#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

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

Form 990 (2014)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015 Check it applicable C Name of organization D Employer identification number Address DEVELOPMENT GATEWAY, INC. Name change 52-2318905 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1110 VERMONT AVENUE NW 500 202-572-9200 termi ated City or town, state or province, country, and ZIP or foreign postal code 5,685,553. G Gross receipts \$ Amended WASHINGTON, DC 20005 H(a) Is this a group return Applicafor subordinates? Yes X No F Name and address of principal officer: JEAN-LOUIS SARBIB pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.DEVELOPMENTGATEWAY.ORG H(c) Group exemption number > K Form of organization: X Corporation Trust Other > L Year of formation: 2000 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 26 5 Total number of volunteers (estimate if necessary) 9 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** 3,333,451 Contributions and grants (Part VIII, line 1h) 2,251,487. Revenue Program service revenue (Part VIII, line 2g) 2,731,354. 2,983,341. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 690. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 221,047. 450,035. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,285,852. 5,685,553. Grants and similar amounts paid (Part IX, column (A), lines 1·3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,576,097 1,828,373. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,258,243. 3,958,024. 5,834,340 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,786,397. 451,512. Revenue less expenses. Subtract line 18 from line 12 -100,844. 268 Beginning of Current Year End of Year Assets ( Balanc 20 Total assets (Part X, line 16) 2,347,211. 2,901,760. 847,605 1,502,998. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 499,606. 1,398,762. 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, Signature of officer Sign 28/2016 JEAN-LOUIS SARBIB, CEO Here Type or print name and title Print/Type preparer's name Preparer's signature Paid ANDREAS ALEXANDROU, CPA P01330558 self-employed Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008 Firm's address 4550 MONTGOMERY AVE SUITE 650N Use Only BETHESDA, MD 20814-2930 Phone no. (301) 951-9090 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

DEVELOPMENT GATEWAY, INC.

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## Part IV Checklist of Required Schedules

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	Λ	
J	그리다. 그리고 그렇게 그렇게 되었다. 그 사람이 되었다. 이 그리고 있다면 하는데 그리고 있다면 하는데 그리고 있다면 하는데 그렇게 되었다면 하는데 그렇게 되었다면 하는데 하는데 되었다.	3	hi i	х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		Λ
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		A
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- 21
3	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	0.0	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	/		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	12.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	-		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	10.1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 71	- 4	
	Schedule D, Parts XI and XII	12a	-14	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	-1	1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1,31		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	3.1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	77		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	- 1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		11	
22	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			145
22	complete Schedule G, Part III	19		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	137		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		-	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			100
25	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	16.	11	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			0.5
	Schedule K. If "No", go to line 25a	24a	100	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	100		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		h 3	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26	10.0	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		111	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1010
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		-
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	, , , , , , , , , , , , , , , , , , , ,	Form	_	

DEVELOPMENT GATEWAY, INC.
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		T.,	1
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	2	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ĭ		
	(gambling) winnings to prize winners?	. 1c	Х	
2a	스타일이 없는 아무슨			
	filed for the calendar year ending with or within the year covered by this return 2a 2	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► BELGIUM			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			222
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		0.00	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	The control of the	-	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7h	_	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A	100		
2	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		-
10	Section 501(c)(7) organizations, Enter:	100		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a  Gross income from other sources (Do not net amounts due or paid to other sources against			
ь				
124	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	지수 있다. 그런 본 경험의 경기를 하나 있다면 이번 역시 시간 전기를 보여 있다. 그리고 있다면 하고 있다면 하고 있다면 하는데 그 집에서 얼굴하는데 하는데 얼굴하는데 그 그리고 있다면 하는데 그리고 있다면 그리고 있다면 하는데 그리고 있다면 그	128		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N / A 12b    Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	100	-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		

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

-	Check if Schedule O contains a response or note to any line in this Part VI		rice co	X
Sec	tion A. Governing Body and Management			152
20			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			77
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	554	ha i i	37
	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		_X_
D	요즘 사고의 이곳 문화를 하고 있다면 하는 이는 경기 가게 되었다면 하는 것이 되었다면 하는 것이 없는 것이 없었다면 하는 것이 없다면 하는 것이었다면 하는 것이 없다면 하는 것이 없다면 하는 것이었다면 하는 것이 없다면 하는 것이었다면 하는			v
0	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
8	그녀면 하는 이 게임 생활성이 아이에서 하는 이 점이 이렇게 하고 있다면 이 이 가지 않는데 그렇게 되었습니다. 그래 없는데 그렇게 하는데 그래 없는데 그래요. 그래 없는데 그래요. 그래요. 그래요. 그래요. 그래요. 그래요. 그래요. 그래요.		v	
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8a	X	-
b		8b	Λ	_
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		7.14	v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
000	To tholos (This Section & Tequests Information about policies not required by the internal nevertice Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	res	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	- 21	_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0	- 44	_
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	=
14	Did the organization have a written document retention and destruction policy?	14	X	_
15	Did the process for determining compensation of the following persons include a review and approval by independent			_
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	n j		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	finan	cial	
	statements available to the public during the tax year.	200		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ABDOULAYE DIATTA - 202-572-9200			
	1110 VERMONT AVE, NW #500, WASHINGTON, DC 20005			
32006	11-07-14	Form	990 (	2014)

