

Creat if Schedule Q Contains a response or nate to any no. 1 the Fert VIII	Part		II Statement of	Revenue									rage 3
Total revenue Persisted Communication Persisted Communication Persisted Communication Persisted Communication Persisted Communication Persisted Pers					a respo	onse or note to any	/ line in th	nis Part VIII					🗆
### December december of the company is a company in the company in the company is a company in the company in the company is a company in the company in the company is a company in the							(4	A)	Relate exe	B) ted or empt ction	(C) Unrelat busine	ed	Revenue excluded from tax under sections
Description		1:	a Federated campaigi	ns	1a				rev	enue			512-514
Total Add lines 1a-11 20,724,851	nts nts		· -			<u> </u>							
Description	irai 10 u		·		L	<u> </u>							
Total Add lines 1a-11 20,724,851	s, G An		_		L	<u> </u>							
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Total Add lines 1a-11 20,724,851	s, (imi					1,021,774							
Total Add lines 1a-11 20,724,851	ion S		and similar amounts no		1f	21,503,087							
Total Add lines 1a-11 20,724,851	but	١.		ne included									
Business Code 900070 3,390,778 3,390,778 A contracts A contract program service revenue A contract A contract program service revenue A contract A contract program service revenue A contract A con	E Q	'		nis included									
Business Code 9000000 3,390,728 3,390,728	S E	ŀ	1 Total. Add lines 1a-1	f		•	29	,324,861					
### All other programs service revenue 3,390,728 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalkes	<u>ı</u>					Busines		· · ·					
### All other programs service revenue 3,390,728 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalkes	เค	2 a	CONTRACTS				900099	3,3	90,728	3,39	0,728		
### All other programs service revenue 3,390,728 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalkes	æ	b)		_								
### All other programs service revenue 3,390,728 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalkes	AC e	c			_		-						
### All other programs service revenue 3,390,728 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalkes	Ser	d	-		_		+						
3 Investment income (including dividends, interest, and other similar amounts) .	E L	_											
3 Investment income (including dividends, interest, and other similar amounts) .	ogr	f	All other program se	rvice revenue	:	3	390 728				l.		
### A Income from Investment of tax-exempt bond proceeds S Royellies	\$	g	Total. Add lines 2a-2f			>	330,720						
4 Income from investment of tax-exempt bond proceeds 5 Royalities (i) Real (ii) Personal 6a Cross rents (c) Rental income or (c) 3,871 (d) Ret rental income or (c) 53,871 (e) Second or (c) 53,871 (f) Securities (ii) Securities (iii) Other 7a Gross amount from sales of the income or (loss) (iv) Second or (loss) (interest, and other	_						
S Royalties			•			ond proceeds	-						
Continue							▶ ├──						
Comparison Com				(ı) Rea	I	(II) Personal							
C Rottal monne or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventury b Less cost or other basis and sales expenses C Gain or (loss) 4 Net rental income or (loss)		6a	Gross rents		62.071								
d Net rental income or (loss)		Ŀ	Less rental expenses				=						
d Net rental income or (loss)													
Ta Gross amount from sales of assers other than investory the bass and sales expenses C Gain or (loss) d Net gain or (loss) See Part IV, line 18		•			63,871								
Ta Gross amount From sales of than inventory		c	l Net rental income of	r (loss) . .			┪	63,871					63,871
from sales of assets other than inventory Lass cost or other bases and sales expenses 14,548 3a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				(ı) Securit	ties								
assets other then inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 3a Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18		7a				14 54	18						
b Less cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) 3a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses . b c Net income or (loss) from gaming activities 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses . b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses . b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a OTHER INCOME 900099 8,625 8,625 12 Total revenue			assets other			11,5							
other basis and sales expenses C. Gain or (loss) d. Net gain or (loss) 3a Gross income from fundraising events (not including \$ of contributions reported on line Ic) See Part IV, line 18 a b Less direct expenses . b c Net income or (loss) from fundraising events . b 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses . b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses . b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses . b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . Let Miscellaneous Revenue Business Code 11aOTHER INCOME 900099 8,625 b d All other revenue			·				4						
d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) Sep Part IV, line 18			other basis and				О						
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contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from gaming activities b Less cost of goods sold . b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11aOTHER INCOME d All other revenue e Total, Add lines 11a-11d		8a											
b Less direct expenses b	nue		contributions reporte	d on line 1c)									
b Less direct expenses b	•				. a		_						
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b Less direct expenses b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11aOTHER INCOME 900099 8,625 b c d All other revenue e Total. Add lines 11a-11d ▶ 8,625	ŏ	20			163								
c Net income or (loss) from gaming activities					а		_						
10aGross sales of inventory, less returns and allowances a b Less cost of goods sold . b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11aOTHER INCOME 900099 8,625 b c d All other revenue			·										
returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11aOTHER INCOME 900099 8,625 b c d All other revenue					activit	ies >						\longrightarrow	
b Less cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11aOTHER INCOME 900099 B,625 b c d All other revenue e Total. Add lines 11a-11d			returns and allowand	es		J							
C Net income or (loss) from sales of inventory							4						
Miscellaneous Revenue Business Code 11aOTHER INCOME 900099 b 6 d All other revenue													
11aOTHER INCOME 900099 8,625 8,625 b c dAll other revenue		_			inven							-	
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d All other revenue e Total. Add lines 11a-11d													
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d All other revenue													
d All other revenue							+				1		
e Total. Add lines 11a-11d													
e Total. Add lines 11a-11d		,	All other revenue								-		
12 Total revenue. See Instructions						▶	+						
32,802,633 3,390,728 0 87,044							-	8,625	5			\longrightarrow	
			. J.L. Toyender Jee		• •			32,802,633	В	3,390,728		0	87,044 Form 990 (2017)

Forr	m 990 (2017)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all col	olumns All other orga	anizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX	. <u></u>	<u></u>	🗹
	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) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,157,355	1,157,355		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	2,152,905	2,152,905		
4	· Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,552,781	3,056,305	496,476	
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	8,715,857	8,064,985	650,872	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	583,703	67	583,636	
9	Other employee benefits	802,578	473,521	329,057	
10	Payroll taxes	853,171		853,171	
11	Fees for services (non-employees)				
ē	a Management				
ŀ	b Legal	91,863	61,762	30,101	
(c Accounting	68,250		68,250	
(d Lobbying				
€	e Professional fundraising services See Part IV, line 17				
f	f Investment management fees				
ć	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,797,101	3,342,304	454,797	
12	Advertising and promotion				
13	Office expenses	90,922	38,733	48,646	3,543
14	Information technology	234,757	87,351	147,406	
15	Royalties				
16	Occupancy	1,103,675	538,320	565,355	
	Travel	2,146,657	2,078,856	67,573	228
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	423,223	392,403	30,157	663
20	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	285,547	2,000	283,547	
23	Insurance	66,520		66,520	
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 O)				
	a EQUIPMENT & SOFTWARE	229,881	77,404	152,477	

215,228

49,991

28,493

108,738

26,759,196

b PAYROLL PROCESSING FEES

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

c MEMBERSHIP & DUES

d RECRUITMENT

e All other expenses

127,888

3,762

7,959

21,663,880

87,340

49,991

23,401

78,757

5,067,530

1,330

22,022

27,786

Form **990** (2017)

156.921

344.534

1.812.868

35,454,024

1,471,944

542,935

237,311

3.127.592

5,379,782

-1.972.259

32.046.501

30,074,242

35.454.024

Form **990** (2017)

(B) End of year

Page **11**

Part II of Schedule L

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

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

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

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

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

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

1	Cash-non-interest-bearing	99,686	1	156,921
2	Savings and temporary cash investments	15,379,201	2	8,079,142
3	Pledges and grants receivable, net	10,520,475	3	24,153,253
4	Accounts receivable, net	1,104,148	4	907,306
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			

2,907,087

1,094,219

(A)

Beginning of year

99.686

6

8

9

10c

11 12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

309.178

2.084.355

29,497,043

1,396,742

156,786

759,940

3.163.845

5,477,313

792,150

23.227.580

24,019,730

29.497.043

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

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **12**

No

2a

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2017)

_		_	_,,
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,019,730
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	

wet am canzea gams (1033c3) on mivesaments	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	_	
Donated services and use of facilities						•										6	
Investment expenses																7	
Prior period adjustments																8	
Other changes in net assets or fund balances	(exp	olaın	ın S	Sche	dule	e O)										9	
													_	_		 	

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

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

Form 990 (2017)

Schedule 0

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

9 Other	changes in net assets or fund balances (explain in Schedule O)	9		11,075
10 Net as	sets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30	.074,242
Part XII	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	
			 Yes	No
1 Accou	nting method used to prepare the Form 990			

Both consolidated and separate basis

Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 20-8530747

Name: RESULTS FOR DEVELOPMENT INSTITUTE INC

Form 990 (2017)

Form 990, Part III, Line 4a:

HEALTH -HEALTH FINANCINGR4D'S HEALTH FINANCING EXPERTS INFORM PLANNING AND POLICYMAKING THROUGH DATA ANALYTICS AND BY STRENGTHENING THE TECHNICAL CAPACITY OF LOCAL CHANGE AGENTS IN COUNTRIES SEEKING COST-EFFICIENT AND SUSTAINABLE SYSTEMS OUR EFFORTS INCLUDE SUPPORTING GOVERNMENTS IN THE DESIGN AND EXECUTION OF SOCIAL AND NATIONAL HEALTH INSURANCE SCHEMES, DEVELOPING PRACTICAL GUIDANCE THAT CAN FOSTER DIALOGUE ON THE ALIGNMENT OF PUBLIC FINANCIAL MANAGEMENT AND HEALTH FINANCING, EXPLORING STRATEGIES THAT CAN HELP COUNTRIES IMPROVE VALUE FOR MONEY AND BETTER LEVERAGE THEIR EXISTING RESOURCES ASIDE FROM PROVIDING TECHNICAL EXPERTISE, R4D IS BUILDING GLOBAL COMMUNITIES OF PRACTITIONERS AND POLICYMAKERS WHO ARE ENGAGED IN COLLABORATIVE LEARNING AROUND THE ACHIEVEMENT OF UNIVERSAL HEALTH COVERAGE AND SUSTAINABLE HEALTH FINANCING SOLUTIONS O INTEGRATION, TRANSITION AND SUSTAINABILITY PLANNINGRAD SUPPORTS CHANGE AGENTS IN GOVERNMENT AND PROVIDER ORGANIZATIONS TO PREPARE FOR AND THRIVE THROUGH HEALTH FINANCING TRANSITIONS WE BUILD LOCAL CAPACITY FOR TRANSITIONS-RELATED ANALYSIS, FOSTER DIALOGUE, AND UNDERTAKE FORMATIVE RESEARCH ON INTERNATIONAL EXPERIENCES WITH MACRO-ECONOMIC AND PROGRAM-SPECIFIC TRANSITIONS OUR EFFORTS INCLUDE PARTNERING WITH GOVERNMENTS AND PROVIDERS TO IDENTIFY OPPORTUNITIES AND VULNERABILITIES IN THEIR HEALTH FINANCING LANDSCAPE, PROMOTING DIALOGUE WITHIN AND AMONG MINISTRIES OF HEALTH, FINANCE, AND PLANNING, NATIONAL DISEASE CONTROL PROGRAMS, AND DEVELOPMENT PARTNERS, FACILITATING COLLABORATIVE LEARNING ACROSS COUNTRIES FACING COMMON TRANSITION CHALLENGES, AND CONDUCTING FORMATIVE RESEARCH ON INTERNATIONAL EXPERIENCES WITH INTEGRATION, TRANSITION, AND SUSTAINABILITY PLANNING R4D'S PROJECTS ON INTEGRATION, TRANSITION, AND SUSTAINABILITY PLANNING INCLUDE COUNTRY-LEVEL ANALYTICAL AND PROCESS SUPPORT, MULTI-COUNTRY COLLABORATIVE LEARNING FACILITATION, AND RESEARCH TO INFORM AND INFLUENCE THE GLOBAL DISCOURSE -LNCT PEER LEARNING PLATFORM ON IMMUNIZATION FINANCING FOR COUNTRIES TRANSITIONING FROM GAVI SUPPORT WITH THE SUPPORT OF THE BILL & MELINDA GATES FOUNDATION AND GAVI, RESULTS FOR DEVELOPMENT (R4D) IS COORDINATING THE LAUNCH OF THE LEARNING NETWORK FOR COUNTRIES IN TRANSITION (LNCT), A PEER-LEARNING PLATFORM FOR COUNTRIES THAT ARE TRANSITIONING FROM GAVI SUPPORT R4D WILL DRAW FROM ITS EXPERIENCE AND EXPERTISE IN COLLABORATIVE LEARNING ACTIVITIES PARTICULARLY THROUGH THE JOINT LEARNING NETWORK TO BUILD AN ACTIVE AND ENGAGED COMMUNITY OF PEER EXPERTS THE LNCT PLATFORM WILL BRING ALL STAKEHOLDERS TO THE SAME TABLE, COLLATE TRANSITION ACTIVITIES AND DISCUSSIONS, AND SUPPORT JOINT ENGAGEMENT ACROSS COUNTRIES AND PARTNERS FOR GAVI TRANSITIONING COUNTRIES, THIS PLATFORM OFFERS THE OPPORTUNITY TO SHARE TRANSITION PLANNING AND IMPLEMENTATION EXPERIENCE, WORK TOGETHER TO SOLVE COMMON PROBLEMS, AND ADD TO A GLOBAL KNOWLEDGE BASE OF TOOLS AND APPROACHES THAT CONTRIBUTE TO SUCCESSFUL TRANSITION FOR DEVELOPMENT PARTNERS, THIS PLATFORM OFFERS THE CHANCE TO ENGAGE ACROSS COUNTRIES ON TRANSITION-RELATED ISSUES THE LNCT PLATFORM WILL CONSIST OF BOTH IN-PERSON AND VIRTUAL ENGAGEMENTS THE INITIAL COHORT OF PLATFORM MEMBERS WILL DRAW FROM THIRTEEN INVITED COUNTRIES, WITH POTENTIAL MEMBERSHIP EXPANSION IN 2018 AND 2019 -DIVERSIFYING FUNDING FOR HEALTHCARE FOR WOMEN AND GIRLS AS PART OF THE USAID-FUNDED SUPPORT FOR INTERNATIONAL FAMILY PLANNING AND HEALTH ORGANIZATIONS (SIFPO2) PROJECT, RESULTS FOR DEVELOPMENT (R4D) IS WORKING WITH POPULATION SERVICES INTERNATIONAL (PSI) TO LINK FRANCHISORS AND PRIVATE SECTOR HEALTH CARE PROVIDERS WITH NEW SOURCES OF FUNDING TO EXPAND FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES TO THE POOREST WOMEN AND GIRLS STARTING WITH PSI FRANCHISORS IN TANZANIA, UGANDA, AND NIGERIA, R4D ANALYZED THE KEY NEEDS OF THE FRANCHISE NETWORKS, IDENTIFIED POTENTIAL SOURCES OF HEALTH FINANCING AND CLARIFIED THEIR POLICY CONTEXT, AND PROPOSED NEW FINANCING OPTIONS THE FRAMEWORK FOR THIS HEALTH FINANCING OPTION ANALYSIS CAN BE USED BY FRANCHISORS TO ACCESS DIVERSIFIED FUNDING SOURCES AND INCREASE THEIR FINANCIAL SUSTAINABILITY WITH DIRECT BENEFITS FOR WOMEN AND GIRLS HEALTH FINANCING OPTIONS CAN ENABLE MORE POOR WOMEN AND GIRLS TO ACCESS HIGH-IMPACT HEALTH SERVICES WITHOUT PAYING OUT OF POCKET, HEALTH CARE PROVIDERS PROVIDERS MAY BE EMBEDDED INTO OVERARCHING PAYMENT SYSTEMS LIKE INSURANCE, STAND TO INCREASE CLIENT AND SERVICE VOLUMES, AND BENEFIT FROM INCREASED TRAINING AND QUALITY SUPPORT, THE FRANCHISOR BETTER FINANCED SOCIAL FRANCHISE PLATFORMS CAN REDEFINE THEIR ROLE AS STRATEGIC PARTNERS FOR STRENGTHENED HEALTH CARE SERVICE DELIVERY, AND IMPROVE AGAINST SOCIAL FRANCHISING GOALS (EQUITY, QUALITY, COST EFFECTIVENESS, ADDITIONALITY, AND IMPACT), THE PUBLIC SECTOR THE GOVERNMENT CAN REDUCE FRAGMENTATION IN THE HEALTH SYSTEM, GET BETTER VALUE FOR PUBLIC FUNDS, AND IMPROVE PERFORMANCE AGAINST POPULATION HEALTH GOALS -SUSTAINING EFFECTIVE COVERAGE FOR HIV, TB, AND MALARIA IN KENYA AND TANZANIA PLANNING FOR GLOBAL FUND TRANSITION IN KENYA AND TANZANIAIN 2016-17, R4D PARTNERED WITH THE GOVERNMENTS OF KENYA AND TANZANIA TO TAKE STOCK OF THEIR RESPONSES TO THE THREE DISEASES AND IDENTIFY WAYS TO ENSURE THE SUSTAINED EFFECTIVE COVERAGE OF PRIORITY INTERVENTIONS OUR APPROACH CENTERED ON THE NEED TO ALIGN PFM AND HEALTH FINANCING, USING AN ADAPTED PROCESS GUIDE IN EACH COUNTRY R4D CONVENED A WORKING GROUP OF FOCAL POINTS FROM KEY GOVERNMENT AGENCIES, INCLUDING THE MINISTRY OF HEALTH, NATIONAL TREASURY, NATIONAL DISEASE CONTROL PROGRAMS, AND AN INTER-GOVERNMENTAL COORDINATION BODY, LANDSCAPED EXPECTED MEDIUM-TERM FUNDING FOR THE THREE DISEASES AND TRACED FUND FLOWS THROUGH PUBLIC FINANCIAL MANAGEMENT PROCESSES AT THE NATIONAL AND SUB-NATIONAL LEVELS, AND ASSESSED OPPORTUNITIES TO MOBILIZE ADDITIONAL DOMESTIC RESOURCES FOR HEALTH AND BOLSTER EFFICIENCY THROUGH A QUALITATIVE FISCAL SPACE ANALYSIS, MACROECONOMIC PROJECTION MODEL, AND KEY INFORMANT INTERVIEWS STRUCTURED AROUND AN ADAPTED PROCESS GUIDE FOR IDENTIFYING PFM-HEALTH FINANCING ISSUES AND FOSTERING DIALOGUE WE ARE EXPLORING WAYS TO CONTINUE SUPPORTING THE COUNTRY FOCAL POINTS THROUGH ADDITIONAL ANALYSIS AND PROCESS FACILITATION -ABOVE SERVICE DELIVERY ACTIVITIES IN GLOBAL HEALTH ASSESSING THE CURRENT STATE OF KNOWLEDGE AND PRACTICE (COMPLETED 2017)TO IMPROVE UNDERSTANDING OF ASD ACTIVITIES AND COSTS, R4D HAS RECEIVED A GRANT FROM THE BILL & MELINDA GATES FOUNDATION TO INVESTIGATE WHAT THESE COSTS ARE HOW THESE COSTS MAY VARY ACROSS HEALTH SUBJECT AND OVER TIME, AND IF AND HOW THEY CONTRIBUTE TO PROGRAM INEFFICIENCIES IN HIV INTERVENTIONS AND PROGRAMS R4D EXPLORED ABOVE SERVICE DELIVERY ACTIVITIES FROM MAY 2015 TO MAY 2016 IN ORDER TO CAPTURE AND CRITICALLY ASSESS THE CURRENT STATE OF KNOWLEDGE AND PRACTICE REGARDING THE ABOVE-FACILITY COSTS OF MAJOR GLOBAL HEALTH INITIATIVES R4D CONDUCTED DESK RESEARCH AND EXPERT INTERVIEWS TO INFORM A REPORT ON ASD COSTS AND ACTIVITIES, IDENTIFYING OPPORTUNITIES FOR ADDITIONAL INVESTMENTS TO SUPPORT RESEARCH AND PROGRAMMING FOR ASD EFFICIENCY GAINS, AND HIGHLIGHTING GAPS IN KNOWLEDGE AND EFFICIENCY ANALYSIS OF ASD THE RESEARCH AND REPORT FOCUSED ON INITIATIVES IN HIV, MALARIA, TUBERCULOSIS, FAMILY PLANNING, AND IMMUNIZATION R4D PRESENTED THE PRELIMINARY FINDINGS OF THIS STUDY AT A STAKEHOLDER CONSULTATION MEETING IN APRIL STAKEHOLDER FEEDBACK FROM THIS MEETING AND FROM KEY PARTNERS INFORMED THE PUBLICATION OF A FINAL REPORT ON ABOVE SERVICE DELIVERY ACTIVITIES AND TECHNICAL EFFICIENCY. THIS REPORT PROVIDES A ROBUST LANDSCAPE ANALYSIS OF THE ASD SPACE, PROVIDING RESEARCHERS, POLICYMAKERS, AND GLOBAL HEALTH PROGRAM MANAGERS WITH A USEFUL RESOURCE SUMMARIZING THE CURRENT STATE OF KNOWLEDGE AND AVENUES FOR FUTURE INQUIRY AND DEVELOPMENT -INTEGRATING HIV FINANCING AND SERVICES INTO SOUTH AFRICA'S EMERGING NATIONAL HEALTH INSURANCE SYSTEM (COMPLETED 2016)R4D SUPPORTS THE GOVERNMENT OF SOUTH AFRICA TO DESIGN AND IMPLEMENT AN NHI SYSTEM THAT WILL SUSTAIN AND EXPAND THE COUNTRY'S FORMIDABLE HIV RESPONSE BUILDING ON ITS GROUNDBREAKING WORK ON HIV FINANCING INTEGRATION, R4D COLLABORATED WITH THE NATIONAL TREASURY AND THE NATIONAL DEPARTMENT OF HEALTH TO EVALUATE MULTIPLE SCENARIOS FOR FINANCING INTEGRATION WE DEVELOPED THE SCENARIOS IN CLOSE CONSULTATION WITH SENIOR GOVERNMENT OFFICIALS AND OTHER STAKEHOLDERS. WE THEN EVALUATED THEM USING A NOVEL FRAMEWORK FOCUSED ON HEALTH SYSTEM IMPACT AND LEGAL. POLITICAL. AND TECHNICAL FEASIBILITY R4D IS ALSO PARTNERING WITH THE NATIONAL DEPARTMENT OF HEALTH AND USAID'S FINANCING CAPACITY BUILDING AND TECHNICAL SUPPORT PROJECT (FIN-CAP) TO CONDUCT CONSOLIDATED EXPENDITURE TRACKING AND MAPPING FOR SOUTH AFRICA'S HIV AND TB PROGRAMS, ANALYZING SPENDING BY THE GOVERNMENT, PEFPAR, AND THE GLOBAL FUND

Form 990, Part III, Line 4b:

INTEGRATED STRATEGIES PHC INTEGRATION INVESTMENT CASE EXPLORING THE COSTS AND BENEFITS OF INVESTING IN PRIMARY HEALTH CARE TO ADVANCE VERTICAL OUTCOMESRAD IS PARTNERING WITH POPULATION SERVICES INTERNATIONAL (PSI) TO DEVELOP A GENERALIZED ANALYTIC APPROACH AND METHODOLOGY FOR IDENTIFYING APPROPRIATE INVESTMENTS TO INTEGRATE COMPONENTS OF VERTICAL PROGRAMS INTO PHC SYSTEMS AND ANALYZING THEIR EFFECTS ON OUTCOMES OF CONCERN TO VERTICAL PROGRAM CONSTITUENCIES. WE WILL THEN APPLY THE APPROACH TO FAMILY PLANNING PROGRAMS TO DETERMINE WHAT CASE CAN BE MADE TO GOVERNMENTS AND FAMILY PLANNING FUNDERS THAT THEIR OBJECTIVES WILL BEST BE MET THROUGH INVESTMENT IN STRONG PHC SYSTEMS A SECOND PHASE MIGHT INCLUDE APPLICATION TO ADDITIONAL PROGRAM AREAS AND DEEPER INVESTIGATION IN SELECTED COUNTRIES O PNEUMONIAR4D IS WORKING WITH CHANGE AGENTS AT THE GLOBAL AND COUNTRY LEVELS TO URGENTLY ADDRESS CHILDHOOD MORTALITY FROM PNEUMONIA BY -DESIGNING AND IMPLEMENTING PROGRAMS TO AVERT HUNDREDS OF THOUSANDS OF CHILD DEATHS FROM PNEUMONIA IN HIGH-BURDEN COUNTRIES VIA THE DELIVERY OF ROUGHLY 7.5 MILLION TREATMENTS IN ETHIOPIA AND TANZANIA, WHILE SHAPING LOCAL MARKETS AND SYSTEMS TO ENSURE SUSTAINABLE ACCESS TO ESSENTIAL PNEUMONIA TREATMENTS AND SERVICES IN THE FUTURE -LEADING RIGOROUS MARKET ANALYSES TO IDENTIFY MARKET BARRIERS AND TARGETED AREAS FOR SUPPORT IN ADDITIONAL HIGH-BURDEN COUNTRIES IN AFRICA AND ASIA -INCREASING MARKET TRANSPARENCY AND WORKING WITH MANUFACTURERS TO FACILITATE COUNTRY-LEVEL DRUG REGISTRATION PROCESSES FOR HIGH-QUALITY GLOBAL AND LOCAL SUPPLIERS -CONDUCTING FORMATIVE RESEARCH TO ASSESS CURRENT LEVELS OF OVER- AND UNDER-DIAGNOSES OF PNEUMONIA, AS WELL AS DESIGNING AND PILOTING POTENTIAL COST-EFFECTIVE INTERVENTIONS TO IMPROVE THE QUALITY OF CARE FOR PNEUMONIA -EXPLORING ADDITIONAL COST-EFFECTIVE AREAS FOR IMPACT SUCH AS PULSE OXIMETRY DIAGNOSTICS AND OXYGEN THERAPY FOR DIAGNOSING AND TREATING CHILDREN WITH SEVERE PNEUMONIA THIS WORK IS RESULTING IN MILLIONS OF CHILDREN RECEIVING INCREASED ACCESS TO HIGH-OUALITY PNEUMONIA TREATMENT AND SERVICES O WATER, SANITATION, HYGIENER4D'S INNOVATION-CENTRIC FOCUS IN WASH STEMS FROM THE REALITY THAT THE WASH SECTOR HAS HISTORICALLY SEEN LOWER INVESTMENTS IN PARADIGM-SHIFTING EXPERIMENTAL INNOVATIONS TECHNOLOGICAL, POLICY AND REGULATORY, OR BEHAVIORAL AND SOCIAL BREAKTHROUGHS THAN OTHER SECTORS IN DEVELOPMENT WE RECOGNIZE THAT LOCAL CHANGE AGENTS ARE BEST SUITED TO ADDRESS THE WASH-RELATED CHALLENGES IN THE PLACES THEY WORK, BUT ALSO KNOW THAT THEY OFTEN LACK THE CONNECTIONS TO THE RIGHT KINDS OF SUPPORT TO BOOST AND SCALE THEIR HOMEGROWN SOLUTIONS WE FOCUS ON MOBILIZING OPPORTUNITIES FOR FUNDING, LEARNING AND VISIBILITY TO HELP BRING INNOVATIVE WASH PROGRAMS TO SCALE O EDUCATION FINANCINGRAD PROMOTES SUSTAINABLE EDUCATION FINANCING USING A MULTI-PRONGED APPROACH INFORMING POLICYMAKING THROUGH DATA ANALYTICS, STRENGTHENING THE TECHNICAL CAPACITY OF COUNTRY CHANGE AGENTS AND BUILDING LEARNING COMMUNITIES OF PRACTICE FOR JOINT PROBLEM SOLVING R4D HAS MADE PROGRESS TOWARD IMPROVING AND INCREASING EDUCATION FINANCING IN KEY AREAS, INCLUDING RESULTS-BASED AND INNOVATIVE FINANCINGRAD CONDUCTED A SCOPING STUDY ON THE ROLE AND APPLICATION OF OUTPUT-BASED AID IN EDUCATION THIS INCLUDED A REVIEW OF RESULTS-BASED FINANCING SCHEMES IN EDUCATION MORE BROADLY, ANALYSIS OF EXISTING OUTPUT-BASED AID PROJECTS IN EDUCATION, AND RECOMMENDATIONS FOR APPLYING OUTPUT-BASED AID IN EDUCATION MOVING FORWARD IN ADDITION, WORKING WITH THE GLOBAL PARTNERSHIP FOR EDUCATION, WE ASSESSED THE FEASIBILITY OF LOAN BUY-DOWNS TO SUPPORT MEASURABLE REFORMS IN EDUCATION, WHILE ALSO INCREASING RESOURCES FOR EDUCATION OUR REPORT ANALYZES THE LOAN BUY-DOWN MODEL AS IT HAS BEEN APPLIED TO DIFFERENT SECTORS IT ALSO CONSIDERS KEY DESIGN ASPECTS TO APPLYING IT TO THE EDUCATION SECTOR. INCLUDING SELECTING SUITABLE COUNTRIES WITH LARGE UNMET NEEDS IN EDUCATION, THE TYPE OF TRIGGERS TO LINK BUY-DOWNS TO RESULTS AND FURTHER OPERATIONAL ISSUES BOOK PROVISION AND USAGEIN ORDER TO RAISE AWARENESS AND ADVOCATE FOR ADDITIONAL SPENDING ON BOOKS TO SUPPORT LITERACY EFFORTS, R4D QUANTIFIED THE COST OF PROVIDING AN APPROPRIATE NUMBER OF GRADE-LEVEL READING MATERIALS TO ALL PRE-PRIMARY AND PRIMARY STUDENTS IN LOW- AND MIDDLE-INCOME COUNTRIES FOR THE GLOBAL BOOK ALLIANCE OUR ANALYSIS IS HELPING THE GLOBAL BOOK ALLIANCE TO MOBILIZE RESOURCES AND MAXIMIZE ITS IMPACT EARLY CHILDHOOD DEVELOPMENTIN ORDER TO DEVELOP AN ACCURATE UNDERSTANDING OF THE CURRENT STATE OF INTERNATIONAL AND DOMESTIC FINANCING FOR EARLY CHILDHOOD DEVELOPMENT, WE PREPARED A BACKGROUND PAPER FOR THE EDUCATION COMMISSION THE STUDY ANALYZES THE ROLE OF INTERNATIONAL, NATIONAL AND PRIVATE ACTORS IN FINANCING EARLY CHILDHOOD DEVELOPMENT, THE PRINCIPAL FINANCIAL BARRIERS TO PROMOTING ACCESS, QUALITY, EFFICIENCY AND EFFECTIVENESS IN DELIVERING EARLY CHILDHOOD DEVELOPMENT, AND POTENTIAL SOLUTIONS TO INCREASE AND IMPROVE THE EFFECTIVENESS OF FINANCING. WHILE ADDRESSING ISSUES OF EQUITY O FOOD SYSTEMS & MARKET SHAPINGAT RESULTS FOR DEVELOPMENT, WE BELIEVE A RADICAL TRANSFORMATION OF DIETS AND FOOD SYSTEMS IS NEEDED TO ENSURE THAT PEOPLE ARE ABLE (AND MOTIVATED) TO PURCHASE AND CONSUME HEALTHY. NUTRITIOUS FOODS TO ACHIEVE THIS, WE ARE WORKING WITH A BROAD RANGE OF ACTORS INCLUDING GOVERNMENT OFFICIALS, GLOBAL DONORS, THE PRIVATE SECTOR AND CIVIL SOCIETY TO SHAPE THE DEBATE, BUILD NEW INSTITUTIONS AND INITIATIVES AND SUPPORT THE CHANGE AGENTS BEST ABLE TO CARRY THE TRANSFORMATION OF DIETS AND FOOD SYSTEMS FORWARD. BY LEVERAGING OUR CROSS-CUTTING EXPERTISE IN PRIVATE-SECTOR ENGAGEMENT. MARKET SHAPING AND NETWORK CONVENING. IN COMBINATION WITH SECTOR-SPECIFIC KNOWLEDGE OF AGRICULTURE. NUTRITION AND HEALTH. WE PROVIDE OUR PARTNERS WITH THE TOOLS, TECHNICAL SUPPORT AND CONNECTIONS THEY NEED TO SUCCEED O NUTRITION INNOVATIONSRESULTS FOR DEVELOPMENT BRINGS SIGNIFICANT EXPERIENCE PROMOTING THE IDENTIFICATION, ADAPTATION AND INTEGRATION OF INNOVATIVE SOLUTIONS TO ADDRESS SYSTEMIC CHALLENGES IN HEALTH, AGRICULTURE AND WASH TO THE NUTRITION SECTOR - WE CONDUCTED A LANDSCAPE ANALYSIS OF THE POTENTIAL FOR DIET INNOVATIONS IN THE INDO-PACIFIC REGION TO ADVISE INNOVATION XCHANGE (IXC) AT AUSTRALIA'S DEPARTMENT OF FOREIGN AFFAIRS AND TRADE (DFAT) ON THEIR NEXT ROUND OF INVESTMENTS IN NUTRITION AND HEALTHY DIETS-WE COLLABORATED WITH GRAND CHALLENGES CANADA TO DEVELOP METHODS TO MODEL THE POTENTIAL IMPACTS OF INNOVATIONS THEY FUND DECISION-MAKERS MAY USE THIS APPROACH IN DECIDING WHETHER OR NOT TO INNOVATIONS, TRACKING PROGRESS, SHARING RESULTS WITH WIDER AUDIENCES AND IDENTIFYING KEY DRIVERS OF AN INNOVATION'S IMPACTS -WE PARTNERED WITH DFAT AND USAID TO FINE-TUNE BOTH THE DESIGN AND IMPLEMENTATION OF THE LAUNCH FOOD ACCELERATOR PROGRAM, A PROGRAM THAT AIMS TO SOURCE AND SUPPORT HIGH-IMPACT, INNOVATIVE SOLUTIONS THAT ENABLE PEOPLE TO MAKE HEALTHY FOOD CHOICES -WE WORKED WITH THE LOCAL DEVELOPMENT RESEARCH INSTITUTE (LDRI) TO DEVELOP AN AGRICULTURAL INPUT DASHBOARD THAT WILL SUPPORT DECISION-MAKING TO IMPROVE MARKET EFFICIENCIES AMONG STAKEHOLDERS IN AFRICA O STRATEGIC SUPPORT FOR NUTRITION CHANGE AGENTSRESULTS FOR DEVELOPMENT PROVIDES STRATEGIC SUPPORT TO KEY CHANGE AGENTS DRIVING GLOBAL, REGIONAL AND NATIONAL EFFORTS TO TACKLE MALNUTRITION AND IMPROVE NUTRITION OUTCOMES A FEW EXAMPLES OF OUR WORK INCLUDE -DEVELOPING MULTISECTORAL NUTRITION STRATEGIES, SUCH AS OUR WORK WITH THE AFRICAN DEVELOPMENT BANK TO DEVELOP A NUTRITION ACTION PLAN-APPLYING R4D'S EXPERTISE IN ADAPTIVE LEARNING TO THE FIELD OF NUTRITION IN ORDER RAPIDLY TEST AND ADAPT PROGRAMS TO OPTIMIZE OUTCOMES-ASSESSING AND ADVISING ON INNOVATION STRATEGIES, SUCH AS OUR WORK WITH THE INNOVATIONXCHANGE (IXC) TO CONDUCT A LANDSCAPE ANALYSIS OF MALNUTRITION INTERVENTIONS IN ORDER TO IDENTIFY POTENTIAL OPPORTUNITIES FOR MAXIMUM IMPACT-DESIGNING NEW FINANCING MECHANISMS TO SUPPORT NUTRITION PROGRAM IMPLEMENTATION, SUCH AS OUR WORK WITH THE CHILDREN'S INVESTMENT FUND FOUNDATION, U.K. DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID), UBS OPTIMUS FOUNDATION TO DESIGN A CATALYTIC FINANCING FACILITY THAT WAS A PRECURSOR TO THE POWER OF NUTRITION R4D HAS SINCE PARTNERED WITH THE POWER OF NUTRITION TO SUPPORT THE REFRESH OF THEIR STRATEGYO FOSTERING INNOVATION WITH AUSTRALIAN DFAT'S INNOVATIONXCHANGEINNOVATION IS A CRUCIAL PART OF DEVELOPMENT, ENSURING THAT WE ARE WORKING BETTER. FASTER AND MORE COST EFFECTIVELY TO BUILD STRONGER HEALTH. NUTRITION AND EDUCATION SYSTEMS LAUNCHED IN 2015 BY AUSTRALIAN DFAT, THE INNOVATIONXCHANGE (IXC) AIMS TO LEAD A CHANGE OF CULTURE AT DFAT, BUILDING CAPABILITY AND CULTURE SO ALL DFAT STAFF ARE EMPOWERED TO USE INNOVATIVE APPROACHES TO MAXIMIZE THE OUTCOMES OF THEIR WORK

Form 990, Part III, Line 4c:

NUTRITION R4D WORKS WITH GLOBAL AND COUNTRY CHANGE AGENTS IN FIVE MAIN AREAS OF NUTRITION FINANCING, NUTRITION INNOVATIONS, DATA FOR DECISION MAKING IN NUTRITION, FOOD SYSTEMS AND MARKET SHAPING, SUPPORT TO KEY CHANGE AGENTS DRIVING GLOBAL, REGIONAL OR NATIONAL EFFORTS TO TACKLE MALNUTRITION KEY EXAMPLES OF OUR WORK INCLUDE -MAKING THE CASE FOR GREATER INVESTMENTS IN NUTRITION BY DEVELOPING. IN PARTNERSHIP WITH THE WORLD BANK AND 1,000 DAYS. THE NUTRITION, WHICH OUTLINED COSTS AND FINANCING SCENARIOS THAT DONORS AND GOVERNMENTS CAN FOLLOW TO ACHIEVE THE WORLD HEALTH ASSEMBLY GLOBAL NUTRITION TARGETS OVER THE NEXT 10 YEARS -WORKING WITH THE AFRICAN DEVELOPMENT BANK TO DEVELOP A MULTISECTORAL PLAN OF ACTION FOR NUTRITION TO OPERATIONALIZE AFDB PRESIDENT ADESINA'S AMBITIOUS VISION FOR IMPROVING AFRICA'S "GREY MATTER INFRASTRUCTURE "-PROVIDING DIRECT SUPPORT IN THE FORM OF COSTING, BUDGETING AND OTHER FINANCING, CAPACITY BUILDING AND STRATEGIC SUPPORT IN COUNTRIES THAT HAVE PARTICULARLY HIGH MALNUTRITION RATES. SUCH AS INDIA AND ETHIOPIA -WORKING TOGETHER WITH THE INNOVATION XCHANGE TEAM AT AUSTRALIA'S DEPARTMENT OF FOREIGN AFFAIRS AND TRADE TO MAXIMIZE THE IMPACTS OF THEIR INVESTMENTS IN NUTRITION AND DIETS INNOVATIONS INCLUDING SUPPORTING THE LAUNCH FOOD NETWORK AS IT SEEKS TO IDENTIFY BEST PRACTICES TO SUPPORT AND SCALE INNOVATIVE IDEAS TO ENABLE PEOPLE TO MAKE HEALTHY FOOD CHOICES O DATA FOR NUTRITIONRESULTS FOR DEVELOPMENT WORKS WITH A BROAD RANGE OF ACTORS TO ANSWER KEY DATA OUESTIONS AND TO SUPPORT CHANGE AGENTS WORKING TO ADDRESS MAINUTRITION. WE PUT USERS AT THE HEART OF ALL OUR EFFORTS OUR APPROACH IS DEMAND-DRIVEN AND AIMS TO SOLVE REAL CHALLENGES CHANGE AGENTS ARE FACING WE CAREFULLY DESIGN USER-CENTERED DATA MONITORING TOOLS AND APPROACHES FOR GLOBAL AND NATIONAL CHANGE AGENTS ACCOMPANYING THESE PRODUCTS. WE ALSO STRENGTHEN PROCESSES AND CAPACITY IN ORDER TO SUPPORT INCREASED UPTAKE OF DATA FINALLY, WE ADVOCATE FOR IMPROVED DATA IN NUTRITION AND FOOD SYSTEMS OVER THE LAST TWO YEARS, OUR TEAM HAS SUPPORTED A VARIETY OF FOOD-SYSTEMS DATA EFFORTS IN 2016, WE DEVELOPED A SERIES OF DASHBOARDS TO SUPPORT THE BILL AND MELINDA GATES FOUNDATION AS IT TRACKED THE PROGRESSION OF AGRICULTURAL TRANSFORMATION ACROSS PRIORITY COUNTRIES BUILDING ON THIS WORK. WE PARTNERED WITH DEVELOPMENT GATEWAY AND WALLACE & ASSOCIATES TO CONDUCT A SCOPING EXERCISE TO DETERMINE IF AN AGRICULTURAL INPUT DASHBOARD COULD SUPPORT DECISION-MAKING TO IMPROVE MARKET EFFICIENCIES AMONG STAKEHOLDERS IN AFRICA OUR TEAM IS ALSO CURRENTLY PARTNERING WITH THE LOCAL DEVELOPMENT RESEARCH INSTITUTE (LDRI) ON A PROJECT TO CATALYZE DATA-DRIVEN SOLUTIONS FOR SMALLHOLDER FARMER FERTILIZER UPTAKE. THROUGH THIS PROJECT, WE ARE PILOTING A NEW APPROACH TO INCENTIVIZING THE COLLECTION AND USAGE OF KEY FERTILIZER DATA TO ACCELERATE THE DELIVERY OF FERTILIZER TO SMALLHOLDER RURAL FARMERS MOST RECENTLY, R4D HAS PARTNERED WITH THE INSTITUTE FOR INTERNATIONAL PROGRAMS AT JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH (IIP-JHU) AND THE INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE (IEPRI) ON THE BILL AND MELINDA GATES FOUNDATION-FUNDED DATA FOR DECISIONS IN NUTRITION (DATADENT) PROJECT O NUTRITION FINANCINGAT THE GLOBAL LEVEL, R4D DEVELOPED THE FIRST-EVER FINANCING SCENARIOS WHICH INCLUDED FAIR-SHARE ANALYSIS TO ACHIEVE THE GLOBAL NUTRITION TARGETS NOW, R4D IS CONDUCTING ANALYSIS TO BETTER TRACK GLOBAL FUNDING FLOWS FROM DONORS TO THE IMPLEMENTATION OF HIGH-IMPACT INTERVENTIONS IN HIGH-BURDEN COUNTRIES INFORMATION ON HOW MUCH IS SPENT BY DONOR, COUNTRY AND INTERVENTION WILL BE USED TO IMPROVE COORDINATION, RESOURCE MOBILIZATION AND RESOURCE ALLOCATION, WE ALSO SUPPORTED THE FOUNDERS OF THE POWER OF NUTRITION IN DESIGNING THIS INNOVATIVE RESOURCE MOBILIZATION MECHANISM FOR NUTRITION ADDITIONALLY, R4D SUPPORTS IMPROVED NUTRITION FINANCE IN SOME OF THE HIGHEST-BURDEN COUNTRIES IN THE WORLD. OUR ONGOING PROGRAM OF WORK IN ETHIOPIA SUPPORTS THE FEDERAL MINISTRY OF HEALTH IN DEVELOPING CAPACITY TO TRACK BUDGET ALLOCATIONS AND EXPENDITURES FROM ALL-SOURCES, INCLUDING ON- AND OFF-BUDGET CONTRIBUTIONS ACROSS SECTORS THAT ARE NOT TYPICALLY CONSOLIDATED. AND TO USE THIS INFORMATION FOR IMPROVED PLANNING. ACCOUNTABILITY AND STAKEHOLDER COORDINATION WE HAVE ALSO SUPPORTED LOCAL CHANGE AGENTS IN THE INDIAN STATE OF RAJASTHAN AND IN NIGERIA WITH IMPROVED PROGRAM COSTING AND FINANCIAL ANALYSIS TO INFORM POLICY AND PLANNING DISCUSSIONS O CATALYZING DATA-DRIVEN SOLUTIONS FOR SMALLHOLDER FARMER FERTILIZER UPTAKER4D AND THE LOCAL DEVELOPMENT RESEARCH INSTITUTE ARE PILOTING A NEW APPROACH TO INCENTIVIZE THE COLLECTION AND USAGE OF KEY FERTILIZER DATA TO ACCELERATE THE DELIVERY OF FERTILIZER TO SMALLHOLDER RURAL FARMERS. THE FERTILIZER MARKET IN MOST COUNTRIES, PARTICULARLY IN LOW-INCOME CONTEXTS, IS WORRISOMELY DATA POOR IN PARTNERSHIP WITH THE LOCAL DEVELOPMENT RESEARCH INSTITUTE, R4D HAS DEVELOPED A DATA-DRIVEN INNOVATION TO PROVIDE FARMERS AND VENDORS WITH FERTILIZER INFORMATION THEY NEED. THE MAZAO PLUS+ SMS SERVICE AND APPLICATION ENABLES THE COLLECTION AND USAGE OF KEY FERTILIZER MARKET DATA TO ACCELERATE IMPROVEMENT OF MARKET EFFICIENCIES SUCH AS LINKING FERTILIZER VENDORS TO FARMERS FOR TIMELY DELIVERY OF FERTILIZER IN FAVOR OF SMALLHOLDER FARMERS AGRO-DEALERS, ALSO KNOWN AS FERTILIZER VENDORS, PROVIDE AGRICULTURE INPUTS TO FARMERS AND SUPPLY DATA TO MAZAO+ BY ENTERING INFORMATION ON THE PROVISION OF FERTILIZER TYPE AND PRICE. SMALLHOLDER FARMERS RECEIVE INFORMATION ON THE LOCATION OF THE THREE NEAREST FERTILIZER VENDORS AS WELL AS THE PRICE AND TYPE OF FERTILIZER THEY STOCK THROUGH THIS SERVICE. FARMERS AND VENDORS ARE PROVIDED THE INFORMATION THEY NEED TO HELP INCREASE ACCESS TO FERTILIZER. WE ARE CURRENTLY TESTING OUR PILOT APPROACH IN MURANG'A COUNTY, KENYA, WORKING WITH LOCAL GOVERNMENT PARTNERS AS WELL AS LOCAL FERTILIZER VENDORS TO REFINE THE MODEL AND DEMONSTRATE PROOF OF CONCEPT. IF SUCCESSFUL, WE

BELIEVE THIS DATA-DRIVEN APPROACH TO LEVERAGING FERTILIZER SUPPLY AND CONSUMPTION DATA TOWARDS A BETTER FUNCTIONING LOCAL FERTILIZER MARKET

CAN BE SCALED TO A NUMBER OF OTHER LOW-INCOME GEOGRAPHIES IN SUB-SAHARAN AFRICA AS WELL AS SOUTH AND SOUTHEAST ASIA

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

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

	411, 110413							(14 2 (4 2 2 2	(14) 3 (4.000	monn the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DAVID DE FERRANTI CHAIR/SENIOR FELLOW	40 00	х		×				290,630	0	19,956
MARK HINKLEY VICE CHAIR	3 00	х		x				0	0	0
OZGUR KARAOSMANOGLU TREASURER	3 00	х		x				0	0	0
JANO CABRERA SECRETARY	3 00	x		×				0	0	0
OLIVIER LAFOURCADE DIRECTOR	3 00	х						0	0	0

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JANO CABRERA
SECRETARY
OLIVIER LAFOURCADE
DIRECTOR

ROBERTO DANINO

DOUG HATTAWAY

DZINGAI MUTUMBUKA

DIRECTOR

DIRECTOR

DIRECTOR

FOLA LAOYE

DIRECTOR

DIRECTOR

JULIO FRENK

and Independent Contractors

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

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

and Independent Contractors

DIRECTOR UNTIL 08/2017

DIRECTOR UNTIL 08/2017

DIRECTOR UNTIL 01/2017

CARLA A HILLS

SANGITA REDDY

GINA LAGOMARSINO

CHIEF FINANCIAL OFFICER

CHIEF COMMUNICATIONS OFFICER

PRESIDENT & CEO

QUOC NGUYEN

HEATHER LUCA

	any nours	and	a dir	ecto	or/tr	ustee	,	organization	organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
NGOZI OKONJO-IWEALA DIRECTOR	3 00	x						0	0	0	
JORGE QUIROGA DIRECTOR	3 00	х						0	0	0	
JOZEF RITZEN	3 00	x						0	0	0	

DIRECTOR					3	
JOZEF RITZEN	3 00	×			0	
DIRECTOR		^			3	
HENRY SCHIRMER	3 00	×			0	
DIRECTOR		^			9	
KY AMOAKO	3 00					

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3 00

40 00

40 00

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356,325

186,809

171,499

22,913

32,817

38,788

0

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

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

and Independent Contractors

......

SENIOR PROGRAM DIRECTOR

CHIEF PEOPLE OFFICER

......

CHRIS ATIM

GRACE CHEE

RYAN NOLL

AMANDA FOLSOM

COURTNEY TOLMIE

		 		,		,		4.1.	I	
	for related organizations below dotted line)	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
WILLIAM MAKINEN EXECUTIVE VICE PRESIDENT	40 00			×			313,699	0	58,093	
NATHANIEL HELLER EXECUTIVE VICE PRESIDENT	40 00			×			309,626	0	61,168	
AMY BLACK EXECUTIVE VICE PRESIDENT UNTIL 03/2018	40 00			×			251,028	0	13,343	

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1,350

43,621

21,809

23,902

9,497

37,247

32,677

0

0

201,393

175,214

154,843

178,355

170,743

158,572

EXECUTIVE VICE PRESIDENT			^		303,020	3	
AMY BLACK EXECUTIVE VICE PRESIDENT UNTIL 03/2018	40 00		×		251,028	0	
AUGUSTIN FLORY MANAGING DIRECTOR UNTIL 02/2017	40 00		×		205,146	0	
CHERYL CASHIN	40 00						Γ

40 00

40 00

40 00

40 00

40 00

.

......

