

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Form

Department of the Treasury

Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1201 EYE ST NW. City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20005

D Employer identification number: 52-1041632. E Telephone number: (202) 862-5600. G Gross receipts \$ 143,023,131

F Name and address of principal officer: JOHAN SWINNEN, 1201 EYE ST NW, WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.IFPRI.ORG

K Form of organization: Corporation

L Year of formation: 1975. M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE RESEARCH-BASED POLICY SOLUTIONS THAT REDUCE POVERTY AND END HUNGER AND MALNUTRITION. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body: 6. 4 Number of independent voting members of the governing body: 6. 5 Total number of individuals employed in calendar year 2024: 198. 6 Total number of volunteers: 13. 7a Total unrelated business revenue: 0. 7b Net unrelated business taxable income: 0.

Revenue

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Expenses

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Net Assets or Fund Balances

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: SUSHANT MUKHERJEE DIR, FINANCE & ADMINISTRATION. Date: 2025-11-11

Paid Preparer Use Only: Print/Type preparer's name: Preparer's signature. Date: 2025-11-11. Check if self-employed. PTIN: P01306883. Firm's name: RSM US LLP. Firm's EIN: 42-0714325. Firm's address: 4650 EAST 53RD STREET, DAVENPORT, IA 528073479. Phone no.: (563) 888-4000

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE'S (IFPRI) VISION IS A WORLD FREE OF HUNGER AND MALNUTRITION. IFPRI'S MISSION IS TO PROVIDE RESEARCH-BASED POLICY SOLUTIONS THAT SUSTAINABLY REDUCE POVERTY AND END HUNGER AND MALNUTRITION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 25,557,490 including grants of \$ 4,549,033) (Revenue \$) DEVELOPMENT STRATEGIES AND GOVERNANCE:CONDUCTS ON-DEMAND POLICY ANALYSIS FOR COUNTRY GOVERNMENTS AND REGIONAL PARTNERS TO IDENTIFY POLICY OPTIONS AND MARKET OPPORTUNITIES THAT CAN BEST ENABLE AGRICULTURE AND THE RURAL ECONOMY TO PROMOTE SUSTAINABLE GROWTH AND POVERTY REDUCTION; AND WHICH PUBLIC INVESTMENTS HAVE THE HIGHEST RETURNS IN TERMS OF ECONOMIC GROWTH AND POVERTY REDUCTION. GOVERNANCE WORK ADDRESSES KEY ISSUES RELATED TO POLITICAL ECONOMY CONSTRAINTS TO IMPLEMENTING SUSTAINABLE FOOD SYSTEM POLICIES, HOW GOVERNANCE STRUCTURES AFFECT THE ENABLING ENVIRONMENT FOR SERVICE PROVISION, AND THE IMPACTS OF POLITICAL CRISIS ON TRANSFORMATION PATHWAYS AND DEVELOPMENT STRATEGIES.

4b (Code:) (Expenses \$ 21,271,965 including grants of \$) (Revenue \$) INNOVATION POLICY AND SCALING:RESEARCH TO ADVANCE EVIDENCE-BASED POLICIES AND PRACTICES THAT ACCELERATE INCLUSIVE AND SUSTAINABLE INNOVATION VIA THE EXCHANGE OF SCIENCE AND TECHNOLOGY AND BY CATALYZING PRIVATE SECTOR AND CIVIL SOCIETY INVESTMENT. INCLUDES RESEARCH ON SCIENCE AND TECHNOLOGY POLICY AND WORKSTREAM ON POLICIES FOR INNOVATION SCALING AIMED AT TRANSLATING AGRICULTURAL AND FOOD SYSTEMS RESEARCH AND DEVELOPMENT INTO SOCIALLY AND ECONOMICALLY BENEFICIAL USE.

4c (Code:) (Expenses \$ 20,523,383 including grants of \$) (Revenue \$) NUTRITION, DIETS, AND HEALTH:RESEARCH AIMED AT IMPROVING DIETS AND REDUCING MALNUTRITION AND RELATED HEALTH ISSUES THAT CAN SAVE LIVES, IMPROVE PEOPLE'S QUALITY OF LIFE, AND INCREASE THEIR PRODUCTIVITY. THIS ENTAILS WORKING CLOSELY WITH A WIDE RANGE OF STAKEHOLDERS TO UNDERSTAND THE DRIVERS OF ALL FORMS OF MALNUTRITION AND TO IDENTIFY AND TEST CONTEXTUALLY RELEVANT SOLUTIONS.