# 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box	, unle	Pos heck ss pe	more	n e than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARY O'KANE	3.50									
CHAIR	0 10	X		X				0.	0.	0.
(2) MOTOO KUSAKABE	0.10	37		37				0	0	0
VICE CHAIR	0.10	Х		X	-			0.	0.	0.
(3) V.S. SUBRAHMANIAN	0.10	X		х				0.	0.	0.
SECRETARY & AUDIT COMMITTEE CHAIR  (4) RUDOLF HAGGENMUELLER	0.10	Δ		Λ				0.	0.	0.
BOARD MEMBER & FIN. COMMITTEE CHAIR	0.10	X						0.	0.	0.
(5) OLIVIER BROCHENIN	0.10	21							0.	0.
BOARD MEMBER	0.110	x						0.	0.	0.
(6) MATTHEW WILLIAMS	0.10							0.0		
BOARD MEMBER		X						0.	0.	0.
(7) BRENDA KILLEN	0.10	1				134	14			
BOARD MEMBER		X						0.	0.	0.
(8) JULIAN CASASBUENAS	0.10							1		
BOARD MEMBER		X						0.	0.	0.
(9) ADRIANUS MELKERT	0.10	71								
BOARD MEMBER	11-3-1	X						0.	0.	0.
(10) JEAN-LOUIS SARBIB CEO	40.00			Х				128,817.	0.	5,987.
(11) NANCY CHOI	40.00			10		FJ	-			
SR. DIRECTOR, PRODUCTS & OPERATIONS			-			X		132,500.	0.	6,225.
(12) CATALIN ANDREI	40.00							5.5 45.7		
SR. DIRECTOR OF INFO. TECHNOLOGY						X		118,930.	0.	10,721.
(13) JOSHUA POWELL	40.00					E.				
DIRECTOR OF INOVATION						X		116,598.	0.	14,634.
										- 000

432007 11-07-14

AH	rt VII Section A. Officers, Directors, T (A) Name and title	(B) Average hours per week	(C) Position		than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	n am		(F) mated ount of ther		
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)	from organ and	ensation m the nization related nizations
_											1		
1b	Sub-total					00000		<b>-</b>	496,845.	0	).	37	,567.
c	Total from continuation sheets to Par								496,845.		).	27	0. ,567.
2	Total (add lines 1b and 1c) Total number of individuals (including bu							о ге			.1	31	,507.
3255	compensation from the organization	Paris Antonio Maria Paris Antonio Anto		3.50	5977.	000 00	Andrews.	50,000	And a first section of the control o			- 1	4
3	Did the organization list any former offici line 1a? If "Yes," complete Schedule J fo											3	es No
4	For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportabl	e co	mpe	nsa	tion	and	oth	ner compensation from t	he organization			v
5	Did any person listed on line 1a receive										H	4	X
-	rendered to the organization? If "Yes," c	omplete Schedule	Jf	or su	ch p	ers	on .					5	X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest	componented inc	lono	ndo	nt co	onte	acto	re H	hat received more than 9	\$100,000 of compa	nenti	on fro	
	the organization. Report compensation t		3.5								iibdiii	311 110	
	(A) Name and busine			2000		_	MI. CAC	T	(B) Description of se	Ur.	Con	(C)	ation
	NNIS B. WHITTLE, 1913, WASHINGTON, DC 2000	12TH STR	EE	ΞT,	N	w,		- 10	MANAGEMENT AND EVELOPMENT				,434.
DIS	STRICT DESIGN, 3901 T SHINGTON, DC 20007		D	NW	#	50	3,	N	MARKETING, DEVELOPMENT &	MGMT	-		,811.
WAS	SHINGTON, DC 20007								DEVELOPMENT 8	MGMT	1	L19	, 8

Form 990 (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2014) DEVELOPMENT GATEWAY, INC. 52-2318905 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under Related or Total revenue Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) ,569,586. f All other contributions, gifts, grants, and similar amounts not included above 681,901 460,086 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f ,251,487 Business Code Program Service Revenue 2 a AMP SERVICES 900099 1,924,075.1,924,075 **b** CUSTOM SOLUTIONS 900099 741,197. 741,197 c SUBSCRIPTIONS 900099 318,069. 318,069. d f All other program service revenue q Total, Add lines 2a-2f 2,983,341 Investment income (including dividends, interest, and other similar amounts) 690 690. Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents 337,218. b Less: rental expenses 0. c Rental income or (loss) ..... 337,218. 337,218. d Net rental income or (loss) 337,218. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 a b Less: direct expenses \_\_\_\_\_ b Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_\_a b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a BAD DEBT RECOVERY 900099 109,481. 109,481. **b** MISCELLENEOUS 900099 6,431. 6,431. c CURRENCY LOSS 900099 -3,095-3,095. d All other revenue

Form 990 (2014)

0. 450,725.

112,817.