................

and Independent Contractors (A) Name and Title

NATHAN BLANCHET

PROGRAM DIRECTOR

(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on Is	e bo both	t che x, u n an	eck mi inless office ustee	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
NICHOLAS BURNETT EXECUTIVE VICE PRESIDENT UNTIL 04/2017	40 00					х		100,838	0	6,952
CAMMIE LEE PROGRAM DIRECTOR	40 00					х		125,040	0	10,418
CASEY SANTIAGO PROGRAM DIRECTOR	40 00					х		162,989	0	13,461

40 00

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

48,077

146,263

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493220012008			
SC	H ED	ULE A		Public (rganization is a sect	y Status and Public Support In is a section 501(c)(3) organization or a section I) nonexempt charitable trust.						
Depar	tment of	f the Treasury	▶ Infe	ormation abou	► Attach to Form It Schedule A (Form	990 or Form 99	0-EZ.	ictions is at	Open to Public Inspection			
Nam	e of th	he organiza R DEVELOPMEN		NC.		•		Employer identific	ation number			
								20-8530747				
	rt I				us (All organization : it is (For lines 1 thro			See instructions.				
1	/ ga		•		sociation of churches	3 ,	,	(A)(i).				
2		•		·	1)(A)(ii). (Attach Scl							
3						•	• •					
_		·	•	•	vice organization desc			•				
4	Ш		esearch orga and state _	nization operati	ed in conjunction with	a nospital descri	bed in section :	1/U(b)(1)(A)(III). E	nter the hospital's			
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170			
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).				
7	✓	_		mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in			
8		A communi	ty trust desc	rıbed ın sectior	170(b)(1)(A)(vi)	(Complete Part I	I)					
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university.										
10		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)										
11		An organiza	ition organize	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported:	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a				
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar							
c		Type III f	unctionally		and C. supporting organizatio ions) You must com				ted with, its			
d		Type III n functionally	on-function integrated	nally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar				
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	functionally			
f	Enter			ion-functionally dorganizations	integrated supporting	organization						
g				_	ipported organization(s)		_				
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (v) Amount of monetary support other support (see instructions) instructions						
						Yes	No					
_												
Tota	ı	work Reduc						 Schedule A (Form 9				

(b)(1)(A)(ix)

Page 2

	(Complete only if you ch III. If the organization fo						y under Part
_	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	7,750,499	12,713,431	19,316,015	27,673,545	29,324,861	96,778,351
3	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3	7,750,499	12,713,431	19,316,015	27,673,545	29,324,861	96,778,351
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)	7,730,735	22,720,702	15,510,610	27,07,0,0	25,521,7602	47,750,567
6	Public support. Subtract line 5 from line 4						49,027,784
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	7,750,499	12,713,431	19,316,015	27,673,545	29,324,861	96,778,351
8		28,670	17,585	16,953	137,462	63,871	264,541
9	activities, whether or not the business is regularly carried on						
10	or loss from the sale of capital assets (Explain in Part VI)	4,536	645	30,014	3,587	8,625	47,407
11	Total support. Add lines 7 through 10						97,090,299
12	Gross receipts from related activities,	etc (see instruction	ons)	 		12	25,763,434
13	First five years. If the Form 990 is for	or the organization	's first, second, thu	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nızatıon,
	check this box and stop here					▶ □	
	Section C. Computation of Publi	c Support Perc	entage				
	Public support percentage for 2017 (II			olumn (f))		14	50 500 %
	Public support percentage for 2016 Sc					15	50 680 %
16	a 33 1/3% support test—2017. If the	e organization did r	not check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	
ı	and stop here. The organization qual 33 1/3% support test—2016. If the	ne organization did	not check a box or	n line 13 or 16a, a	nd line 15 is 33 1/	3% or more, check	_
17	box and stop here. The organization a 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t—2017. If the order meets the "facts	ganization did not d -and-circumstance	check a box on line s" test, check this	box and stop her	e. Explain	▶⊔
ŀ	organization 10%-facts-and-circumstances te: 15 is 10% or more, and if the organi: Explain in Part VI how the organization	zation meets the "i	facts-and-circumsta	ances" test, check	this box and stop	here.	▶ □
	supported organization			-			ightharpoons

Р	art III Support Schedule fo					_	_
	(Complete only if you o						er Part II. If
	the organization fails to ection A. Public Support	o quality under	the tests listed	pelow, please co	ompiete Part II.)	
	Calendar year						<i>(</i> 0 =)
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
5	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 Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b Public support. (Subtract line 7c						
8	from line 6)						
Se	ection B. Total Support		l	L		l	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(0) 2013	(d) 2010	(e) 2017	(I) Iotai
9							
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13							
14	11, and 12) First five years. If the Form 990 is for	r the organization	ı n's fırst. second. tl	ı nırd. fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here		,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2017 (li			column (f))		15	
16	Public support percentage from 2016	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			<u> </u>	
17	Investment income percentage for 20			line 13, column (f	f))	17	
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	
	331/3% support tests—2017. If the			on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2016. If the	•					· —
,	not more than 33 1/3%, check this bo	-			*		▶□
20	Private foundation. If the organizati	-	-		· · · · · -		▶□
							. —

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

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

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

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

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	to thave an IRS determination under sections the organization used to ensure that all supports (2)(B) purposes s during the tax year? If "Yes," answer (b) and the mes and EIN numbers of the supported to action, (iii) the authority under the		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

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

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

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

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

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

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

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

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

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

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

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

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

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

Page 6

Schedule A (Form 990 or 990-F7) 2017

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

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

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

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

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

Qualified set-aside amounts (prior IRS approval require	d)		
Other distributions (describe in Part VI) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	ich the organization is respon	sive (provide	
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions

details in Part VI) See instructions	Terraine organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

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

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

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

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

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Schedule A	(Form 990 or 990-EZ) 2	Page Page	8 ≘
Part VI	Section A, lines 1, 2, Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, es 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See	
		Facts And Circumstances Test	
990 Sche	dule A, Supplemen	tal Information	_
Re	turn Reference	Explanation	
SCHEDULE	A. PART II. LINE 10.	OTHER INCOME - 2013 AMOUNT \$ 4.536 2014 AMOUNT \$ 645 2015 AMOUNT \$ 30.014 2016 AMOUNT \$, –

EXPLANATION OF OTHER 3,587 2017 AMOUNT \$ 8,625

INCOME

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D Supplemental Fina

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

DLN: 93493220012008OMB No 1545-0047

2017

Open to Public s.qov/form990. Inspection Employer identification number

RES	ULIS FOR DEVELOPMENT INSTITUTE INC			20-853074	7
Pa	rt I Organizations Maintaining Donor Advi			or Accounts	5.
	Complete if the organization answered "Ye				
	Total number at and of year	(a) Donor adv	rised funds	(b) Fu	nds and other accounts
1 2	Total number at end of year Aggregate value of contributions to (during year)				
2 3	Aggregate value of grants from (during year)				
3 4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor	L	cots hold in donor as	husad funds =	are the
J	organization's property, subject to the organization's ex		sets neid in donor at	ivised lunds a	Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				
Pa	t III Conservation Easements. Complete if the	he organization answ	ered "Yes" on Fori	n 990, Part	
1	Purpose(s) of conservation easements held by the orga				<u>.</u>
	Preservation of land for public use (e g , recreation	n or education)	Preservation of an	historically in	mportant land area
	Protection of natural habitat		Preservation of a	certified histo	ric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a	qualified conservation o	ontribution in the fo	rm of a conse	ryation
_	easement on the last day of the tax year	qualifica conscivation c	orienbation in the for		d at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
c	Number of conservation easements on a certified history	ic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ured after 8/17/06, and	not on a historic	2d	
3	Number of conservation easements modified, transferred tax year	ed, released, extinguishe	ed, or terminated by	the organizat	ion during the
4	Number of states where property subject to conservation	on easement is located	•		
5	Does the organization have a written policy regarding t		nspection, handling	of violations,	
		-			∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violati	ons, and enforcing c	onservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \(\) \(\)	, handling of violations, a	and enforcing conser	vation easem	ents during the year
В	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?) above satisfy the requi	rements of section 1	70(h)(4)(B)(ı) □ Yes □ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organiz	ts revenue and expe ation's financial state	nse statemen ements that d	t, and lescribes
Par	Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar	Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, educa	ition, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
(i	i)Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS				
а	Revenue included on Form 990, Part VIII, line 1	(155) (▶ \$	
b	Assets included in Form 990, Part X			▶ \$	
or I	Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No	52283D S	chedule D (Form 990) 20

Pari	<u> </u>	Organizations Maintaining Col	lections of Art, I	<u> Histori</u>	cal Ti	reası	ures, or	Other	Similar A	ssets (continue	d)	
3		the organization's acquisition, accession (check all that apply)	n, and other records	, check	any of	the fo	ollowing tl	nat are a	significant	use of its	collecti	on	
а		Public exhibition		d		Loan	or excha	nge prog	ırams				
b		Scholarly research		e		Othe	er						
c		Preservation for future generations											
4	Provide Part	de a description of the organization's col XIII	lections and explain	how the	ey furtl	ner th	e organiz	ation's ex	kempt purpo	ose in			
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							nlar	☐ Ye	es [] No	
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, lı	ıne 9, or	reporte	ed an amo	unt on f	Form 99	90, Pa	irt
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermed	liary for	contri	bution	ns or othe	r assets	not	☐ Ye	es 🗆	No	
b	If "Y∈	es," explain the arrangement in Part XIII	and complete the fo	llowing	table		Γ		-	Amount			
С		nning balance	·	,			ļ	1c					
d	-	ions during the year					ļ	1d					
е	Dıstrı	butions during the year					Ī	1e					
f	Endın	ng balance						1f					
2 a	Dıd tl	he organization include an amount on Fo	orm 990, Part X, line	21, for	escrow	or cu	ustodial a	ccount lia	ability?	☐ Ye	s [No	
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the e	xplanatı	on has	been	provided	l in Part)	XIII		[
Pai	rt V	Endowment Funds. Complete If		answer	ed "Y	es" o	n Form 🤉	990, Par	t IV, line :	10.			
			(a)Current year	(b) P	rıor yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four	years b	ack
	_	ning of year balance				_							
		outions				_							
		vestment earnings, gains, and losses											
		or scholarships											
		expenditures for facilities ograms											
f .	Admını	istrative expenses											
g	End of	year balance											
2	Provid	de the estimated percentage of the curre	ent year end balance	(line 1	g, colu	mn (a)) held as	5					
а	Board	d designated or quasi-endowment 🕨											
b	Perm	anent endowment 🟲											
С	Temp	oorarily restricted endowment >											
	The p	percentages on lines 2a, 2b, and 2c shou	ld equal 100%										
3a		here endowment funds not in the posses	sion of the organizat	tion that	t are h	eld an	nd admini	stered fo	r the		-		
	-	nization by nrelated organizations								[3	a(i)	es N	No_
		elated organizations			•		• •				a(ii)	_	—
b		es" on 3a(II), are the related organization	ns listed as required	on Sche	dule R	,	• •			<u> </u>	3b		—
4		ribe in Part XIII the intended uses of the	·										
Par	t VI	Land, Buildings, and Equipme	nt.										
		Complete if the organization answ			•								
	Descri	iption of property (a) Cost or oth (investme		or other	basis (other)	(c) Accı	ımulated o	lepreciation	'	(d) Book	value	
1a	Land												
b	Buildin	gs											
С	Leaseh	nold improvements			1,68	36,090			394,779			1,29	91,311
d	Equipn	nent			29	98,417			257,859			4	40,558
					92	22,580			441,581			48	30,999
-		lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B)	, line	10(c)).		>			1,8	12,868

Part VII Investments—Other Securities. Complete if the org	ganızatıon	answered "Yes"	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b)	(c) Method of valuation cost or end-of-year market value
<u> </u>		alue	
(1) Financial derivatives (2) Closely-held equity interests (3)Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form			
(a) Description of investment	(b) Book		(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes'	on Form 9	90, Part IV, line 11	d See Form 990, Part X, line 15
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•
Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25.	ered 'Yes'	on Form 990, Pa	rt IV, line 11e or 11f.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes DEFERRED RENT		1,461,77	
DEFERRED UPLIFTING ALLOWANCE		1,665,80	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the form	►	3,127,59	
organization's liability for uncertain tax positions and art XIII, provide the text of the formalization's liability for uncertain tax positions under FIN 48 (ASC 740).			

Page 4

32,802,633

-11,075

26,759,196

26.759.196

Schedule D (Form 990) 2017

2e e 3

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

Schedule D (Form 990) 2017

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Supplemental Information

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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 . .

Part XI

1

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

3 32,802,633 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** 4c c

n Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 32,802,633 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

5 Part XII 1 26,748,121 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

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

2a 2b

2c

2d

4a

4b

Explanation

-11,075

2e

3

4c

5

Page 5		chedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 20-8530747

Name: RESULTS FOR DEVELOPMENT INSTITUTE INC

Explanation

Supplemental Information

Return Reference

R4D IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN ADDITION, R4D QUALIFIES FOR CHARITABLE CONTRIBUTION DED UCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION INCOM E THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERA L AND STATE CORPORATE INCOME TAXES R4D DID NOT HAVE ANY NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016 R4D FOLLOWS THE ACCOUNTING STANDARD ON ACCOUN TING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BEN EFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIA L STATEMENTS UNDER THIS GUIDANCE, R4D MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EX AMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BEN EFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE S ETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RE COGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERI M PERIODS R4D HAD NO SUCH POSITIONS RECORDED IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2017 AND 2016 GENERALLY, R4D IS NO LONGER SUBJECT TO U S FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2014		
	PART X, LINE 2) OF THE INTERNAL REVENUE CODE IN ADDITION, R4D QUALIFIES FOR CHARITABLE CONTRIBUTION DED UCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION INCOM E THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERA L AND STATE CORPORATE INCOME TAXES R4D DID NOT HAVE ANY NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016 R4D FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BEN EFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIA L STATEMENTS UNDER THIS GUIDANCE, R4D MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EX AMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BEN EFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE S ETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RE COGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERI M PERIODS R4D HAD NO SUCH POSITIONS RECORDED IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2017 AND 2016 GENERALLY, R4D IS NO LONGER SUBJECT TO U S FEDERAL INCOME TAX EXAMINATIONS

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RETURN OF UNSPENT GRANT FUNDS -11,075