(Code:) (Expenses \$ 10,624,037 including grants of \$ 50,716) (Revenue \$) POVERTY, GENDER, AND INCLUSION:ACTIVITY INVOLVES WORKING WITH GOVERNMENTS AND OTHER PARTNERS AND STAKEHOLDERS TO CONDUCT RIGOROUS MIXED-METHODS MULTIDISCIPLINARY RESEARCH ON SOCIAL PROTECTION AND POVERTY REDUCTION PROGRAMS, WOMEN'S EMPOWERMENT AND GENDER EQUALITY, GOVERNANCE AND CIVIL SOCIETY, AGRICULTURE, AND NUTRITION IN ORDER TO PROVIDE EVIDENCE-BASED GUIDANCE TO INFORM POLICY. FOCUS IS ON MULTIPLE IMPACT PATHWAYS TO IMPROVE WELLBEING FOR POOR AND VULNERABLE WOMEN AND MEN AND THEIR COMMUNITIES.

(Code:) (Expenses \$ 14,592,038 including grants of \$ 829,437) (Revenue \$) MARKETS, TRADE, AND INSTITUTIONS:RESEARCH ANALYZES LOCAL, REGIONAL, AND GLOBAL ECONOMIC ENVIRONMENTS, TRADE CONDITIONS, AND VALUE CHAINS TO PROVIDE INNOVATIVE, EVIDENCE-BASED MARKET AND POLICY SOLUTIONS TO HELP DRIVE INCLUSIVE ECONOMIC GROWTH AND JOB CREATION ALONG FOOD VALUE CHAINS, BUILD HOUSEHOLD AND AGRIFOOD VALUE-CHAIN RESILIENCE TO FOOD SYSTEM SHOCKS, AND PROVIDE INCENTIVES FOR HEALTHY AND SUSTAINABLE CHOICES BY FOOD PRODUCERS AND CONSUMERS.

(Code:) (Expenses \$ 6,584,527 including grants of \$) (Revenue \$) FORESIGHT AND POLICY MODELING:USES ADVANCED DATA AND MODELING SYSTEMS TO TRACK AND ANTICIPATE FOOD SYSTEM TRENDS AT GLOBAL, NATIONAL, AND LOCAL SCALES. WORKS WITH GOVERNMENT AND RESEARCH PARTNERS TO SHARE MODELING CAPABILITIES AND ENSURE THAT DECISIONMAKERS HAVE ACCESS TO IMPROVED DATA AND ANALYTICS TO HELP IDENTIFY TECHNOLOGIES AND POLICIES TO DRIVE INCLUSIVE AND SUSTAINABLE TRANSFORMATION.

(Code:) (Expenses \$ 9,320,489 including grants of \$) (Revenue \$) NATURAL RESOURCES AND RESILIENCE:RESEARCH AT THE INTERSECTION OF NATURE, AGRICULTURE, AND DEVELOPMENT TO SUPPORT TANGIBLE PROGRESS TOWARD MORE EQUITABLE, RESILIENT, AND ENVIRONMENTALLY SUSTAINABLE FOOD SYSTEMS THAT THRIVE ON HEALTHY ECOSYSTEMS AND DELIVER NUTRITION, BETTER LIVELIHOODS, AND ECONOMIC OPPORTUNITIES FOR MEN AND WOMEN.

4d Other program services (Describe in Schedule O.) (Expenses \$ 41,121,091 including grants of \$ 880,153) (Revenue \$)

4e Total program service expenses 108,473,929

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part 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 [X]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2024) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 17, covering employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, contributions, and various organizational requirements.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
SUSHANT MUKHERJEE 1201 EYE ST NW WASHINGTON, DC 20005 (202) 862-5600

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

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

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

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

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|------------------------|---------|--------------|------------------------------|---------|---|--|---|
| | | Individual trustee or director | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ERNEST ARYEETEY BOARD TRUSTEE | 1.00 | X | | | | | 4,950 | 0 | 0 | |
| (2) PHYLLIS CALDWELL BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (3) PATRICK CARON FORMER BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (4) RAMESH CHAND BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (5) RACHEL CHIKWAMBA BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (6) SHENGGEN FAN FORMER BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (7) SUSANNE FRUEH BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (8) NEAL GUTTERSON FORMER BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (9) ALYSSA JADE MCDONALD BAERTL FORMER BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (10) PASCAL LAMY BOARD CHAIR | 1.00 | X | | | X | | 0 | 0 | 0 | |
| (11) ALICE RUHWEZA FORMER BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (12) LINDIWE SIBANDA FORMER BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (13) HILARY WILD FORMER BOARD TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (14) JOHAN F SWINNEN DIRECTOR GENERAL | 38.00 | | | | X | | 402,368 | 0 | 80,756 | |
| (15) JAMES E FIELDS DIR, FINANCE & ADMINISTRATION, TREASURER | 38.00 | | | | X | | 309,041 | 0 | 76,389 | |
| (16) CHANNING ARNDT SR DIR, TRANSFORMATION STRATEGY | 38.00 | | | | | X | 337,235 | 0 | 54,448 | |
| (17) PURNIMA MENON SR DIR, FOOD & NUTRITION POLICY | 38.00 | | | | | X | 343,243 | 0 | 74,333 | |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for individuals like CHARLOTTE C HEBEBRAND, TEUNIS VAN RHEENEN, etc., and a sub-total row.