432009

Total revenue. See instructions.

e Total. Add lines 11a-11d

,685,553,2,983,341

Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A)	(B)	(C3)	
1	ob, sb, and rob or Part viii.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	131,859.	61,974.	69,885.	
6	Compensation not included above, to disqualified	202/0051	02/5/41	05,005.	
-5	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,438,806.	939,023.	333,695.	166,088
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	54,860.	35,242.	13,241.	6,377
9	Other employee benefits	89,329.	40,518.	38,704.	10,107
10	Payroll taxes	113,519.	71,279.	30,154.	12,086
11	Fees for services (non-employees):				
a	Management				
b	Legal	40,844.	22,264.	17,574.	1,006
C	Accounting	95,971.		95,971.	
d	-				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,940,284.	1,753,815.	155,412.	31,057
12	Advertising and promotion	18,581.	17,583.	998.	
13	Office expenses	149,808.	44,419.	103,250.	2,139
14	Information technology				
15	Royalties	456,574.	12,211.	444,363.	
16	Occupancy	383,702.	337,901.	21,052.	24,749
17	Payments of travel or entertainment expenses	303,702.	337,901.	21,052.	24,749
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,050.	10,391.	624.	35
20	Interest	421.	10,551.	421.	33.
21	Payments to affiliates			1011	
22	Depreciation, depletion, and amortization	22,068.		22,068.	
23	Insurance	35,811.		35,811.	
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.)				
а	IN-KIND SOFTWARE	460,086.	460,086.		
b	EQUIPMENT	310,479.	198,849.	105,350.	6,280
c	BAD DEBT EXPENSE	32,283.		32,283.	
d	SUBSCRIPTIONS/PUBS.	62.	62.		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,786,397.	4,005,617.	1,520,856.	259,924.
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 it following SOP 88-2 (ASC 958-720)				

Form 990 (2014)
Part X | Balance Sheet

		Check if Schedule O contains a response or no	te to any line	in this Part X		-	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			289.	1	1,537,124.
	2	Savings and temporary cash investments	0.0000000000000000000000000000000000000		852,966.	2	194,500.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,369,085.	4	1,012,039.
	5	Loans and other receivables from current and for		Control of the Contro			
		trustees, key employees, and highest compens					
	1.00	Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	The second secon				
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	10,10,011				
2000		employees' beneficiary organizations (see instr)				6	
2	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	y		28,882.	9	65,798.
	10a	Land, buildings, and equipment: cost or other	2200000	* * * * * * * * * * * * * * * * * * * *			
	11276	basis. Complete Part VI of Schedule D		165,251.		0.7000	
	10.5 %	Less: accumulated depreciation		72,952.	95,989.	100000	92,299.
	11	Investments - publicly traded securities				11	
	12	Investments · other securities. See Part IV, line				12	
	13	Investments - program-related, See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0 245 044	15	0 004 860
	16	Total assets, Add lines 1 through 15 (must equ			2,347,211.	16	2,901,760.
	17	Accounts payable and accrued expenses			296,743.	17	310,510.
	18	Grants payable			050 466	18	710 077
	19	Deferred revenue	0.00111111111111111		258,466.	19	742,877.
	20	Tax-exempt bond liabilities		***************************************		20	
ı	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to current and former					
		key employees, highest compensated employee				0.00	
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			100 010	23	05 250
	24	Unsecured notes and loans payable to unrelated			190,219.	24	95,358.
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines	Saluk water the time seem to				
					102,177.	05	254 252
	26	Total liabilities. Add lines 17 through 25			847,605.	25	354,253.
+	20	Organizations that follow SFAS 117 (ASC 958	V alexale beau	- [V]	047,005.	26	1,502,998.
П		complete lines 27 through 29, and lines 33 an		and and			
	27	그래마다 아래 사이를 보다 하면 하면 하다 하는데			1,499,606.	27	1 200 762
	28	Unrestricted net assets Temporarily restricted net assets			1,433,000.	28	1,398,762.
		그래프로그램에 되었다면 하면 하면 어느 아니는				2.5581	
	20	Organizations that do not follow SFAS 117 (A		ok basa N		29	
		and complete lines 30 through 34.	30 300), Cite	ck fiele			
1	30	Capital stock or trust principal, or current funds				20	
	30	Paid-in or capital surplus, or land, building, or eq				30	
	34		UNDITIESTIC TUNC			31	
	31			or funda		00	
	31 32 33	Retained earnings, endowment, accumulated inc Total net assets or fund balances	come, or other		1,499,606.	32	1,398,762.

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

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization		range properties of the state state.			
Part I Reason for Pu	DEVELOPMENT G	ATEWAY, INC.	complete this part \	Son instructions	52-2318905
Part I Reason for Pu The organization is not a private 1	n of churches, or associan section 170(b)(1)(A)(ii) erative hospital service or organization operated in organization operated in organization operated in organization operated in organization operated of a color, (Complete Part II.) ecal government or governmently receives a subsequi). (Complete Part II.) escribed in section 170(inormally receives: (1) more sexempt functions - subsequipments taxable incomplete Part III.) inized and operated exclunized in the describes the type organizations described that describes the type	(All organizations must be: (For lines 1 through 11, ation of churches describe.) (Attach Schedule E.) (Attach Sch	check only one boxed in section 170(b)(1)(A) section 170(b)(1)(A) all described in sect and or operated by a section 170(b)(1)(A) from a government  It.) pport from contribut and (2) no more the from businesses acc afety. See section section section 509(a)(2) on and complete line	See instructions. (iii). (iii). (iii). (ion 170(b)(1)(A)(iii). Enter governmental unit descri (A)(v). (a) unit or from the general (ions, membership fees, a (ion 33 1/3% of its support (ions of, or to carry out the (ions of, or to carry out the)	public described in and gross receipts from throm gross investment after June 30, 1975.
b Type II. A supporti	nust complete Part IV, s ng organization supervise	Sections A and B. ed or controlled in connec ganization vested in the	ction with its suppor	ectors or trustees of the s ted organization(s), by ha control or manage the sup	ving
c Type III functional		ng organization operated		and functionally integrate	ed with,
that is not function		ization generally must sa	tisfy a distribution re	with its supported organi equirement and an attent	
e Check this box if the	e organization received a ted, or Type III non-functi	written determination fro onally integrated support	om the IRS that it is ting organization.	a Type I, Type II, Type III	
g Provide the following infor	mation about the support	ted organization(s).	***************************************	***************************************	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization listed in your governing document? Yes No	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
otal					

# Schedule A (Form 990 or 990 EZ) 2014 DEVELOPMENT GATEWAY, INC. 52-23189 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 fails to qualify under the tests listed below, please complete Part III.)