Statement of Activities Outside the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Author of Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990 Author of Pull Inspection	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934932						
Department of the Treasure Internal Revenue Service Name of the organization about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region (c) Number of offices in the region (D) type) (e) g grants grants and other assistance of the region of the proprious program service, describe specific type of service(s) in region See Add'l Data 20 Sub-total Department of the Treasure Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Employer identification numical numical processor of the organization answered "Yes" Form 990, Part IV, line 14b. Employer identification numical processor of the organization answered "Yes" Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assistance of its grants and other assista	SCHEDULE F	Statement o	f Activities Outside the United States			es	OMB No 1545-0047
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region (c) Number of fundasing, program service, describe specific type of service(s) in region See Add'l Data 3a Sub-total b Total from continuation sheets to	(FOIIII 990)	► Complete if the org		·	ıne 14b, 15, or	16.	2017
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region (by type) (e g, fundaming program service, describe specific type of service(s) in region See Add'l Data (f) Total expert for and investito to recipients located in the region) See Add'l Data 2 6 2 6 2 7 20-8530747	•	► Information about Sc	hedule F (Form 990) :	and its instructions is at wv	vw.irs.gov/forn	n990.	Open to Public Inspection
Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) See Add'l Data 3a Sub-total b Total from continuation sheets to		NT INSTITUTE INC					tification number
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region in the region (c) Number of offices in the region (by type) (e.g., fundraising, program service, investments, grants to recipients located in the region) See Add'l Data (b) Region (c) Number of employees, agents to recipients located in the region (by type) (e.g., fundraising, program service), in region (by type			ies Outside the l	Jnited States. Comple	te if the org	anızatıon a	nswered "Yes" to
The second service in the region of the following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region of the region o	1 For grantmakers	. Does the organization r	naıntaın records to	substantiate the amount	of its grants	and	
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region See Add'l Data (d) Activities conducted in region (by type) (e.g., fundraising, program service, describe services, investments, grants to recipients located in the region) See Add'l Data 3 Sub-total 2 6 2 5 Total exper for and invest in region	•		the grants or assis	stance, and the selection	criteria used	ļ	
outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region (b) type) (e g, fundraising, program service, describe specific type of service(s) in region (b) type) (and independent contractors in region (b) type) (e g, fundraising, program service, describe specific type of service(s) in region (b) type) (e g, fundraising, program service, describe specific type of service(s) in region (b) type) (e g, fundraising, program service, describe specific type of service(s) in region (b) type) (e g, fundraising, program service, describe specific type of service(s) in region (b) type) (e g, fundraising, program service, describe specific type of service(s) in region (b) type) (e g, fundraising, program services, investments, grants to recipients located in the region) See Add'l Data (g) Total expertion (d) Activities conducted in region (b) type) (e g, fundraising, program services, investments, grants to recipients located in the region) See Add'l Data (g) Total expertion (d) Activities conducted in region (b) type) (e g, fundraising, program services, investments, grants to recipients located in the region)	to award the grant	s or assistance?					🗹 Yes 🗌 N
(a) Region (b) Number of offices in the region (c) Number of offices in the region (d) Activities conducted in region (by type) (e g, fundraising, program service, describe specific type of service(s) in region See Add'l Data (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (f) Total experfor and invest in region (a) Activities conducted in region (by type) (e g, fundraising, program service, describe specific type of service(s) in region (b) Number of offices in the region (by type) (e g, fundraising, program service, describe specific type of service(s) in region (c) Number of offices in the region (by type) (e g, fundraising, program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (e g, fundraising, program service, describe specific type of service(s) in region (f) Total experfor and invest in region (a) Activities conducted in region (by type) (e g, fundraising, program service, describe specific type of service(s) in region (a) Activities conducted in region (by type) (e g, fundraising, program service, describe specific type of service(s) in region (b) Total form continuation sheets to	_		rganızatıon's proce	dures for monitoring the	use of its gra	ants and oth	her assistance
offices in the region of service, describe specific type of services, in region of services	3 Activites per Region	(The following Part I, line	3 table can be dupli	cated if additional space is	needed)		
See Add'l Data 3a Sub-total b Total from continuation sheets to	(a) Region	offices in th	e employees, agents, and independent contractors in	, region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	program servi specific t	ice, describe type of	(f) Total expenditures for and investments in region
b Total from continuation sheets to	See Add'l Data						
b Total from continuation sheets to							
b Total from continuation sheets to							
	b Total from continuation	on sheets to	2 6	5			2,198,1
Part I		and 3b)	2 6	5			2,198,1
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		IV,	lıne	15	5, f	or
1	(a) N	lame c	ıf.	T	(h	7 1

(a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation
	and EIN (if applicable)				disbursement	assistance	assistance	(book, FMV, appraisal, other
See Add'l Data	a		1	1	1		1	
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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 17

Page 2

Part III can be du Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,
							appraisal, other
		+ +					
		1					

Sche	dule F (Form 990) 2017		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	✓ No
	Schedul	e F (Form 9	990) 2017

Schedule F (Fo	rm 990) 2017 Page 5
F a r	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; impounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Return Reference	Explanation
PART I, LINE 2	R4D MONITORS A MONTHLY VERIFICATION OF BANK STATEMENTS, MONTHLY AUDIT OF RECEIPTS AND EXPENSE CLASSIFICATION BY SENIOR FINANCE STAFF, AND ORGANIZATION PROGRAM STAFF IS ON THE GROUND IN COUNTRY IN COUNTRY CHECKS AND BALANCES ACCORDING TO GAAP AS WELL AS HEADQUARTERS CHECKS AND BALANCES BASED OFF PROPER INTERNAL CONTROLS AND GAAP ENSURE DATA INTEGRITY AND PROPER EXPENSE REPORTING

Additional Data

EUROPE (INCLUDING ICELAND

& GREENLAND)

Software ID: Software Version:

EIN: 20-8530747

ACCESS TO AMOXICILLIN

Name: RESULTS FOR DEVELOPMENT INSTITUTE INC

IGRANTS TO RECIPIENTS

LOCATED IN REGION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	2	6	PROGRAM SERVICES	SUPPORT OF SCALING UP	45,294

l	offices in the	employees or	ın regio
l	region	agents in	fundr
l		region	serv
l			recinia

985,085

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) RUSSIA AND NEIGHBORING 0 IGRANTS TO RECIPIENTS 69.561 STATES LOCATED IN REGION SUB-SAHARAN AFRICA 0 IGRANTS TO RECIPIENTS 1,098,259 LOCATED IN REGION

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(If organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE MEASURING 799,045 WIRE (INCLUDING UNDER AND ICELAND & OVER GREENLAND) DIAGNOSIS OF CHILDHOOD PNEUMONIA IN TANZANIA EUROPE CHMI LEARNING 8.000 WIRE (INCLUDING EXCHANGE ICELAND & GREENLAND)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 20,000 WIRE EUROPE **IEARLY** (INCLUDING CHILDHOOD ICELAND & IWORKFORCE. GREENLAND) INITIATIVE SCALING UP 158.040 WIRE EUROPE (INCLUDING **IACCESS TO**

AMOXICILLIN DT

ICELAND & IGREENLAND)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) RUSSIA AND LEARNING 69,561 WIRE NEIGHBORING INETWORK FOR ISTATES ICOUNTRIES IN TRANSITION ISUB-SAHARAN CHMI LEARNING 8.000 WIRE **IEXCHANGE**

IAFRICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (g) Amount of (h) Description l(b) IRS codel (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 8,000 WIRE ISUB-SAHARAN ICHMI LEARNING IAFRICA IEXCHANGE ISUB-SAHARAN DESIGN AND 378,000 WIRE IAFRICA IMPLEMENTATION IOF PER-PAYMENT ISTRATEGIC PURCHASING

ISCHEME FOR PHC

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISUB-SAHARAN ICHMI LEARNING 8,000 WIRE IAFRICA IEXCHANGE ISUB-SAHARAN ISCALING UP 585 WIRE lafrica IACCESS TO IAMOXICILLIN DT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISUB-SAHARAN CHMI LEARNING 8,000 WIRE IAFRICA. IEXCHANGE ISUB-SAHARAN ISCALING UP 182.777 WIRE IAFRICA IACCESS TO AMOXICILLIN DT

(I) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If cash grant non-cash organization grant disbursement assistance appraisal, applicable) assistance other) SUB-SAHARAN MEASURING 17,541 WIRE IAFRICA UNDER AND OVER DIAGNOSIS OF CHILDHOOD PNEUMONIA IN TANZANIA SUB-SAHARAN MEASURING 52.400 WIRE AFRICA UNDER AND

Form 990 Schedule F Part II - Grants or Entities Outside The United States

OVER
DIAGNOSIS OF
CHILDHOOD
PNEUMONIA IN
TANZANIA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISUB-SAHARAN ISCALING UP 271,335 WIRE IAFRICA. IACCESS TO IAMOXICILLIN DT ISUB-SAHARAN 8.000 WIRE ICHMI LEARNING IAFRICA IEXCHANGE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) ISUB-SAHARAN INIGERIA 154.843 WIRE IAFRICA IHEALTH FINANCING PROJECT SUB-INATIONAL ILEARNING

INETWORK

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493220012008 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** RESULTS FOR DEVELOPMENT INSTITUTE INC 20-8530747 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017						Page 2	
Part III Grants and Other Ass Part III can be duplicate				anization answered "Yes"	on Form 990, Part IV, line 22		
(a) Type of grant or assista		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)			1				
Part IV Supplemental 1	Information	ח. Provide the in	formation required in t	Part I, line 2; Part III	I, column (b); and any other a	additional information.	
Return Reference	Explanatio	on					
	ALONGSIDE ADHERENCE	R4D MAINTAINS A ROBUST PROCUREMENT PROCESS AND EDUCATION OF PROGRAM STAFF TO MONITOR THE USE OF GRANT FUNDS THE PROGRAM TEAM ALONGSIDE WITH THEIR PARTNERS REVIEWS ALL FINANCIAL REPORTS FOR ACCURACY, APPROPRIATE DOCUMENTATION, ADHERENCE TO APPROVED BUDGET, ADHERENCE TO SIGNED AGREEMENT, AND USAID COMPLIANCE MONTHLY AND QUARTERLY EXPENDITURE REPORTS ARE REVIEWED AND DISCUSSED BETWEEN R4D FINANCE AND PROGRAM STAFF AND COMPARED TO THE ALLOWABLE EXPENDITURES OF THE GRANTEE					

Schedule I (Form 990) 2017

Additional Data

PO BOX 84-5586

PO BOX 104132

DURHAM, NC 27708

BOSTON, MA 022845586

DUKE UNIVERSITY GLOBAL

HEALTH INNOVATION CENTER

Software ID: **Software Version:**

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	itions and Domest	ic Governments.	
(a) Name and address of	(b) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	Γ

(a) Name and address of	()	(C) INC Section	(u) Amount or cash	(C) Allibuilt of flori	(i) Mechod of Valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)
i e					

organization or government		іт арріісаріе	grant	casn assistance	other)
ABT ASSOCIATES	04-2347643		402,688		

501(C)(3)

170,136

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

RAPID FEEDBACK

ADVANCE UNIVERSAL

HEALTH COVERAGE IN

SUB-SAHARAN AFRICA

MONITORING,

EVALUATION, RESEARCH AND LEARNING

Name: RESULTS FOR DEVELOPMENT INSTITUTE INC

EIN: 20-8530747

56-0532129

organization or government if applicable grant cash assistance or assist

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

COLLABORATIVE FOR

TANZANIA

OKLAHOMA CITY, OK 73101					HE	EALTH FINANCIANG OLUTIONS
ID INSIGHT INC 576 SACRAMENTO ST 1ST FLOOR SAN FRANCISCO, CA 94111	27-4933181	501(C)(3)	209,325		CH PN	CALING UP ACCESS TO HILDHOOD NEUMONIA REATMENT IN

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

PO BOX 36

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MATHEMATICA POLICY 22-2112296 156.856 RAPID FEEDBACK RESEARCH MONITORING,

ITOOLKIT

PO BOX 2393 PRINCETON, NJ 085432393					EVALUATION, RESEARCH AND LEARNING
PATH 2201 WESTLAKE AVENUE	91-1157127	501(C)(3)	60,000		JLN PPM-IT COLLABORATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 200

SEATTLE, WA 98121

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 56-0942853 501(C)(3) 50.000 POPULATION SERVICES COSTS AND BENEFITS INTERNATIONAL (PSI) OF INVESTING IN PHC TO ADVANCE

CHMI LEARNING

EXCHANGE

8,000

1120 19TH STREET NW SUITE
600
WASHINGTON, DC 20036

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

THE IHANGANE PROJECT

APTOS, CA 95003

206 SANTA CLARA AVENUE

26-2490827

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant **(b)** EIN (c) IRC section (a) Description of organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 35-0868188 501(C)(3) 60.653 UNIVERSITY OF NOTRE DAME -RAPID FEEDBACK

LEARNING

UNIVERSITY OF NOTRE DAME - 35-0868188 501(C)(3) 60,653 RAPID FEEDBACK
RSPA
836A GRAVE HALL
NOTRE DAME, IN 46556 RAPID FEEDBACK
MONITORING,
EVALUATION,
RESEARCH AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9322	20012	800
Sch	nedule J	C	ompensati	ion Information	40	IB No	1545-0	0047
► Complete if the organization answer ► Attach to				ated Employees vered "Yes" on Form 990, Part IV ato Form 990.	, line 23.		17	
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions <i>gov/form990</i> .	is at		to Pul ectio	
Nar	ne of the organiz		· · · · · · · · · · · · · · · · · · ·		Employer identificat			
RES	ULTS FOR DEVELOP	MENT INSTITUTE INC			20-8530747			
Pa	rt I Questi	ons Regarding Compensa	ation					
	-						Yes	No
1a				the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	닏	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati				
	□ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all	. 1-3	2		
	airectors, truste	ees, officers, including the CEO/	Executive Director	r, regarding the items checked in line	e Ia'			
3	organization's C	EO/Executive Director Check a	III that apply Dor	d to establish the compensation of the compens				
	✓ Compens	ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	☑ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b		r receive payment from, a supp		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equ	ııty-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Par	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did t	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6 a		No
b	Any related orga					6b		No
	If "Yes," on line	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		140
For F	Panerwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	9901	2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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 (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

	compensation		deferred	benefici	(B)(ı)-(D)	column (B)	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(I)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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Schedule J (Form 990) 2017						