Summary table for Section A with 3 columns: Question number, Question text, and Yes/No response. Includes questions 2, 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

Table for Section B with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes rows for independent contractors like AKADEMIYA2063, WAGENINGEN UNIVERSITY, etc., and a total row.

Part VIII Statement of Revenue

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

| | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|----------------------|---|-----------------------------------|---|
| Contributions, Gifts, Grants, and Other Similar Amounts | | | | |
| 1a Federated campaigns | | 1a | | |
| b Membership dues | | 1b | | |
| c Fundraising events | | 1c | | |
| d Related organizations | | 1d | | |
| e Government grants (contributions) | | 1e | 37,115,896 | |
| f All other contributions, gifts, grants, and similar amounts not included above | | 1f | 86,069,318 | |
| g Noncash contributions included in lines 1a - 1f:\$ | | 1g | | |
| h Total. Add lines 1a-1f | | | | 123,185,214 |

| Program Service Revenue | 2a | Business Code | | | | |
|--|----------|---------------|--|--|--|--|
| | b | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f. | | | | | | |

| | | | | | | |
|---|--|----------------|---------------|------------|--------|-----------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,876,729 | | | 1,876,729 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | |
| | b Less: rental expenses | 6b | | | | |
| | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | b Less: cost or other basis and sales expenses | 7b | | 17,947,653 | 13,535 | |
| | c Gain or (loss) | 7c | | 17,016,015 | 0 | |
| | d Net gain or (loss) | | | 931,638 | 13,535 | |
| | e Net gain or (loss) | | | 945,173 | | 945,173 |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| | b Less: direct expenses | 8b | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |

| Other Revenue Misc Amt | 11a | Business Code | | | | |
|---|----------|---------------|-------------|---|---|-----------|
| | b | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 126,007,116 | 0 | 0 | 2,821,902 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 881,171 | 881,171 | | |
| 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, lines 15 and 16. | 4,548,016 | 4,548,016 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,594,095 | 2,467,120 | 1,034,120 | 92,855 |
| 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 | 33,633,047 | 30,054,314 | 3,578,733 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 5,678,522 | 4,973,131 | 705,391 | |
| 9 Other employee benefits | 12,772,850 | 10,895,729 | 1,877,121 | |
| 10 Payroll taxes | 69,031 | 60,456 | 8,575 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 122,156 | 24,189 | 97,967 | |
| c Accounting | 335,784 | 36,207 | 299,577 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 267,488 | | 267,488 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 43,567,139 | 42,074,732 | 1,492,407 | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 619,662 | 611,143 | 8,519 | |
| 14 Information technology | 953,123 | 827,809 | 125,314 | |
| 15 Royalties | | | | |
| 16 Occupancy | 5,711,866 | 4,070,383 | 1,641,483 | |
| 17 Travel | 3,790,321 | 3,669,726 | 101,484 | 19,111 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,043,920 | 918,470 | 125,450 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,119,982 | 747,902 | 372,080 | |
| 23 Insurance | 317,375 | 13,997 | 303,378 | |
| 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 BAD DEBT EXPENSE | 1,704,065 | | 1,704,065 | |
| b CONSORTIUM GENERAL | 1,440,681 | | 1,440,681 | |
| c EQUIPMENT & MAINTENANCE | 906,239 | 598,203 | 308,036 | |
| d PRINTING & PUBLICATION | 573,106 | 535,493 | 37,613 | |
| e All other expenses | 1,376,271 | 465,738 | 910,533 | |
| 25 Total functional expenses. Add lines 1 through 24e | 125,025,910 | 108,473,929 | 16,440,015 | 111,966 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash-non-interest-bearing | 3,623 | 1 | 3,429 |
| | 2 Savings and temporary cash investments | 14,430,487 | 2 | 23,708,374 |
| | 3 Pledges and grants receivable, net | 24,450,287 | 3 | 28,243,228 |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 1,937,767 | 9 | 1,132,951 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 16,271,656 | | |
| | b Less: accumulated depreciation | 12,792,993 | | |
| | 11 Investments—publicly traded securities | 69,156,963 | 11 | 60,738,627 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 29,900,420 | 15 | 27,840,986 |
| 16 Total assets: Add lines 1 through 15 (must equal line 33) | 144,166,491 | 16 | 145,146,258 | |
| Liabilities | 17 Accounts payable and accrued expenses | 13,246,028 | 17 | 21,174,035 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 41,379,581 | 19 | 44,292,982 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 63,259,360 | 25 | 51,938,458 |
| | 26 Total liabilities. Add lines 17 through 25 | 117,884,969 | 26 | 117,405,475 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 26,281,522 | 27 | 27,740,783 |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 26,281,522 | 32 | 27,740,783 |
| 33 Total liabilities and net assets/fund balances | 144,166,491 | 33 | 145,146,258 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 126,007,116 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 125,025,910 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 981,206 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 26,281,522 |
| 5 | Net unrealized gains (losses) on investments | 5 | 399,085 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 78,970 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | 10 | 27,740,783 |