2 Tax reversues 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 1,281,821, 3,391,078, 750,703, 3,333,451, 2,251,487, 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) 6 Public support, Subtectines to ten line 4  Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 2,251,487, 3,391,078, 750,703, 3,333,451, 2,251,487, 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 51,166, 45,606, 82,681, 220,124, 337,908, 7  9 Not 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 Vt) 23,239, 4,897, 923, 112,817, 1  11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 17,9  First five 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  Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 8		
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levided 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 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsective 5 som line 4.  Section B. Total Support Calendar year (or fiscal year be glinning in) P. (a) 2010 1, 281,821, 3,391,078, 750,703, 3,333,451, 2,251,487,	2011 (c) 2012 (d) 2013 (e) 2014 (	(f) Total
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  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 26 of the amount shown on line 11, column (f)  6 Public support subtract ties 5 ton line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  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 Vt.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 First five 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 from 2013 Schedule A, Part II, line 14  15 B 83 1/3% support test - 2014. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box as top here. The organization qualifies as a publicly supported organization  15 B 31 1/3% support test - 2014. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box as top here. The organization qualifies as a publicly supported organization.	750 702	1,008,540
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Subsect line 5 torn line 4 8 Gross income from line 4 9 Total Support 1, 281,821, 3,391,078, 750,703, 3,333,451, 2,251,487, 2,251,487, 3,391,078, 3	3,333,431, 2,231,407, 11	1,008,540
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)  6 Public support, Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014  7 Amounts from line 4 1, 281, 821, 3, 391, 078, 750, 703, 3, 333, 451, 2, 251, 487, 48, 48, 48, 48, 48, 48, 48, 48, 48, 48		
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014  7 Amounts from line 4  1, 281, 321, 3, 391, 078, 750, 703, 3, 333, 451, 2, 251, 487,  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  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  12 Gross receipts from related activities, etc. (see instructions)  13 First five 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 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box as stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2013. 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.	391,078, 750,703. 3,333,451. 2,251,487. 11	1,008,540
Calendar year (or fiscal year beginning in)  (a) 2010  (b) 2011  (c) 2012  (d) 2013  (e) 2014  7 Amounts from line 4  1, 281, 821, 3, 391, 078, 750, 703, 3, 333, 451, 2, 251, 487, 487  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  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  12 Gross receipts from related activities, etc. (see instructions)  13 First five 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 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box an stop here. The organization qualifies as a publicly supported organization  15 3 1/3% support test - 2013. 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 an stop here. The organization qualifies as a publicly supported organization  16 2012 (d) 2013 (e) 2014 (line 6, 2014 or 10,	1	1,963,183.
Calendar year (or fiscal year beginning in)  (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014  7 Amounts from line 4 1,281,821, 3,391,078, 750,703, 3,333,451, 2,251,487,  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources and 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  12 Gross receipts from related activities, etc. (see instructions)  13 First five 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 2014 (line 6, column (f) divided by line 11, column (f)) 15 8  16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ar stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2013. 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 are stop here. The organization qualifies as a publicly supported organization.	9	9,045,357.
Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five 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 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ar stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2014. 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 ar stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box ar stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box are stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box are stop here.		
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	750 700	(f) Total
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  12 Gross receipts from related activities, etc. (see instructions)  13 First five 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 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2013 Schedule A, Part II, line 14  16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ar stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support test - 2013. 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 are stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box are stop here.		1,008,540.
or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five 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 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2013 Schedule A, Part II, line 14  16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ar stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. 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	,000. 02,001. 220,124. 337,908. 73	7,485.
12 17, 9  13 First five 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 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2013 Schedule A, Part II, line 14  16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box are stop here. The organization qualifies as a publicly supported organization  17 b 32 17 b 32 17 b 33 1/3% support test - 2013. 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 are stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box are stop here.		
13 First five 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 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2013 Schedule A, Part II, line 14  16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ar stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support test - 2013. 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		887,901.
organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2013 Schedule A, Part II, line 14  16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box are stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2013. 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.	cond third fourth or fifth toward as a section 501(s)(9)	8,543.
15 Public support percentage from 2013 Schedule A, Part II, line 14	An and the state of the state o	▶□
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ar stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. 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	line 11, column (f) 14 76	.09 %
stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b	15 85	.07 %
	ganization	<b>▶</b> X
CONTROL OF THE PROPERTY OF THE		. ▶□
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or n 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.	did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. Explain in Part VI how the organization	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% 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	did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or s" test, check this box and stop here. Explain in Part VI how the	
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	ne 13 16a 16b 17a or 17b shock this box and an including	<b>[</b>
	Schedule A (Form 990 or 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	4.10040	41.0011	1 22222	1 22000	T garagada	100000000000
Calendar year (or fiscal year beginning in) ▶  1 Gifts, grants, contributions, and	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	37.00.00.00.00	130.30.31				· ·
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b		(				
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for th	ne organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiza	ation,
이 마시 아니다 나를 하는 것이다. 나는 아이를 받아 있는 것이 되었다면 하는 것이 없어요? 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이						<b>&gt;</b> □
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2014 (line	e 8, column (f) di	vided by line 13, c	olumn (f))		15	9
16 Public support percentage from 2013 S					16	9
Section D. Computation of Invest						
17 Investment income percentage for 2014	(line 10c, colun	nn (f) divided by lin	e 13, column (f))	minima managar	17	9
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2014. If the or						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2013. If the or	ganization did n	ot check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, check	this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization of						
32023 09-17-14				Sch	nedule A (Form 990	or 990-EZ) 20