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation DURING THE YEAR ENDED DECEMBER 31, 2017, THE BOARD OF DIRECTORS AWARDED BONUSES TO VARIOUS EMPLOYEES BASED ON REVIEW OF THEIR PART I. LINE 7 IPERFORMANCES |

Schedule J (Form 990) 2017

Software ID:

Software Version:

EIN: 20-8530747

Name: RESULTS FOR DEVELOPMENT INSTITUTE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

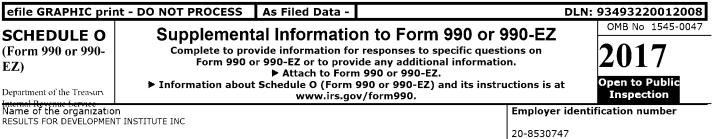
(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Retirement and

(D) Nontayable

(A) Name and Title	<u> </u>		of W-2 and/or 1099-MIS	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1DAVID DE FERRANTI CHAIR/SENIOR FELLOW	(1)	286,252	0	4,378	19,614	1,248	311,492	0
	(11)	0	0	0	0	0	0	0
1GINA LAGOMARSINO PRESIDENT & CEO	(1)	315,000	41,100	225	22,913	1,567	380,805	0
	(11)	0	0	0	0	0	0	0
2QUOC NGUYEN CHIEF FINANCIAL OFFICER	(1)	179,227	7,400	182	2,908	31,237	220,954	0
	(11)	0	0	0	0	0	0	0
3HEATHER LUCA CHIEF COMMUNICATIONS	(1)	164,805	6,591	103	11,177	29,189	211,865	0
OFFICER	(11)	0	0	0	0	0	0	0
4WILLIAM MAKINEN EXECUTIVE VICE	(1)	284,856	26,100	2,743	19,807	39,622	373,128	0
PRESIDENT	(11)	0	0	0	0	0	0	0
5NATHANIEL HELLER EXECUTIVE VICE	(1)	283,310	26,100	216	21,040	41,695	372,361	0
PRESIDENT	(11)	0	0	0	0	0	0	0
6AMY BLACK EXECUTIVE VICE	(1)	250,812	0	216	0	14,910	265,938	0
PRESIDENT UNTIL 03/20	(11)	0	0	0	0	0	0	0
7AUGUSTIN FLORY MANAGING DIRECTOR	(1)	197,533	7,350	263	0	3,850	208,996	0
UNTIL 02/2017	(11)	0	0	0	0	0	0	0
8CHERYL CASHIN SENIOR PROGRAM	(1)	193,195	7,893	305	12,974	32,108	246,475	0
DIRECTOR	(11)	0	0	0	0	0	0	0
9CHRIS ATIM SENIOR PROGRAM	(1)	167,725	6,779	710	8,472	14,619	198,305	0
DIRECTOR	(11)	0	0	0	0	0	0	0
10COURTNEY TOLMIE SENIOR PROGRAM	(1)	148,902	5,856	85	10,532	14,660	180,035	0
DIRECTOR	(11)	0	0	0	0	0	0	0
11GRACE CHEE SENIOR PROGRAM	(1)	170,317	7,725	313	9,467	1,365	189,187	0
DIRECTOR	(11)	0	0	0	0	0	0	0
12AMANDA FOLSOM SENIOR PROGRAM	(1)	163,941	6,696	106	11,634	26,868	209,245	0
DIRECTOR	(11)	0	0	0	0	0	0	0
13RYAN NOLL CHIEF PEOPLE OFFICER	(1)	152,491	6,000	81	9,927	23,918	192,417	0
CHIEF FEOTEE OF FICER	(11)	0	0	0	0	0	0	0
14CASEY SANTIAGO PROGRAM DIRECTOR	(1)	156,536	6,365	88	10,861	3,859	177,709	0
THOUGHT DIRECTOR	(11)	0	0	0	0	0	0	0
15NATHAN BLANCHET PROGRAM DIRECTOR	(1)	140,355	5,822	86	9,450	39,842	195,555	0
I ROGINAPI DIRECTOR	(11)	0	0		0	0	0	0
				<u> </u>	<u> </u>	<u> </u>		<u> </u>



990	Schedul	e O, :	Suppl	lemental	Informa	ation

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PREVIOUSLY, R4D ADVISED THE GOVERNMENT OF SOUTH AFRICA ON RESOURCE ALLOCATIONS FOR HIV AND TB FOR FINANCIAL YEARS 2017/18 TO 2019/20 AND SUPPORTED THE GOVERNMENT'S PRIMARY HEALTH C ARE COSTING TASK TEAM, INCLUDING FACILITATING REGULAR MEETINGS, PROVIDING METHODOLOGICAL AND ANALYTICAL. GUIDANCE, AND COMPILING A SYNTHESIS OF PARTICIPANTS' STUDIES ON PUBLIC. AND PRIVATE-SECTOR COSTS RAD'S WORK ON HIV FINANCING INTEGRATION IN SOUTH AFRICA WAS SUPPORTE D BY UNAIDS IN 2015-16 AND HAS CONTINUED UNDER THE USAID-FUNDED HEALTH FINANCE AND GOVERNA NCE PROJECT (HGG), IN COLLABORATION WITH ABT ASSOCIATES CONVERSATIONS ON SUSTAINABLE FINA NCING FOR DEVELOPMENT (COMPLETED 2016) IN 2015, R4D AND THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH CO-HOSTED AN EVENT SERIES EXPLORING THE PROCESS OF COUNTRIES TRANSITIONING AWAY FROM EXTERNAL ASSISTANCE FOR HEALTH AND DEVELOPMENT THE SERIES INCLUDED THE FOLLO WING SEMINARS 1 THE GAVI EXPERIENCE WITH COUNTRY GRADUATION OVERCOMING CHALLENGES TO SU STAINABLE 2 TRANSITIONING COUNTRIES AWAY FROM FAMILY PLANNING ASSISTANCE USAID'S EXPERIENCE IN LATIN AMERICA 3 TRANSITIONING FROM DONOR SUPPORT TO GOVERNMENT THE AVAHAN EXPERIE NCE IN LATIN AMERICA 3 TRANSITIONING FROM DONOR SUPPORT TO GOVERNMENT THE AVAHAN EXPERIE NCE IN INDIA 4 POLIO ERADICATION STATUS, TRANSITION AND LEGACY 5 FROM EMBREGENCY RESPONS E TO POST-RECOVERY LESSONS & REFLECTIONS FROM EBOLA IN 2016, WE TEAMED UP AGAIN WITH THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH TO CONVENED REPRESENTATIVES OF GOVERNMENTS AND MAJOR GLOBAL HEALTH FUNDERS FOR A WORKSHOP ON STRATEGIC ISSUES IN GLOBAL HEALTH PROGR AM TRANSITIONS O HEALTH SYSTEMS STRENGTHENING RAD FOOLUSES ON THE KEY ELEMENTS OF STRONG HEALTH SYSTEMS, FROM SUSTAINABLE FINANCING TO SCALING INNOVATIONS, TO USING DATA FOR DECISI ON-MAKING, AND WORKS WITH CHANGE AGENTS TO SUPPORT THE DEVELOPMENT OF CONTEXT-SPECIFIC, EVIDENCE-BASED SOLUTIONS -WE CO-DEVELOP AND IMPLEMENTS SOLUTIONS THAT ADDRESS A RANGE OF DIS EASE AREAS, INCLUDING HIV, MALARIA AND PNEUMONIA, AS WELL AS THE OVE

990	Schedule	O, Sı	upplemental	Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	OTS TO NATIONAL LEVELS, CAPACITY BUILDING, FACILITATION OF PEER-TO-PEER LEARNING AND ANALY SIS AND RESEARCH O PRIMARY HEALTH CARE R4D'S WORK IN PRIMARY HEALTH CARE SYSTEM STRENGTHE NING HELPS TO ADDRESS THESE CHALLENGES BY SUPPORTING LOCAL CHANGE AGENTS TO ADVANCE PRIMARY HEALTH CARE IMPROVEMENTS IN LINE WITH THEIR GOALS -THROUGH COUNTRY-LED NETWORKS LIKE THE JOINT LEARNING NETWORK FOR UNIVERSAL HEALTH COVERAGE AND ITS PRIMARY HEALTH CARE INITIATIVE, WE BRIDGE THE GAP BETWEEN THEORY AND PRACTICE BY BRINGING TOGETHER NATIONAL AND SUB-N ATIONAL CHANGE AGENTS TO FACILITATE JOINT LEARNING AND SUPPORT THE DEVELOPMENT OF CONTEXT-SPECIFIC, EVIDENCE-BASED SOLUTIONS TO IMPROVE PRIMARY HEALTH CARE FINANCING, QUALITY, ACCE SS AND PERFORMANCE MEASUREMENT -THROUGH GLOBAL EFFORTS LIKE THE PRIMARY HEALTH CARE PERFO RMANCE INITIATIVE, WE BRING TOGETHER COUNTRY POLICYMAKERS, HEALTH-SYSTEM MANAGERS, PRACTITI TONERS, ADVOCATES AND OTHER DEVELOPMENT PARTNERS TO CATALYZE IMPROVEMENTS IN PRIMARY HEALTH CARE IN LOW- AND MIDDLE-INCOME COUNTRIES THROUGH BETTER MEASUREMENT AND KNOWLEDGE-SHARING -AT THE COUNTRY LEVEL, WE SUPPORT LOCAL CHANGE AGENTS TO ANALYZE GAPS IN CAPACITY TO PRO VIDE AND FINANCE COMPREHENSIVE PRIMARY HEALTH CARE AND DEVELOP SOLUTIONS TO FILL THESE GA PS FOR EXAMPLE, THROUGH SUPPORT TO GHANA'S NATIONAL HEALTH INSURANCE AUTHORITY, RAD IS HE LIPING GHANA TO COMPLETE A PROVIDER-MAPPING EXERCISES TO MEASURE PROVIDER CAPACITY TO DELIVE RE SERVICES, A COSTING EXERCISE OF GHANA'S COMMUNITY HEALTH-BASED PLANNING AND SERVICES TO ENABLE IMPLEMENTERS TO PLAN FOR COSTS OF SCALING UP SERVICES AND POTENTIAL FINANCIAL RESO URCES TO COVER THESE COSTS, AND A PROVIDER NANAS PROVIDED SUPPORT TO HELP PROVIDERS DELIVER A COMPREHENSIVE PACKAGE OF CARE IN RWANDA, R4D HAS PROVIDED SUPPORT TO THE GOVERNMENT TO BETTER UTILIZE EXISTING DATA ON SERVICE DELIVERY AND MANAGEMENT TO INFORM DECISIONS ON HOW PRIMARY PHEALTH CARE SCYCIES SHOULD BE DELIVERED O UNIVERSAL HEALTH COVERAGE R4D IS WORKING WITH CHANGE AGENTS IN OVER 30 COUNTRIES TO SUPPORT PO

