			** PUBLIC DISCLOSURE COPY		
	C	ION	Return of Organization Exempt Fror	n Income Tax	OMB No. 1545-0047
For	m 🗳	50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		<sup>ns)</sup> 2015
		t of the Treasury	Do not enter social security numbers on this form as it n	-	Open to Public
	-	renue Service	Information about Form 990 and its instructions is at ww accurate as tax upon basinging TUL 1 2015		Inspection
			ar year, or tax year beginning JUL 1, 2015 and ending organization	JUN 30, 2016	
	Check i ipplica	ble:	organization	D Employer identific	ation number
	Addi Char		LOPMENT GATEWAY, INC.		
	_lchar	ige Doing bi	isiness as		<u>318905</u>
Ļ	retur Final	n Number	and street (or P.O. box if mail is not delivered to street address) Room/s		
	retur term		VERMONT AVENUE, NW 500		572-9200
	ated Ame		wn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,208,675.
	_retur  Appl		INGTON, DC 20005 ad address of principal officer: JEAN-LOUIS SARBIB	H(a) Is this a group rei	
l	_tion pend		AS C ABOVE		?
<u> </u>		kempt status:		527 If "No." attach a I	
			DEVELOPMENTGATEWAY.ORG	—	ist. (see instructions)
		of organization:		H(c) Group exemption	
	irt I				State of legal dominate. DC
	1		e the organization's mission or most significant activities: SEE PART	TTT. LINE 1.	·
Governance		,			
rna	2	Check this box	if the organization discontinued its operations or disposed of r	nore than 25% of its net ass	ets.
ove	з		ng members of the governing body (Part VI, line 1a)		7
ত ব্য	4		ependent voting members of the governing body (Part VI, line 1b)		7
ŝ	5		f individuals employed in calendar year 2015 (Part V, line 2a)		26
viti	6		f volunteers (estimate if necessary)		7
Activities	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12	7a	0.
			pusiness taxable income from Form 990-T, line 34		0.
				Prior Year	Current Year
e l	8		and grants (Part VIII, line 1h)	2,251,487.	2,86 <u>3,480</u> .
Revenue	9		e revenue (Part VIII, line 2g)	2,983,341.	3,605,454.
Re	10		ome (Part VIII, column (A), lines 3, 4, and 7d)	690.	400,000.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	450,035.	<u>339,741.</u>
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>5,685,553.</u>	7,208,675.
	13		ilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		o or for members (Part IX, column (A), line 4)	0.	0.
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	1,828,373.	2,179,249.
Expenses			ndraising fees (Part IX, column (A), line 11e) g expenses (Part IX, column (D), line 25)   291,874.	0.	0.
Ä				2 050 024	4 210 050
	17 18		s (Part IX, column (A), lines 11a·11d, 11f·24e) . Add lines 13·17 (must equal Part IX, column (A), line 25)	3,958,024.	4,318,870.
			xpenses. Subtract line 18 from line 12	5,786,397.	<u>6,498,119.</u>
58	19	Devenue less e		-100,844.	<u>710,556.</u>
Net Assets or Fund Balances	20	Total assets (Pa	art X line 16)	2 901 760	End of Year
Ass Bal	20 21	Total liabilities (		2,901,760. 1,502,998.	3,386,672.
Net			Part X, line 26) and balances. Subtract line 21 from line 20	1,398,762.	<u>1,277,354</u> . <u>2,109,318</u> .
	rt II	Signature		, <u>JJU,104.</u>	4,107,310.
<u></u>			declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and helief, it is
			Declaration of preparer (other than officer) is based on all information of which prep		הווטיחוטעצט מווע טפווטו, ונ וא
		1			

Sign Here	Signature of officer JEAN-LOUIS SARBIB, CEO Type or print name and title	Date 4/14/2017
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	ANDREAS ALEXANDROU	2017 self-employed P00542725
Preparer	Firm's name 🖕 GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N	
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
	(11) For Deserved Deduction Act Matter 11 (11) 11	- 000