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

	Yes	No
1		
2		
За		_
3b		
3с		
4a		-
4b		
4c		
5a		_
5b 5c		
6		-
7		
8		
9a		
9b		
9c		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)			
	7. 1917 1000 1918 1000 100 1000 1000 1000 1000	720	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		L.D.	
	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1000 16		
	the supported organization(s).	1		
Sec	tion D. 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		20/00/00	777.20
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		100	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instruction	ns):		
а	The organization satisfied the Activities Test. Complete line 2 below.	NVED		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.0		_
0.000	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	Oh		
	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
3				
3				
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0.00		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

Schedule A (Form 990 or 990-EZ) 2014

7

4 Enter greater of line 2 or line 3

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

3

4

5

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Breakdown of line 7:

d Excess from 2013 e Excess from 2014

and 4c.

a

6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2015. Add lines 3j

nedule A	(Form 990 or 990-EZ	2014 DEVELOPMENT	GATEWAY,	INC.	52-2318905 P
art VI		Information. Provide the e	xplanations require	ed by Part II, line 10; F	art II, line 17a or 17b; and Part III, line 12.
	Also complete this	part for any additional informat	tion. (See instruction	ons).	
_					

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

Name of the organization

Employer identification number

	DEVELOPMENT GATEWAY, INC. 52-2318905
Organization type (chec	ck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
그렇게 되는 그 그 없는 그 바람이 그리다요.	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	tion filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 outor, 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, EZ, line 1. Complete Parts I and II.
year, total cont	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.
year, contributi is checked, ent purpose. Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the consexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., to complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990-PF, Part I, line 2, to eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

## DEVELOPMENT GATEWAY, INC.

52-2318905

Part I	Contributors (see instructions). Use duplicate copies of Part		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZIF + 4	\$\$, 1,569,586.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)  990, 990-EZ, or 990-PF) (201

Name of organization

Employer identification number

## DEVELOPMENT GATEWAY, INC.

52-2318905

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SOFTWARE LICENSES	\$\$.	06/30/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	×
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

ation			Employer identification number
Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	columns (a) through (e) and the following charitable, etc., contributions of \$1,000 or le	ing line entry. For organization	e
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of tra	nsferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Transferee's name, address, a	(e) Transfer of gift  nd ZIP + 4  (c) Use of gift		nsferor to transferee
Transferee's name, address, a	(e) Transfer of gift	Relationship of trai	nsferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	(e) Transfer of gift	-\-\-	
	MENT GATEWAY, INC.  Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religious duplicate copies of Part III if addition (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a	MENT GATEWAY, INC.  Exclusively religious, charitable, etc., contributions to organizations described it the year from any one contributor. Complete columns (a) through (e) and the follow completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Is.  Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4	MENT GATEWAY, INC.  Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)[7], (8), or the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organization completing Part in entre the total or decidently religious, charitable, etc., contributions of \$1,000 or less for the year. [Etit this life, organization completing Part in entre the total or decidently explored.]  (b) Purpose of gift  (c) Use of gift  (d) Description of training transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of training transferee's name, address, and ZIP + 4  Relationship of tr

#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

DEVELOPMENT CATEWAY TNC Employer identification number

52-2318905

Pa	organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
11	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 wi	iting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
-	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organic	nization answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of a histor	ically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
. 2	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic struc		
a	Number of conservation easements included in (c) acquired aft		
0	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ised, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ease	mont in Israelad N	
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it h	수 있는데 그 이 사람들이 그렇게 하는데 그는 아니라 하는데 바람이다.	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		o organization o docodining for
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib-		
	the text of the footnote to its financial statements that describe		A TOURS OF THE PROPERTY OF THE
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures	ures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		getter freihe for de forsom de sterne veren en e	Market Artist Control of the Control	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion: 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)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	1c. See Form 990, Part >	(, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuati		of-year market value
(1)				***************************************
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990 Part IV line 1	1d See Form 990 Part X	line 15	
	Description	Tu. occ Tolli 550, Fait 2	, mie 15.	(b) Book value
(1)				(b) Dook Take
(2)				
(3)				
\$35A				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal, (Column (b) must equal Form 990, Part X, col. (B) line	15.)	MARKA MA		
Part X Other Liabilities.				
Complete if the organization answered "Yes"	THE RESIDENCE OF THE PROPERTY	and the state of t	Part X, line 25.	
(a) Description of liability	(	b) Book value		
(1) Federal income taxes				
(2) DEFERRED RENT		354,253.		
(2) DEFERRED RENT (3)		354,253.		