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 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b | Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | Yes | |

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE

Employer identification number
52-1041632

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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 33 1/3% 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 33 1/3% 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 organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

| (i) Name of supported 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 (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 113,358,178 | 115,939,272 | 101,753,096 | 109,799,184 | 123,185,214 | 564,034,944 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 4 Total. Add lines 1 through 3 | 113,358,178 | 115,939,272 | 101,753,096 | 109,799,184 | 123,185,214 | 564,034,944 |
| 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) | | | | | | 32,788,628 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 531,246,316 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 7 Amounts from line 4. | 113,358,178 | 115,939,272 | 101,753,096 | 109,799,184 | 123,185,214 | 564,034,944 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,197,615 | 990,863 | 1,119,489 | 1,595,240 | 1,876,729 | 6,779,936 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 570,814,880 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) | 14 | 93.070 % |
| 15 Public support percentage for 2023 Schedule A, Part II, line 14 | 15 | 92.740 % |

16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 1 Gifts, grants, contributions, and membership fees received, 2 Gross receipts from admissions, merchandise sold or services performed, 3 Gross receipts from activities that are not an unrelated trade or business under section 513, 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf, 5 The value of services or facilities furnished by a governmental unit to the organization without charge, 6 Total. Add lines 1 through 5, 7a Amounts included on lines 1, 2, and 3 received from disqualified persons, b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year, c Add lines 7a and 7b, 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 9 Amounts from line 6, 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources, b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975, c Add lines 10a and 10b, 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on, 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.), 13 Total support. (Add lines 9, 10c, 11, and 12.), 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests—2024. Row b: 33 1/3% support tests—2023. Row 20: Private foundation.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | 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. | | |
| 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). | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | | |
| 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. | | |
| 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 | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c | 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. | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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). | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 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 . | | |
| 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). | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described on 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i> | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the officers, 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 2 | | |

Section C. Type II 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)? <i>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).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | |
| 3 By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 3 | | |

Section 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 instructions): | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| 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? <i>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.</i> | | | |
| 2a | | | |
| b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No", 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. the role played by the organization in this regard.</i> | | | |
| 3b | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** 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.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

| | | | | |
|----------|--|----------|--|--|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

| | | | | |
|----------|---|-----------|--|--|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

| Section D - Distributions | | Current Year |
|--|-----------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 | |
| 6 Other distributions (describe in Part VI). See instructions | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | 8 | |
| 9 Distributable amount for 2024 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by Line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024: | | | |
| a From 2019. | | | |
| b From 2020. | | | |
| c From 2021. | | | |
| d From 2022. | | | |
| e From 2023. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2024. 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 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020. | | | |
| b Excess from 2021. | | | |
| c Excess from 2022. | | | |
| d Excess from 2023. | | | |
| e Excess from 2024. | | | |

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

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Return to Form

Software ID:

Software Version:

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

| | |
|---|---|
| Name of the organization INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE | Employer identification number 52-1041632 |
|---|---|

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
 INTERNATIONAL FOOD POLICY RESEARCH
 INSTITUTE

Employer identification number
 52-1041632

Part I

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| RESTRICTED | | \$ RESTRICTED | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |

Name of organization
 INTERNATIONAL FOOD POLICY RESEARCH
 INSTITUTE

Employer identification number
 52-1041632

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |

Name of organization
INTERNATIONAL FOOD POLICY RESEARCH
INSTITUTE

Employer identification number

52-1041632

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
| | _____ _____ | _____ _____ | _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ | |
| | _____ _____ | _____ _____ | _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ | |
| | _____ _____ | _____ _____ | _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ | |
| | _____ _____ | _____ _____ | _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ | |
| | _____ _____ | _____ _____ | _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ | |

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
INTERNATIONAL FOOD POLICY RESEARCH
INSTITUTE

Employer identification number

52-1041632

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 8,644,337 | 5,616,398 | 3,027,939 |
| d Equipment | | 5,919,833 | 5,554,368 | 365,465 |
| e Other | | 1,707,486 | 1,622,227 | 85,259 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 3,478,663 |

Part VII Investments - Other Securities.