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

the pror from 990 or 900-E27	Check # Standauku Condains a response or note to any tone in the Parl II           Distly describe the organizations remission           Distly Contract To REALING CHARGE IN DEVELOPING NATIONS THROUGH INFORMATIC TECHNOLOGY. IT ENVISIONS A WORLD IN WHICH THE DISTRAUGH INCRASSED Distlicitude and significant nogram services during the year which were or listed on the parl formatic any significant nogram services during the year which were or listed on the parl formatic bit hese new services on Schedule 0.         □ Ves: [# 1748; !# describe these new services on Schedule 0.           1 'Ves: [# describe these new services on Schedule 0.         0 the organization undertake any significant tangos in how it conducts, any program services?.         [X] Ves [# 1748; !# describe these news envices on Schedule 0.           0 Discribe the organization's program services accomplohoments for each of its twes largest program services?.         [X] Ves [# 1748; !# describe these charge on Schedule 0.           0 Discribe the organization's program service specied.         1 (process ]		n 990 (2015) DEVELOPMENT GATEWAY, INC.	<u>52-2318905</u>	Pag
<ul> <li>Briefly describe the organization's measen: DEVELOPMENT GATEWAY IS AN INTERNATIONAL NONPROFIT ORGANIZATION DEDICATED TO ENABLING CHANCE IN DEVELOPING NATIONS THROUGH INFORMATION SERVES PEOPLE EVERYWHERE - CREATING OPPORTUNITIES THROUGH INCREASED</li> <li>do the organization of measen services and services during the year which was not listed on people form 900 or 900-E27</li> <li>the 'res' describe one was services on Schedule 0.</li> <li>do the organization approximate structure of the organization approximation was not service on Schedule 0.</li> <li>do the organization approximaterive accompletioners for each of its three largest program services, as measured by expenses. Section 501(623) and 501(64) organizations are required to report the annound or grants and allocations to others, the total expenses. Section 501(623) and 501(64) organizations are required to report the annound or grants and allocations to others, the total expenses. Section 501(623) and 501(64) organizations are required to report the annound or grants and allocations to others, the total expenses. Section 501(623) and 501(64) organizations are required to report the annound or grants and allocations to others, the total expenses. Section 501(623) and 501(64) organizations are required to report the annound or grants and allocations to others, the total expenses. Section 501(623) and 501(64) organizations are required to report the singlet.</li> <li>a LIDDATA ALINITIATIVE SERVERY YEAR DUT WHERE HAS THIS FUNDING GONE, AN HAS II TECHNICKS AND ANNULAR INFORMATION ON INDIVIDUAL DEVELOPMENT A INACTIVITIES, THESE QUESTIONS ARE IMPOSSIBLE TO ANSWER.</li> <li>THE ALDDATA INITIATIVE SERVERS THE DISCRES AND LEFFECTIVENESS BY PROVIDING PROVENSES AND ENVICES THAT PROMET THE DISCREMINATION. ANNULAS INFORMATION OPEN DATABASE OF INFORMATION ON INDIVIDUAL FOREIGN ALD ACTIVITIES, MORKS WITH DONORS TO DEVELOP AND INNOVATION DATABASES, AND PROVIDES GEOCODING SERVICES TO DONORS AND RECEPTIENT GOVERSMENT: AND MARGEMENT</li></ul>	1         Distribution of a measure DEVELOPMENT GATEWAY IS AN INTERNATIONAL NONPROFIT ORGANIZATION DEDICATED TO ENABLING CHANGE IN DEVELOPING NATIONS THROUGH INFORMATION SERVES. PEOPLE EVERYWHERE - CERATING OPPORTUNITIES THROUGH INCREASED           2         Did the organization of the structure program services during the year which were not lated on measure through the store of the store of the store of the store of the store of the store of the store of the store the store of the store of the store the store of the	Pa			_
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te Total program service expenses ► 4,449,819. <sup>2002</sup> -16-15 SEE SCHEDULE O FOR CONTINUATION(S) 2	te Total program service expenses ► 4,449,819. <sup>2002</sup> -16-15 SEE SCHEDULE O FOR CONTINUATION(S) 2		(Expenses \$ 297,135. including grants of \$ 54.) (Revenue \$	410.990.	
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2	2		SEE SCHEDULE O FOR CONTINUATION		- (21
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1227		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
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			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		<u> </u>
	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
с	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11</u> c		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
	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			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
Ь	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	_12a	_ <b></b>	<u> </u>
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	101	<b>v</b>	
13	In the experimentian explored dependence in explanation of $70/(3/(3/0)/3/0)$ is $10/(3/0)/(3/(3/0)/3/0)$	12b 13	X	Х
	Did the executive maintain on office, employees, or execute systems of the United Obstand	14a	x	<u> </u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
_	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form 990 (2015)

532003 12-16-15

Form	199	0 (	2015)	
D				-

			Yes	
20a		20a	-	X
b	and the state of t	20b	-	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a		20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	-	
	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	LUG		- 21
	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	LUN		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		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	07		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	-	~
20	instructions for applicable filing thresholds, conditions, and exceptions):		6. 1	6
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-	-	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		Λ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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 Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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		Х
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note All Form 990 filers are required to complete Schedule O	00	v	