354,253. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the 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 X

Schedule D (Form 990) 2014

(6)(7) (8)

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

432054 10-01-14

Part XIII   Supplemental Information (continued)	52-2318905 Page 5
RECOVERY OF PRIOR YEAR BAD DEBT REPORTED AS NEGATIVE	109,481.
EXPENSE ON THE FINANCIAL STATEMENTS AND REPORTED AS	
REVENUE ON FORM 990, PART VIII, LINE 11A.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
RECOVERY OF PRIOR YEAR BAD DEBT REPORTED AS NEGATIVE	109,481.
EXPENSE ON THE FINANCIAL STATEMENTS AND REPORTED AS	
REVENUE ON FORM 990, PART VIII, LINE 11A.	
	-

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

PEWAY, IN	ic.		52-23189	905
	Activities Ou	tside the United States. Comp	lete if the organization answered	"Yes" on
	1112	73 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
				Yes No
				utside the
and the facility of the control of t	LOW SECTION OF THE PARTY OF THE		needed.)	
(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
1	8	PROGRAM SERVICES	TO CONDUCT THE AID MANAGEMENT PROGRAM, RESEARCH & INNOVATION AND CUSTOM SOLUTIONS	534,365.
		TROOMS SERVICES	TO CONDUCT THE AID MANAGEMENT PROGRAM, RESEARCH & INNOVATION	334,363,
1	4	PROGRAM SERVICES	AND CUSTOM SOLUTIONS	491,904.
2	12			1,026,269,
0	0			0,
2	12			1,026,269.
	rmation on A V, line 14b. s the organization for the grants or a cribe in Part V the the following Part (b) Number of offices	V, line 14b. s the organization maintain record for the grants or assistance, and cribe in Part V the organization's  the following Part I, line 3 table conditions in the region  (c) Number of employees, agents, and independent contractors in region  1 8	rmation on Activities Outside the United States. Comp V, line 14b.  Is the organization maintain records to substantiate the amount of its growth the organization or assistance, and the selection criteria used to award the cribe in Part V the organization's procedures for monitoring the use of its fine following Part I, line 3 table can be duplicated if additional space is (c) Number of offices in the region of the following Part I, line 3 table can be duplicated if additional space is (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)  1 8 PROGRAM SERVICES  1 4 PROGRAM SERVICES	vime 14b.  V, line 14b.  It have the organization maintain records to substantiate the amount of its grants and other assistance, for the grants or assistance, and the selection criteria used to award the grants or assistance?  Cribe in Part V the organization's procedures for monitoring the use of its grants and other assistance of the following Part I, line 3 table can be duplicated if additional space is needed.)  (b) Number of offices in the region offices in the region in the region in the region offices in region  1

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2014

432071 09-24-14

DEVELOPMENT GATEWAY, INC.

Schedule F (Form 990) 2014

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.

(a) Name of organization and EIN (if applicable)					2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
		TE			anizations listed a
(c) Region					bove that are rec
(d) Purpose of grant					ognized as charities by the
(e) Amount of cash grant					foreign country,
(f) Manner of cash disbursement					recognized as tax-ex
(g) Amount of non-cash assistance					xempt by
(h) Description of non-cash assistance					
(i) Method of valuation (book, FMV, appraisal, other)					

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52-2318905

DEVELOPMENT GATEWAY, INC.

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. Schedule F (Form 990) 2014

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

32

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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	X 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	X 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	X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

#### SCHEDULE M (Form 990)

Department of the Treasury internal Revenue Service

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open To Public Inspection

Name of the organization

DEVELOPMENT GATEWAY, INC.

Employer identification number

52-2318905

		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash con amounts rep Form 990, Part	orted on	Method o			ts
1	Art - Works of art		John Carenda action	CHARACTER CONTROL					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities · Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous			-					
13	Qualified conservation contribution - Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								_
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens			-					
24	Archeological artifacts								
25	Other ► (SOFTWARE )	Х	3	460	,086.	FMV			
26	Other > ()				,				
27	Other • (								
28	Other • (								
29	Number of Forms 8283 received by the organ for which the organization completed Form 82								
	is made the organization completed Form of	CO, I dit IV, L	Source Mentiowing	paraerit	29			Yes	No
30-	During the year, did the organization receive b	w contributio	n any property res	orted in Part I 5	nas 1 throu	ah 28 that it		res	IVE
ooa	must hold for at least three years from the dat								
	를 하면 하는 것이 많아 없는 것들이 없는 것이 되고 있다. 그 생각이 없는 것은 사람이 없는 것이 없는 것이다.		A PART COLOR DE LA CASA DE LA CAS	and with the property of the			-00		v
	exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.	f					30a		X
		malian that co	midean the services		and anatolic	wite			v
31	Does the organization have a gift acceptance						31	:	X
	Does the organization hire or use third parties contributions?			3			32a		х
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in describe in Part II.	column (c) fo	or a type of proper	ty for which colu	mn (a) is ch	ecked,			

Schedule N	4 (Form 990	) (2014) DEVELO	PMENT	GATEW	AY,	INC.		52-2318905	Page 2
Part II	Supple is reportir	mental Informati	<b>on.</b> Prov	ide the inform	nation	required by	Part I, lines 30b, 32b, a er of items received, or a	nd 33, and whether the organiz combination of both. Also cor	ation
SCHEDU	JLE M,	PART I, CO	LUMN	(B):					
THIS C	COLUMN	REPRESENTS	THE	NUMBER	OF	ITEMS	CONTRIBUTED		
-									

432142 08-12-14

Schedule M (Form 990) (2014)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014 Open to Public

Open to Publ Inspection

Name of the organization

DEVELOPMENT GATEWAY, INC.