Complete if the organization 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) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (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 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (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 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) OTHER ASSETS | 922,489 |
| (2) ADVANCE TO HARVESTPLUS PARTNERS | 3,883,284 |
| (3) OTHER ADVANCES | 4,062,566 |
| (4) RIGHT OF USE ASSET | 18,849,051 |
| (5) ACCRUED INTEREST | 123,596 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 27,840,986 |

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| HARVESTPLUS PROGRAM | 20,026,334 |
| ACCRUED POSTRETIREMENT BENEFIT | 4,637,190 |
| LEASE LIABILITY | 27,274,934 |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 51,938,458 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

| | | | | |
|----------|--|-----------|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 125,739,628 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 125,739,628 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 267,488 | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 267,488 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 126,007,116 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

| | | | | |
|----------|---|-----------|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 124,758,422 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 124,758,422 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 267,488 | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 267,488 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 125,025,910 |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2: | THE INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE (IFPRI) IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). IN ADDITION, IFPRI HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 170(B)(1)(A)(VI) OF THE CODE. INCOME THAT IS NOT RELATED TO ITS EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. IFPRI HAS ADOPTED THE STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS POLICY, IFPRI MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT EVALUATED IFPRI'S TAX POSITIONS AND CONCLUDED THAT IFPRI HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. GENERALLY, IFPRI IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2020. |

Additional Data

Return to Form

Software ID:

Software Version:

**SCHEDULE F
(Form 990)**
(Rev. January 2025)

Statement of Activities Outside the United States

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL FOOD POLICY RESEARCH
INSTITUTE

Employer identification number

52-1041632

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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 the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EAST ASIA AND THE PACIFIC | 0 | 16 | PROGRAM SERVICES | AGRICULTURAL RESEARCH | 6,586,992 |
| (2) EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 11 | PROGRAM SERVICES | AGRICULTURAL RESEARCH | 9,235,827 |
| (3) MIDDLE EAST AND NORTH AFRICA | 0 | 12 | PROGRAM SERVICES | AGRICULTURAL RESEARCH | 1,492,364 |
| (4) NORTH AMERICA | 0 | 3 | PROGRAM SERVICES | AGRICULTURAL RESEARCH | 586,783 |
| (5) RUSSIA AND NEIGHBORING STATES | 0 | 3 | PROGRAM SERVICES | AGRICULTURAL RESEARCH | 783,478 |
| (6) SOUTH AMERICA | 0 | 1 | PROGRAM SERVICES | AGRICULTURAL RESEARCH | 3,174,508 |
| (7) SOUTH ASIA | 3 | 87 | PROGRAM SERVICES | AGRICULTURAL RESEARCH | 11,113,012 |
| (8) SUB-SAHARAN AFRICA | 7 | 130 | PROGRAM SERVICES | AGRICULTURAL RESEARCH | 16,998,996 |
| (9) EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | GRANTMAKING | | 741,468 |
| (10) SOUTH AMERICA | 0 | 0 | GRANTMAKING | | 25,469 |
| (11) SUB-SAHARAN AFRICA | 0 | 0 | GRANTMAKING | | 3,658,825 |
| (12) SOUTH ASIA | 0 | 0 | GRANTMAKING | | 122,254 |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | 10 | 263 | | | 49,971,960 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 4,548,016 |
| c Totals (add lines 3a and 3b) | 10 | 263 | | | 54,519,976 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|--|-----------------------------|---------------------------------|--|---|--|--|
| (1) | | | SUB-SAHARAN AFRICA | AGRICULTURAL RESEARCH | 3,505,645 | WIRE | 0 | | |
| (2) | | | SUB-SAHARAN AFRICA | AGRICULTURAL RESEARCH | 10,729 | WIRE | 0 | | |
| (3) | | | SUB-SAHARAN AFRICA | AGRICULTURAL RESEARCH | 39,987 | WIRE | 0 | | |
| (4) | | | EUROPE (INCLUDING ICELAND & GREENLAND) | AGRICULTURAL RESEARCH | 25,469 | WIRE | 0 | | |
| (5) | | | SOUTH ASIA | AGRICULTURAL RESEARCH | 9,005 | WIRE | 0 | | |
| (6) | | | SOUTH ASIA | AGRICULTURAL RESEARCH | 113,249 | WIRE | 0 | | |
| (7) | | | SOUTH AMERICA | AGRICULTURAL RESEARCH | 199,876 | WIRE | 0 | | |
| (8) | | | SUB-SAHARAN AFRICA | AGRICULTURAL RESEARCH | 102,464 | WIRE | 0 | | |
| (9) | | | SOUTH AMERICA | AGRICULTURAL RESEARCH | 541,592 | WIRE | 0 | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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 9

3 Enter total number of other organizations or entities 0

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, 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; don't 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; don't file with Form 990).* Yes No

Additional Data

Software ID:

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
INTERNATIONAL FOOD POLICY RESEARCH
INSTITUTE

Employer identification number
52-1041632

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) MICHIGAN STATE UNIVERSITY HANNAH ADMIN BLDG ROOM 2 426 AUDITORIUM RD EAST LANSING, MI 48824 | 38-6005984 | 501(C)(3) | 818,671 | 0 | | | RESEARCH |
| (2) UNIVERSITY OF NOTRE DAME 117 HESBURGH LIBRARY NOTRE DAME, IN 465565629 | 35-0868188 | 501(C)(3) | 62,500 | 0 | | | RESEARCH |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
- 3** Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (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) | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | <p>1) PRE-AWARD PHASE 1.A) ASSESS THE APPLICANT ORGANIZATIONS: ITS CAPABILITY TO DO THE JOB, FINANCIAL STABILITY, AND CHECK IF THE ORGANIZATION IS NOT IN THE EPLS (EXCLUDED PARTIES LIST SYSTEM). 1.B) ASSESS THE PROGRAM OR PROJECT AS TO THE PROCESS AND DETERMINE PERFORMANCE INDICATORS. 1.C) DESIGN AND FINALIZE THE CONTRACT/AGREEMENT; GIVING SPECIAL ATTENTION TO SPECIAL CONDITIONS AND PROVISIONS OF THE AWARDING AGENCIES TO BE PASSED THRU TO SUBRECIPIENTS. IDENTIFY THE CFDA TITLE AND NUMBER, IF AVAILABLE, AWARD NAME AND NUMBER AND NAME OF FEDERAL AGENCY. 2) DURING-THE-AWARD MONITORING PHASE 2.A) REQUIRE REGULAR SUBMISSION OF FINANCIAL REPORTS AND REVIEW THE REPORTS FOR REASONABLENESS, ALLOWABILITY AND IF IN ACCORDANCE WITH THE BUDGET. SIGNIFICANT VARIANCE/S SHALL BE CLARIFIED AND JUSTIFICATION SHOULD BE APPROVED BY PROJECT MANAGER. 2.B) REQUIRE SUBMISSION OF PROGRESS/PERFORMANCE OR TECHNICAL REPORTS TO BE REVIEWED BY PROJECT MANAGER. PROJECT MANAGER MAY PROVIDE FEEDBACK AND TECHNICAL ASSISTANCE AS DEEMED NECESSARY. 2.C) ADDITIONAL FUNDING AND REVISIONS IN SCOPE OF WORK SHALL BE HANDLED THROUGH AMENDMENTS TO THE CONTRACTS/AGREEMENTS. 2.D) SUBSEQUENT ADVANCE PAYMENTS AFTER THE INITIAL ADVANCE, IT REQUIRED/INCLUDED IN THE AGREEMENT, SHALL BE MADE ONLY UPON APPROVAL OF FINANCIAL REPORT AND AFTER DETERMINATION WHETHER SUBRECIPIENT HAS SUFFICIENT FUNDS OR NOT. 2.E) COPY OF UNIFORM GUIDE SINGLE AUDIT REPORTS SHALL BE REQUIRED FROM SUBRECIPIENTS WITH OBLIGATED FUNDING OR BUDGET OF \$500K OR MORE IN FEDERAL AWARDS DURING THE CALENDAR YEAR OR FISCAL YEAR, WHICHEVER IS APPLICABLE. 2.F) REVIEW UNIFORM GUIDANCE SINGLE AUDIT REPORTS AND ISSUE A MANAGEMENT DECISION ON AUDIT FINDINGS WITHIN 6 MONTHS AFTER RECEIPT OF SUBRECIPIENTS' UNIFORM GUIDANCE SINGLE AUDIT REPORT AND ENSURE THAT SUBRECIPIENTS TAKE TIMELY AND APPROPRIATE CORRECTIVE ACTION ON AUDIT FINDINGS AFFECTING INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE'S (IFPRI) PROGRAMS/PROJECTS. 2.G) RECEIPTS AND OTHER DOCUMENTATION TO SUBSTANTIATE THE COSTS BEING CLAIMED FOR REIMBURSEMENT SHALL BE REQUIRED TO SUBRECIPIENTS THAT DO NOT MEET THE UNIFORM GUIDANCE SINGLE AUDIT REPORT THRESHOLD AND SHALL BE REVIEWED AS TO ALLOWABILITY, REASONABLENESS AND COMPLIANCE WITH FEDERAL REGULATIONS. 2.H) SUBRECIPIENTS SHALL BE REQUIRED TO GRANT IFPRI ACCESS TO THEIR BOOKS AND RECORDS, AS REQUESTED/NEEDED. 2.I) MAINTAIN RECORD OF EACH MONITORING ACTIVITY PERFORMED FOR SUBRECIPIENTS LIKE DOCUMENT REVIEW AND CORRESPONDENCE REGARDING FINANCIAL ADMINISTRATION ISSUES, THEY ARE ALSO REQUIRED TO DOCUMENT AND TELEPHONE OR DIALOGUE MONITORING MADE WITH SUBRECIPIENTS. 2.J) IFPRI SHALL MAINTAIN FILES FOR EACH SUBRECIPIENT THAT CONTAIN ANY FINANCIAL AND PROGRESS REPORTS THAT THE SUBRECIPIENT SUBMITS AND OTHER DOCUMENTATION PROVIDED BY THE SUBRECIPIENT, OTHER DOCUMENTS TO FILE INCLUDE COPIES OF ANY NOTES OR FOLLOW-UP LETTERS SENT IN RESPONSE TO TELEPHONE INTERVIEWS OR DIALOGUES.</p> |