Form 990 (2015)

532004 12-16-15

	990 (2015) DEVELOPMENT GATEWAY, INC. 52-2318	905	P	age \$
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22			
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			
0-	(gambling) winnings to prize winners?	10	X	-
Zd	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			8
h	filed for the calendar year ending with or within the year covered by this return 2a 26			
ų	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		(	v
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3a	-	X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	-	
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-	v	
h	If "Yes," enter the name of the foreign country: <b>BELGIUM</b>	<u>4a</u>	X	1
5	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?	<i>E</i> -		v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		Λ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50	-	
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ju		42
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0	9	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			-
	to file Form 8282?	7c	-	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	8		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
4a	Enter the amount of reserves on hand	14-		v
		14a		X
N		14b	000	2015)

532005 12-16-15

er	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Z
100			T.,	
1ล	Enter the number of voting members of the governing body at the end of the tax year 1a	7	Yes	1
	If there are material differences in voting rights among members of the governing body, or if the governing	4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Free the surface to the test of te	-		
9		7		
	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		
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
	Did the organization have members or stockholders?	6		
a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	[	
)	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			1
	persons other than the governing body?	7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			†-
,	The governing body?	8a	x	
)	Each committee with authority to act on behalf of the governing body?	8b	X	┢──
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	08		-
				Ι.
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
•	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_		-
			Yes	1
I	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			[
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
l	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
;	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	14	~	-
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ĺĺ		
	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
	Other officers or key employees of the organization	15b		2
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		2
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
_	ion C. Disclosure	1 100		_
-	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
		availabi	e	
	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)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			
	ABDOULAYE DIATTA - 202-572-9200	_		
	<u>1110 VERMONT AVE, NW #500, WASHINGTON, DC 20005</u>			

 Form 990 (2015)
 DEVELOPMENT GATEWAY, INC.
 52-2318905
 Page

 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

2015.05060 DEVELOPMENT GATEWAY, INC. 10560\_\_1

52-2318905 Page 6

	VELOPMENT GATEWAY, INC.	52-2318905	Page 7
Part VII Compensation of (	Officers, Directors, Trustees, Key Employees, High	est Compensated	
	dependent Contractors	·	
Check if Schedule O con	tains a response or note to any line in this Part VII		
Section A. Officers, Directors, Tru	ustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all person	is required to be listed. Report compensation for the calendar year	ending with or within the organization's	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 report-able 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	(do	not c	(( Pos	C) itior more		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated	itee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ADRIANUS MELKERT CHAIR	1.50	x		x				0.	0.	0.
(2) V.S. SUBRAHMANIAN	0.50			- 23		-		0.		0.
SECRETARY & AUDIT COMMITTE		x		x		i		ο.	ο.	0.
(3) RUDOLF HAGGENMUELLER	0.50									
BOARD MEMBER & FIN, COMMIT		X						0.	0.	0.
(4) OLIVIER BROCHENIN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(5) BRENDA KILLEN	0.50									
BOARD MEMBER		Х						0.	0.	<u> </u>
(6) MARY O'KANE	0.50									
BOARD MEMBER	0 50	X	_					0.	0.	0.
(7) NGOZI OKONJO-IWEALA	0.50								2	<u>^</u>
BOARD MEMBER	40.00	X				<u> </u>		0.	0.	0.
(8) JEAN-LOUIS SARBIB CEO	40.00			x			ĺ	128,817.	ο.	F 007
(9) NANCY CHOI	40.00							<u></u>	0.	5,987.
SR. DIRECTOR, PRODUCTS & OPERATIONS	10.00					x		132,500.	ο.	6,225.
(10) CATALIN ANDREI	40.00		-					1047000		0,225.
SR. DIRECTOR OF INFO. TECHNOLOGY						x		118,930.	0.	10,721.
(11) JOSHUA POWELL	40.00		_							
DIRECTOR OF INOVATION				_		X		116,598.	0.	14,634.
										·
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				$\square$						
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		-+		-+	$\rightarrow$	-+	-+			
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532007 12-18-15