Employer identification number 52-2318905

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

ACCESS TO CRITICAL INFORMATION; GREATER RELIANCE ON LOCAL CAPABILITIES;

AND MORE EFFECTIVE, BETTER COORDINATED INTERNATIONAL AID.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AIDDATA IS A JOINT INITIATIVE OF DEVELOPMENT GATEWAY, THE COLLEGE OF

WILLIAM AND MARY, AND BRIGHAM YOUNG UNIVERSITY. AIDDATA WORKS WITH MANY

OTHER PARTNERS ON INITIATIVES RANGING FROM DATA COLLECTION AND

STANDARDIZATION TO GEOCODING AND COUNTRY-LEVEL PILOT PROJECTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DEVELOPMENT GATEWAY HAS REVAMPED ZUNIA (WWW.ZUNIA.ORG), THE KNOWLEDGE

EXCHANGE PLATFORM. UNDER THE SECOND PILLAR, A GROUP CONSISTING OF THE

COLLEGE OF WILLIAM & MARY, BRIGHAM YOUNG UNIVERSITY, THE UNIVERSITY OF

TEXAS AT AUSTIN, DEVELOPMENT GATEWAY, AND ESRI FORMED THE "AIDDATA

DEVELOPMENT CENTER" AND WERE AWARDED A 5 YEARS GRANT BY THE USAID IN

RESPONSE TO THE TENDER (RFP) GEARED TOWARDS THE FORMATION OF A HIGHER

EDUCATION SOLUTIONS NETWORKS (HESN). THE INTENT OF THE NETWORK IS TO

LEVERAGE THE POWER OF US UNIVERSITIES AND TECHNOLOGY TO SUPPORT USAID'S

RESEARCH AND INNOVATION EFFORT ABROAD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DGMARKET: DEVELOPMENT GATEWAY'S DGMARKET IS AN ONLINE MARKETPLACE FOR

GOVERNMENT TENDERS, PROVIDING ACCESS TO TENDER NOTICES, CONTRACT

AWARDS, BIDDING DOCUMENTS, AND OTHER PROCUREMENT INFORMATION. IT

CREATES MAJOR SAVINGS IN GOVERNMENT SPENDING, WHILE GIVING COMPANIES OF

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

Schedule O (Form 990 or 990-EZ) (2014)

332211
08-27-14

ALL SIZES GREATER ACCESS TO TENDER OPPORTUNITIES AT HOME AND ABROAD IN THEIR OWN LANGUAGE.

DGMARKET'S 500,000 USERS CAN ACCESS GOVERNMENT TENDERS IN OVER 60 COUNTRIES, AND INTERNATIONAL FINANCIAL INSTITUTION TENDERS IN 170 COUNTRIES. THE PLATFORM LISTS 55,000 OPEN TENDERS ON ANY DAY, TOTALING OVER \$900 BILLION IN BUSINESS OPPORTUNITIES ANNUALLY. IT ALSO PROVIDES ACCESS TO MORE THAN 1.6 MILLION CONTRACT AWARD NOTICES.

EXPENSES \$ 198,833. INCLUDING GRANTS OF \$ 0. REVENUE \$ 318,069.

#### GRANT FUNDED PROGRAMS

EXPENSES \$ 75,594. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

#### ZUNIA

EXPENSES \$ 7,268. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

#### FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. THE DIRECTOR OF FINANCE THEN REVIEWED THE COMPLETED 990 IN ORDER TO ENSURE ACCURACY AND CONSISTENCY WITH THE AUDITED FINANCIAL STATEMENTS. THE FORM WAS THEN REVIEWED AGAIN AT A HIGHER LEVEL BY THE CEO. THE ENTIRE BOARD REVIEWED THE FORM 990 PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE FOR ALL EMPLOYEES AND BOARD MEMBERS, WHO SIGN A STATEMENT ON A YEARLY BASIS. IF A PERCEIVED OR POTENTIAL CONFLICT OF INTEREST IS REPORTED (BY THE EMPLOYEE,

COLLEAGUE OR OUTSIDE AFFILIATE) TO ANY MEMBER OF THE MANAGEMENT TEAM, THE 432212 08-27-14 Schedule O (Form 990 or 990-EZ) (2014)

ORGANIZATION CONDUCTS A CONFIDENTIAL INVESTIGATION TO DETERMINE THE BEST COURSE OF ACTION, WHICH IN SOME CASES MAY INCLUDE DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS, IN FACT, FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