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

(Rev. January 2025)

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL FOOD POLICY RESEARCH
INSTITUTE

Employer identification number
52-1041632

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

| | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | Yes | |
| 2 | Yes | |
| 4a | | No |
| 4b | Yes | |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 9 | | |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the 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 | | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|---|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 JOHAN F SWINNEN DIRECTOR GENERAL | (i) | 402,368 | 0 | 0 | 78,441 | 2,315 | 483,124 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 PURNIMA MENON SR DIR, FOOD & NUTRITION POLICY | (i) | 316,411 | 0 | 26,832 | 41,160 | 33,173 | 417,576 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 CHANNING ARNDT SR DIR, TRANSFORMATION STRATEGY | (i) | 333,729 | 0 | 3,506 | 47,891 | 6,557 | 391,683 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 RUTH MEINZEN-DICK SENIOR RESEARCH FELLOW II | (i) | 312,156 | 0 | 6,747 | 41,976 | 28,085 | 388,964 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 JAMES E FIELDS DIR, FINANCE & ADMINISTRATION, TREAS | (i) | 305,405 | 0 | 3,636 | 49,024 | 27,365 | 385,430 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 SHAHIDUR RASHID UNIT DIRECTOR | (i) | 340,106 | 0 | 3,316 | 37,129 | 1,765 | 382,316 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 MARIE RUEL SENIOR RESEARCH FELLOW II | (i) | 282,038 | 0 | 10,944 | 47,546 | 30,565 | 371,093 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 DANIEL GILLIGAN DEPUTY UNIT DIRECTOR | (i) | 276,982 | 0 | 2,285 | 39,598 | 29,997 | 348,862 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 ARUN BARAL PROGRAM DIRECTOR | (i) | 276,551 | 0 | 3,506 | 43,940 | 13,360 | 337,357 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 CLAUDIA RINGLER UNIT DIRECTOR | (i) | 286,686 | 0 | 0 | 43,073 | 1,765 | 331,524 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 JUDY CHAMBERS DIRECTOR, BIOSAFETY PROGRAM | (i) | 271,120 | 0 | 6,915 | 38,971 | 13,360 | 330,366 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 KEITH D WIEBE SENIOR RESEARCH FELLOW II | (i) | 259,008 | 0 | 3,506 | 39,559 | 27,365 | 329,438 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 CHARLOTTE C HEBEBRAND DIR, COMM. & PUBLIC AFFAIRS | (i) | 253,474 | 0 | 2,333 | 41,385 | 18,409 | 315,601 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 DEANNA OLNEY UNIT DIRECTOR | (i) | 237,197 | 0 | 797 | 34,683 | 30,288 | 302,965 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 PAUL DOROSH UNIT DIRECTOR | (i) | 215,631 | 0 | 6,747 | 36,485 | 27,365 | 286,228 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 DAVID SPIELMAN UNIT DIRECTOR | (i) | 206,955 | 0 | 1,265 | 34,639 | 30,137 | 272,996 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 TEUNIS VAN RHEENEN DIR, BUSINESS DEVEL & EXT. RELATIONS | (i) | 227,059 | 0 | 0 | 42,652 | 1,765 | 271,476 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 JAMES THURLOW UNIT DIRECTOR | (i) | 187,141 | 0 | 0 | 36,128 | 1,765 | 225,034 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 1A | PURNIMA MENON RECEIVED TAXABLE HOUSING IN THE AMOUNT OF \$25,611 AND SHAHIDUR RASHID RECEIVED TAXABLE HOUSING IN THE AMOUNT OF \$3,316. THESE AMOUNTS ARE INCLUDED IN REPORTABLE COMPENSATION ON PART VII AND SCHEDULE J. |
| PART I, LINE 4B | THE FOLLOWING INDIVIDUALS PARTICIPATED IN A RABBI TRUST, A NONQUALIFIED RETIREMENT PLAN, SPONSORED BY INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE IN 2024: ARUN BARAL PAUL DOROSH JAMES FIELDS MARIE RUEL IN 2024, JAMES FIELDS MADE AN EMPLOYEE CONTRIBUTION OF \$2,824 INTO THE NONQUALIFIED DEFERRED COMPENSATION PLAN. |