Form 990 (2015)

	rt VII Section A. Officers, Directors, (A) Name and title	(B) Average hours per	(do	not c	(C Posi heck r	tion nore ti	nan on both a	ne	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amour	ated
		week (list any hours for related organizations below line)	tee or director			rector/	truster 031951130		from the organization (W-2/1099-MISC)	from relate organization	rom related rganizations 2/1099-MISC)		er sation the ation ated tions
						+	+	-				_	
						-	-	-					
				-		1							
		_											
						-	_	-					
					-	-		-			1		
	Sub-total Total from continuation sheets to Pa								496,845.		0.	37,5	-
C	Total from continuation sheets to Pa Total (add lines 1b and 1c) Total number of individuals (including b	rt VII, Section A							0. 496,845.	000 of reportab	0.	37,5	0.
2	Total from continuation sheets to Pa <u>Total (add lines 1b and 1c)</u> Total number of individuals (including to <u>compensation from the organization</u>	rt VII, Section A	ose	liste	d ab	ove)	who	rec	0 • 496 , 845 • eived more than \$100,		0.		0. 567. 4
0	Total from continuation sheets to Pa Total (add lines 1b and 1c) Total number of individuals (including b	int VII, Section A	ose I	liste	d ab y em	oloye	who	rec	0 • 496 , 845 • eived more than \$100, ghest compensated en	nployee on	0. 0. le	37,5	0. 567. 4
2	Total from continuation sheets to Par Total (add lines 1b and 1c) Total number of individuals (including to compensation from the organization Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a received	rt VII, Section A	ose Istee e con " con	, key mpe nple	d ab y em ensat te So	oloye ion a ched	who ee, or and o ule J nrela	rec or hig	0 • 496 , 845 • eived more than \$100, ghest compensated en r compensation from the such individual	nployee on he organization	0. 0.	37,5 Yes 3 4	0. 567. 4 No X X
2 2 3 4 5	Total from continuation sheets to Pa Total (add lines 1b and 1c) Total number of individuals (including to compensation from the organization Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a received rendered to the organization? If "Yes," tion B. Independent Contractors	rt VII, Section A	ose Istee e con e con nsatio e J fo	, key mpe nple on fr	d ab y em insat te So om a <u>ch p</u>	oloye oloye ion a ched iny u	who who and o ule J nrela	rec rec othe <i>I for</i>	0 • 496 , 845 • eived more than \$100, ghest compensated en r compensation from the such individual d organization or individ	nployee on he organization fual for services	0. 0. le	37,5 Yes 3 4 5	0. 567. 4 No X
2 2 3 4 5 Sec	Total from continuation sheets to Par Total (add lines 1b and 1c) Total number of individuals (including to compensation from the organization of Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a received rendered to the organization? If "Yes," tion B. Independent Contractors Complete this table for your five highess the organization. Report compensation (A)	rt VII, Section A but not limited to the icer, director, or tru- for such individual he sum of reportab \$150,000? If "Yes, or accrue comper- <u>complete Schedula</u> at compensated inco- for the calendar y	ose   	, key mpe nple on fr	d ab y em insat te So om a <u>ch p</u>	oloye ion a ched ny u ntrac	who ee, or and o ule J nrela	or high	0 . 496 , 845 . evived more than \$100, ghest compensated en r compensation from the such individual d organization or individual at received more than \$ he organization's tax you (B)	nployee on he organization dual for services 5100,000 of corr ear.	0. 0. le	37,5 Yes 3 4 5	0. 567. 4 No X X X X
2 2 3 4 5 5 8 6 1 1 DE:	Total from continuation sheets to Par Total (add lines 1b and 1c) Total number of individuals (including to compensation from the organization I Did the organization list any former offiline 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receiver rendered to the organization? If "Yes," tion B. Independent Contractors Complete this table for your five highest the organization. Report compensation (A) Name and busin INIS B. WHITTLE, 1913	rt VII, Section A but not limited to the icer, director, or tru- for such individual he sum of reportab \$150,000? If "Yes, or accrue comper <u>complete Schedula</u> it compensated ind for the calendar yuness address 3 12TH STF	ose   	, key mpe nple on fr or su	d ab y em nsat <i>te So</i> om a <u>ch p</u> nt co	oloye) ion a ched iny u ersor	who ee, or and o ule J nrela	rec or hig othe othe ated	0 . 496,845. seived more than \$100, ghest compensated en r compensation from the such individual d organization or individual at received more than \$ he organization's tax yet (B) Description of se	nployee on he organization dual for services S100,000 of com ear.	0. 0. le	37,5 Yes 3 4 5 tition from (C) pompensatio	0. 567. 4 No X X X
c 2 3 4 5 5 5 1 DE: DE:	Total from continuation sheets to Par Total (add lines 1b and 1c) Total number of individuals (including to compensation from the organization Did the organization list any former off line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a received rendered to the organization? If "Yes," tion B. Independent Contractors Complete this table for your five highest the organization. Report compensation (A) Name and busin	rt VII, Section A but not limited to the icer, director, or tru- for such individual he sum of reportab \$150,000? <i>If "Yes,</i> or accrue comper- <i>complete Schedula</i> it compensated indi- for the calendar yr hess address 3 12TH STF 09	ose l astee e con asatic depen ear e	, key mpe nple on fr nder ndin	d ab y em insat <i>te So</i> om <i>a</i> <i>ch p</i> nt co og wi	oloye ion a ched iny u erson ntrac ch or	who ee, or and o ule J nrela	or higher	0 . 496 , 845 . evived more than \$100, ghest compensated en r compensation from the such individual d organization or individual at received more than \$ he organization's tax you (B)	nployee on he organization dual for services 5100,000 of com ear. ervices SEMENT	0. 0. le	37,5 Yes 3 4 5	0. 567. 4 No X X X x 200
c 2 2 3 4 5 5 5 1 DE: DE:	Total from continuation sheets to Pa Total (add lines 1b and 1c) Total number of individuals (including to compensation from the organization Did the organization list any former off line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a received rendered to the organization? <i>If</i> "Yes," tion B. Independent Contractors Complete this table for your five highest the organization. Report compensation (A) Name and busin STRICT DESIGN, 3901	rt VII, Section A but not limited to the icer, director, or tru- for such individual he sum of reportab \$150,000? <i>If "Yes,</i> or accrue comper- <i>complete Schedula</i> it compensated indi- for the calendar yr hess address 3 12TH STF 09	ose l astee e con asatic depen ear e	, key mpe nple on fr nder ndin	d ab y em insat <i>te So</i> om <i>a</i> <i>ch p</i> nt co og wi	oloye ion a ched iny u erson ntrac ch or	who ee, or and o ule J nrela	or higher	0 . 496 , 845 . eived more than \$100, ghest compensated en r compensation from the such individual d organization or individual at received more than \$ he organization's tax you (B) Description of se ROGRAM MANAG ARKETING ,	nployee on he organization dual for services 5100,000 of com ear. ervices SEMENT	0. 0. le	37,5 Yes 3 4 5 tion from (C) ompensation	0. 567. 4 No X X X x 200