DG'S EXECUTIVE COMMITTEE (E.C.) MET TO CONSIDER THE INITIAL ANNUAL COMPENSATION OF THE CEO. AS PART OF THIS PROCESS, THE E.C. DEVELOPED AND REVIEWED DATA SHOWING THE COMPENSATION PAID TO CEOS OF LIKE ORGANIZATIONS. EACH OF THE ORGANIZATIONS SURVEYED WAS EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(C)(3) AND HAD SIMILAR ANNUAL BUDGETS IN TERMS OF TOTAL EXPENSES. EIGHT OF THE NINE ORGANIZATIONS WERE INVOLVED IN INTERNATIONAL ACTIVITIES AND A MAJORITY WERE LOCATED IN THE D.C. AREA. THE DECISIONS OF THE E.C. WERE DULY DOCUMENTED AND RECORDED IN THE MEETING MINUTES. SUBSEQUENT CHANGES TO CEO COMPENSATION WERE MADE BY THE CHAIR. THE COMPENSATION REVIEW FOR OTHER OFFICERS AND KEY EMPLOYEES WAS CONDUCTED BY THE CEO. THE LAST COMPENSATION REVIEW TOOK PLACE IN JULY 2015.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. 432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization  DEVELOPMENT GATEWAY, INC.	Employer identification numbe 52-2318905
FORM 990, PART IX, LINE 11G, OTHER FEES:	
DG MARKET PROGRAM CONSULTING:	
2008-0-2008-0-75 - NEW PORTS (NEW TOTAL CONTROL OF THE STATE OF THE ST	147,374
MANACEMENT AND CONEDAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	147,374
AMP PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES	486,571
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	486,571
CDAME EINDED DOCEAN CONCUENTIA	
PROGRAM SERVICE EXPENSES	37,640.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,640.
AIDDATA PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES	716,677.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	716,677.
DG CLIENT RESEARCH PROJECT CONSULTING:	
PROGRAM SERVICE EXPENSES	364,593.

1,940,284.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

SCHEDULER (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▼ Attach to Form 990.

Open to Public Inspection 2014

OMB No. 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

INC.

DEVELOPMENT GATEWAY,

Employer identification number

52-2318905

(g) Section 512(b)(13) No controlled Direct controlling Yes × Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling GATEWAY, INC. DEVELOPMENT End-of-year assets (e) status (if section Public charity 501(c)(3)) Total income Exempt Code 0 section Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) BELGIUM PLATFORMS TO MAKE AID AND Primary activity Primary activity DEVELOPMENT EFFORTS PROVIDE WEB-BASED **Q** Name, address, and EIN (if applicable) DEVELOPMENT GATEWAY INTERNATIONAL Name, address, and EIN of related organization of disregarded entity 1040 BRUSSELS, BELGIUM 49 RUE DE TREVES Part II

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2014

52-2318905

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Schedule R (Form 990) 2014 DEVELOPMENT GATEWAY, INC.

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under		Share of total Si	(g) Share of end-of-year	(h) Disproportionate allocations?	(i) Code V-UBI amount in box		(j) (k)  General or Percentage managing ownership
		country)		sections 512	-514)	0		Yes	K-1 (Form 1065)		
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	rganizations Taxable a orporation or trust durin	as a Corpo	oration or Trust Colear.	mplete if the or	l ganization ansv	vered "Yes" on Fo	orm 990, Par	t IV, line 34	because it had or	le or more	related
(a) Name, address, and EIN of related organization	Z co	Prim	(b) Primary activity	(c) Legal domicile Dir (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Per end-of-year ow assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?

Schedule R (Form 990) 2014

Pane 2

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. C	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed in F	Parts II-IV?	Yes	oN S
a Rec	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ			13	×
b Gift	Gift, grant, or capital contribution to related organization(s)				ę	×
o Gift	Gift, grant, or capital contribution from related organization(s)			· · · · · · · · · · · · · · · · · · ·	1	×
d Loa	Loans or loan guarantees to or for related organization(s)		·		7	×
e Loa	Loans or loan guarantees by related organization(s)				2 ,	4 3
	Character of the second of the	***************************************	***************************************		Je	4
f Divi	Dividends from related organization(s)				*	×
g Sale	Sale of assets to related organization(s)					1
	ation(s)				7	4 >
i Exc						4 >
j Lea				***************************************	F	×
k Lea	Lease of facilities, equipment, or other assets from related organization(s)				÷	>
	Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		0	٤,	4 >
m Per	Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			- ;	4 >
	Sharing of facilities, equipment, mailing lists, or other assets with related oxognization(s)	ion(e)			E,	4
	Sharing of haid employable with related proprietion(s)	manufal manufall	***************************************	***************************************	- Ju	4
	anny or paid employees with related organization(s)			THE ENGINEERING CONTRACTOR OF THE PROPERTY OF	ę	×
	Reimbursement paid to related organization(s) for expenses				ç	×
a Reir	Reimbursement paid by related organization(s) for expenses				,	>
	***************************************	***************************************			5	4
- Oth	Other transfer of cash or property to related organization(s)	***************************************	***************************************		+	×
45	Other transfer of cash or property from related organization(s)		100000000000000000000000000000000000000		15	×
2 If th	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	nis line, including covered rela	itionships and transaction thresholds.	The section of the section of	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	t involved	
Ð						
(2)						
ē						
2 3						
(2)						
(9)						
432163 08-14-14	14-14	44		Schedul	Schedule R (Form 990) 2014	0) 2014

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# Schedule R (Form 990) 2014 DEVELOPMENT GATEWAY, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d)  Name, address, and EIN Primary activity of entity of entity country)  (b) (c) (d) (d) (related, unrelated, unrelated, unrelated, country) sections 512-514)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income parines se. (related, unrelated, soft(s) ogs? sections 512-514) yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(h)	General or P managing partner?	(k) ercentage ownership

Schedule R (Form 990) 2014