Additional Data

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SCHEDULE O
(Form 990)(Rev. January 2025)
Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**Name of the organization
INTERNATIONAL FOOD POLICY RESEARCH
INSTITUTE**Employer identification number**

52-1041632

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 1A | INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE'S EXECUTIVE COMMITTEE SHALL CONDUCT THE BUSINESS OF THE BOARD OF TRUSTEES BETWEEN MEETINGS AND SHALL PERFORM SUCH OTHER DUTIES AS SHALL BE DELEGATED BY THE BOARD OF TRUSTEES. |
| FORM 990, PART VI, SECTION A, LINE 4 | INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE UPDATED ITS BYLAWS TO UPDATE THE NUMBER AND COMPOSITION OF VOTING TRUSTEES. |
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS PREPARED BY THE FINANCE UNIT AND REVIEWED BY BOTH THE DIRECTOR OF FINANCE AND ADMINISTRATION AND THE DIRECTOR GENERAL. IT IS THEN FORWARDED TO THE EXTERNAL AUDITORS FOR THEIR REVIEW BEFORE A COPY IS SHARED WITH THE BOARD OF TRUSTEES. THE CHAIR OF THE AUDIT COMMITTEE CONSOLIDATES AND FORWARDS ANY COMMENTS FROM THE BOARD TO INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE'S (IFPRI) FINANCE TEAM. ONCE ALL COMMENTS HAVE BEEN ADDRESSED, THE FINALIZED FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES. THE RETURN IS THEN SIGNED BY AN AUTHORIZED OFFICER OF IFPRI AS WELL AS THE EXTERNAL TAX RETURN PREPARER. |
| FORM 990, PART VI, SECTION B, LINE 12C | INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE'S (IFPRI) PERSONNEL MANUAL ADDRESSES CONFLICT OF INTEREST. APPOINTMENT LETTERS FOR NEW STAFF INCLUDE IFPRI'S CONFLICT OF INTEREST STATEMENT. SIGNING THE APPOINTMENT LETTER CERTIFIES THAT THE STAFF MEMBER HAS READ THE STATEMENT AND HAS AGREED TO ABIDE BY ITS PROVISIONS. SENIOR MANAGEMENT AS WELL AS OTHER STAFF AS DEEMED APPROPRIATE BY SENIOR MANAGEMENT ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST ON AN ANNUAL BASIS. THE BOARD OF TRUSTEES HANDBOOK REQUIRES TRUSTEES TO DISCLOSE ANY MATTERS THAT WOULD BE CONSIDERED A CONFLICT OF INTEREST WHILE DISCHARGING RESPONSIBILITIES OF A TRUSTEE. FAILURE TO COMPLY WITH IFPRI'S CONFLICT OF INTEREST POLICY MAY SUBJECT THE STAFF MEMBER TO DISCIPLINARY ACTION, UP TO AND INCLUDING THE TERMINATION OF EMPLOYMENT. SUCH MATTERS FALL UNDER THE JURISDICTION OF THE AUDIT COMMITTEE TO REVIEW AND DETERMINE. |
| FORM 990, PART VI, SECTION B, LINE 15 | ALL OFFICER SALARY ADJUSTMENTS GENERALLY TAKE PLACE DURING AN ANNUAL MERIT PROCESS. DURING THIS PROCESS, THE BOARD OF TRUSTEES USES AN APPROVED SALARY PLAN THAT WAS DETERMINED USING INDEPENDENT SURVEY DATA. THE INDEPENDENT SURVEY DATA INCLUDES COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE COMPENSATION DECISIONS ARE APPROVED AND DOCUMENTED BY THE INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE'S BOARD OF TRUSTEES. THIS PROCESS LAST OCCURRED IN 2024. |
| FORM 990, PART VI, SECTION C, LINE 19 | THE INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IN THE SAME TIME AND MANNER AS OTHER DISCLOSURES REQUIRED UNDER INTERNAL REVENUE CODE SECTION 6104. |
| FORM 990, PART IX, LINE 11G | OTHER FEES: PROGRAM SERVICE EXPENSES 631,294. MANAGEMENT AND GENERAL EXPENSES 1,099,734. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,731,028. RESEARCH SVCS & COLLAB COSTS: PROGRAM SERVICE EXPENSES 41,443,438. MANAGEMENT AND GENERAL EXPENSES 392,673. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 41,836,111. |
| FORM 990, PART XI, LINE 9: | POST-RETIREMENT RELATED CHANGES 78,970. |
| FORM 990, PART XII, LINE 2C: | INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE'S OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR. |

Additional Data

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