Return Reference	Explanation
FORM 990, PART III, LINE 4A	VERSAL HEALTH COVERAGE TODAY, R4D SERVES AS THE NETWORK COORDINATOR AND PROVIDES TECHNICA L FACILITATION TO TWO TECHNICAL INITIATIVES; THE PRIMARY HEALTH CARE INITIATIVE AND THE PR OVIDER PAYMENT INITIATIVE IN 2017, R4D LAUNCHED THE AFRICAN COLLABORATIVE FOR HEALTH FIN ANCING SOLUTIONS A PEER-LEARNING COMMUNITY THAT IS WORKING WITH COUNTRY AND REGIONAL STAKE HOLDERS TO HELP THEM ADDRESS UNIVERSAL HEALTH COVERAGE FINANCING CHALLENGES O HIV R4D WOR KS CLOSELY WITH GLOBAL AND COUNTRY CHANGE AGENTS TO MOBILIZE RESOURCES FOR THE HIV RESPONS E, MAXIMIZE EFFICIENCY IN HIV SPENDING, AND RELIABLY MONITOR HIV EXPENDITURE AGAINST HEALT H RESULTS R4D ALSO WORKS WITH COUNTRY PARTNERS TO PLAN AND MANAGE THE TRANSITION OF EXTER NALLY FUNDED HIV SERVICES TRANSITION FROM AID IS PARTICULARLY IMPORTANT BECAUSE, IN MANY COUNTRIES, HIV PROGRAMS ARE AMONG THE MOST "VERTICALIZED" (FINANCED AND RUN SEPARATELY FRO M OTHER HEALTH SERVICES) AND DONOR-DEPENDENT HEALTH SECTOR ACTIVITIES R4D'S EXPERTS WORK WITH COUNTRIES AND DEVELOPMENT PARTNERS TO RIGOROUSLY TRACK AND ANALYZE HIV EXPENDITURE, EXAMINE THE FEASIBILITY OF INTEGRATING COMPONENTS OF VERTICALIZED HIV PROGRAMS INTO BROADE R HEALTH FINANCING SYSTEMS, INCLUDING NATIONAL OR SOCIAL HEALTH INSURANCE SCHEMES, PLAN FO R DONOR TRANSITIONS, ASSESS HIV COSTS THAT FALL OUTSIDE OF SERVICE DELIVERY, INFORM GLOBAL STAKEHOLDER DIALOGUE ON CULTIVATING AND MAINTAINING HEALTHY MARKETS FOR KEY HIV COMMODITIES, INCLUDING ADULT AND PEDIATRIC ANTIRETROVIRAL THERAPIES, IDENTIFY OPPORTUNITIES TO IMPR OVE THE EFFICIENCY OF HIV SPENDING, INCLUDING THROUGH OPTIMIZING GLOBAL PROLUCREMENT PRACTI CES FOR HIV COMMODITIES, EXPAND THE GLOBAL KNOWLEDGE BASE ON HIV-RELATED HEALTH FINANCING, ECONOMICS AND POLICY O IMMUNIZATION RAD ABA CARRIED OUT A SERIES OF GLOBAL POLICY ANALYS ES FOR GAVI AND WHO THAT HAVE HELPED TO SHAPE THE POLICY ARENA ON COUNTRY CO-FINANCING FOR MIMUNIZATION (2010), ELIGIBILITY, TRANSITION AND CO-FINANCING RESOURCE GUIDE (2017) WAS DEVELOPED TO PROVIDE PROGRAM MANAGERS, ADVOCATES AND POLICY M

Return Reference	Explanation
FORM 990, PART III, LINE 4A	O MALARIA R4D SUPPORTS GLOBAL AND LOCAL CHANGE AGENTS-GLOBAL DONORS, GOVERNMENT OFFICIALS, CIVIL SOCIETY LEADERS AND SOCIAL INNOVATORS-AS THEY WORK TOWARD THE ERADICATION OF MALARIA BY COMPLETING COSTING ANALYSES AND DEVELOPING FINANCING SCENARIOS, EXAMINING AND ADDRESSING MARKET DRIVERS AND BARRIERS IN ORDER TO INCREASE ACCESS TO VITAL COMMODITIES, WORKING WITH ALL MARKET STAKEHOLDERS TO IDENTIFY OPPORTUNITIES FOR GREATER EFFICIENCIES AND VALUE FOR THE MONEY SPENT ON MALARIA INTERVENTIONS O MATERNAL & CHILD HEALTH R4D'S MATERNAL AND CHILD HEALTH WORK SEEKS TO IMPROVE SUB-NATIONAL MANAGEMENT SYSTEMS AND CAPACITY, INCORPORATE FINANCIAL PLANNING AND ANALYSIS INTO SUSTAINABILITY PLANNING, AND MONITOR AND IMPROVE THE DESIGN OF HIGH-IMPACT MATERNAL AND CHILD HEALTH INTERVENTIONS TO BETTER TARGET THE UNDERSERVED IN ADDITION TO STRENGTHENING HEALTH SYSTEMS, R4D WORKS TO IMPROVE MATERNAL AND CHILD HEALTH IN OTHER WAYS WE GENERATE EVIDENCE ABOUT WHAT KINDS OF MATERNAL AND CHILD HEALTH INTERVENTIONS ARE MOST EFFECTIVE, WE WORK TO ENSURE MOTHERS AND CHILDREN ARE WELL NOURISHED, WHICH CAN BUILD RESILIENCE, PREVENT ILLNESSES AND SAVE LIVES, WE WORK TO ENSURE ACCESS TO SAFE WATER AND SANITATION, AVERTING WATERBORNE ILLNESSES TO WHICH MOTHERS AND YOUNG CHILDREN ARE PARTICULARLY SUSCEPTIBLE, WE CONDUCT ANALYSIS AND WORK WITH CHANGE AGENTS TO SHAPE GLOBAL AND COUNTRY-LEVEL MARKETS TO ADDRESS INEFFICIENCIES AND DRAMATICALLY EXPAND ACCESS TO AFFORDABLE, HIGH-QUALITY MATERNAL HEALTH COMMODITIES AND SERVICES, WE WORK WITH PRIVATE HEALTH CARE PROVIDERS AND INTERMEDIARY ORGANIZATIONS TO OVERCOME KEY CHALLENGES AND IMPROVE SUSTAINABLE ACCESS TO KEY FAMILY PLANNING AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR WOMEN AND GIRLS

Return Reference	Explanation
FORM 990, PART III, LINE 4B	IN ITS FIRST TWO YEARS, THE IXC EXPERIMENTED WITH AND LEARNED FROM A VARIETY OF APPROACHES TO SOURCING, SELECTING, AND SCALING INNOVATIONS TO ENACT CHANGE IN THE INDO-PACIFIC REGIO N HOWEVER, IT NOW SEEKS TO UNDERSTAND HOW TO USE WHAT IT (AND THE REST OF THE WORLD) HAS LEARNED FROM THESE APPROACHES TO FOSTERING INNOVATION, TO INFORM HOW IT CAN BETTER DO SO A CROSS DFAT AND THE BROADER AUSTRALIAN PUBLIC SERVICE RAD'S EVALUATION AND ADAPTIVE LEARNIN GREAM WORKS CLOSELY WITH PARTNERS LIKE THE IXC TO UNDERSTAND THEIR LEARNING NEEDS, AND S TRUCTURE OUR ENGAGEMENTS AROUND PRODUCING TIMELY AND ACTIONABLE EVIDENCE WITH THE IXC, THE OPPORTUNITY WE SEE IS TWO-FOLD 1 UNDERSTAND PROGRESS AGAINST THE IXC'S GOALS THUS FAR, AND COLLECT RELEVANT LEARNINGS THAT CAN INFORM ITS FUTURE WORK 2 CONTINUOUSLY LEARN AND ITERATE THROUGHOUT IMPLEMENTATION OF THE NEW STRATEGY THROUGH AN ADAPTIVE EVALUATION THIS PARTNERSHIP ALSO BUILDS ON THE IXC'S CURRENT MEMBERSHIP IN THE INTERNATIONAL DEVELOPMENT I NINOVATION ALIANDE (IDIA), A GROUP OF 12 INNOVATION FUNDERS FROM AROUND THE WORLD THAT IS FACILITATED BY R4D OUR WORK IS INFORMED BY THE LEARNING AND OUTPUTS FROM THIS PLATFORM, S UCH AS THE RECENT IDIA REPORT SHARING CURRENT INSIGHTS ON MEASURING THE IMPACT OF INNOVATION OF OUR OWNER BEGAN WITH A RAPID REVIEW OF THE IXC'S PROGRESS TOWARDS ITS CURRENT RESULTS F RAMEWORK A THEORY OF CHANGE WORKSHOP HELPED THE IXC ARTICULATE THEIR STRATEGY AND GUIDED OUR TEAM IN DEVELOPING OUR COLLECTIVE LEARNING AGENDA IN THE FIRST PHASE OF THIS WORK, WE EXPANDED ON OUR RAPID REVIEW OF THE RESULTS FRAMEWORK WITH DEAT'S COUNTRY POSTS AROUND AN 18-MONTH ADAPTIVE EVALUATION THAT WILL INFORM HOW THE IXC IMPLEMENTS THEIR REVISED STRATEGY OUR ADAPTIVE LEARNING AGENDA IN THE FIRST PHASE OF THIS WORK, WE EXPANDED ON OUR RAPID REVIEW OF THE RESULTS FRAMEWORK WITH DEEP DIVES ON THREE RETROSPECT IVE ANALYSES (IMPACT TO DATE, DOCUMENTING LESSONS LEARNED ON PARTNERSHIPS, AND LESSONS LEARNED ON ENGAGING WITH DFAT'S COUNTRY POSTS TO THE RESULTS FROM THE OWNER HEAD THE WORLD.

Return Reference	Explanation
FORM 990, PART III, LINE 4B	D RECEIVED OVER 280 SUBMISSIONS FROM AROUND THE WORLD WITH THE SUPPORT OF THE GLOBAL LAUN CH NETWORK OF EXPERTS, 11 INNOVATIONS WERE SELECTED THAT EITHER HAD THE POTENTIAL TO ADDRE SS THE AVAILABILITY OF AND ACCESS TO AFFORDABLE, NUTRITIOUS, DESIRABLE AND SUSTAINABLE FOO D., AND/OR THAT COULD PROMOTE PEOPLE'S SELECTION AND CONSUMPTION OF MORE NUTRITIOUS FOOD D FAT WANTED TO UNDERSTAND HOW WELL THE LAUNCH MODEL SOURCED AND SUPPORTED INNOVATIONS IN THE IR JOURNEY TO UNDERSTAND HOW WELL THE LAUNCH MODEL SOURCED AND SUPPORTED INNOVATIONS IN THE IR JOURNEY TO UNDERSTAND HOW WELL THE LAUNCH MODEL SOURCED AND SUPPORTED INNOVATIONS IN THE IR JOURNEY TO UNDERSTAND HOW WELL THE LAUNCH MODEL SOURCED AND SUPPORTS ECOND MUSE IN AS SESSING THE DESIGN AND DELIVERY OF THE PROGRAM AS IT WAS ROLLED OUT, USING AN ADAPTIVE LEA RNING APPROACH TO CONTINUALLY REFINE THE LAUNCH FOOD THEORY OF CHANGE AND CO-CREATE DESIGN TWEAKS THROUGH A SERIES OF LEARNING CHECKS THROUGHOUT THE EVALUATION PERIOD RAD'S MATRIX APPROACH ALLOWED THE TEAM TO CAPITALIZE ON EXPERTISE FROM THREE PRACTICES EVALUATION AND ADAPTIVE LEARNING, NUTRITION, AND INNOVATION THE PROJECT TEAM WAS COMPRISED OF AT LEAST ONE MEMBER FROM EACH OF THESE THREE TEAMS, WHICH ALLOWED US TO CONSTRUCT A THEORY OF CHANGE AND EVALUATION ADSIGN GROUNDED IN THE LATEST THINKING ABOUT HOW TO MEASURE SUCCESS IN THE AREAS OF NUTRITION AND INNOVATION THAD JOINED LAUNCH FOOD SHORTLY BEFORE THE 11 INNOVATI ONS WERE SELECTED FOR ACCELERATION OUR TEAM FIRST LED A KICK-OFF INCEPTION WORKSHOP WITH DFAT, USAID AND SECOND MUSE TO IDENTIFY THE KEY FOCUS AREAS FOR THE EVALUATION AND UNDERSTAND THE THEORY OF CHANGE BEHIND THE PROGRAM WE THEN CONDUCTED BASELINE DATA COLLECTION AT THE FORUM WHERE INNOVATORS FIRST WET AND PRESENTED THEIR INNOVATIONS TO THE LAUNCH NETWORK OF SUPPORTIVE INDUSTRY EXPERTS OUR FIRST LEARNING CHECK GAVE DFAT, USAID AND SECOND MUSE A CHANCE TO REVIEW THE BASELINE DATA TO PROGRAM WE THEN CONDUCTED BASELINE DATA COLLECTION WITH THE PROGRAM WE THEN COLDING THE INNOVATIONS FOR THE BR

Return Explanation
Reference

FORM 990,	THE FEDERAL FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE WITH THE TAX PREPARER AND THEN FORWARDED
PART VI,	TO THE FULL BOARD OF DIRECTORS FOR FINAL REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE
SECTION B,	
LINE 11B	

Return Reference	Explanation
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 INUREMENT, 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE PRESIDENT'S COMPENSATION ON AN ANNUAL BASIS THE BOARD OF DIRECTORS COMMISSIONED A REPORT FROM AN INDEPENDENT CONSULTANT IN 2009, 2010, 2013 AND 2016 TO ENSURE THE APPROPRIATENESS OF THE COMPENSATION LEVELS OF THE MANAGING DIRECTORS AND THE PRESIDENT IN 2010 AND 2013 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 IN NOVEMBER 2015, THE BOARD REVIEWED THE PRESIDENT'S EMPLOYMENT CONTRACT AND RENEWED THIS CONTRACT FOR AN ADDITIONAL YEAR TO BE REVIEWED ANNUALLY HENCEFORTH THE RESULTS OF THE ANNUAL REVIEW SHALL BE AN INPUT TO THE DETERMINATION OF EXECUTIVE'S COMPENSATION

Return Explanation
Reference

FORM 990, R4D MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
PART VI, AVAILABLE TO THE PUBLIC UPON REQUEST
SECTION C,
LINE 19

Return Explanation Reference

FORM 990. CONSULTANTS PROGRAM SERVICE EXPENSES 3.342.304 MANAGEMENT AND GENERAL EXPENSES 454.797 PART IX. FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3.797.101

LINE 11G

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, GRANT REFUND 11,075 PART XI, LINE 9