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	D (2015) DEVELOPMENT	GATEWAY,	INC.		52-231	8905 Page
Part V	Statement of Revenue					
	Check if Schedule O contains a respons	e or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
<u>छ ।</u>	a Federated campaigns 1a			revenue	revenue	512 - 514
-	b Membership dues 1b					
Ě	c Fundraising events					
A	d Related organizations 11			100		
Ē	e Government grants (contributions) 1e	841,127.				
0	f All other contributions, gifts, grants, and	041,427.	•			
le		,022,353.	a shi a shi a shi a			
5	g Noncash contributions included in lines 1a-1f: \$	460,086.	States and a	Mary Contractor		
and	h Total. Add lines 1a-1f		2,863,480.			
		Business Code	and the second			
2	AMP SERVICES		1,780,569.	1.780.569.		
2 Prevenue	CUSTOM SOLUTIONS	900099	1,413,895.	1,413,895.		
	c SUBSCRIPTIONS	900099	410,990.	410,990.		
	d					
-	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,605,454.			
3	Investment income (including dividends, inte					
	other similar amounts)		1			
4	Income from investment of tax-exempt bond	proceeds				
5	Royalties					
	(i) Real	(ii) Personal				
6	a Gross rents 331,917				S. San Suray	
	b Less: rental expenses0			1-12-1		A STATES
	Rental income or (loss) 331,917	•				
	Net rental income or (loss)		331,917.			331,91
7 :	a Gross amount from sales of (i) Securities					
	assets other than inventory	400,000.		1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -		$\{ f_{i,j} \} \in \{ i,j\}$
	Less: cost or other basis					
	and sales expenses	0.	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			1.11
	Gain or (loss)	400,000.				
	d Net gain or (loss)		400,000.	400,000.		
8 8	Gross income from fundraising events (not					
1	including \$ of					
	contributions reported on line 1c). See					
	Part IV, line 18			and the set of the set of the		
	: Net income or (loss) from fundraising events	······ •				
9 8	Gross income from gaming activities. See					
	Part IV, line 19				4	
	Net income or (loss) from gaming activities	······ •				
10 a	Gross sales of inventory, less returns					
	and allowances					
	Less: cost of goods sold		1.112			
-	Net income or (loss) from sales of inventory .					and the second sec
44	Miscellaneous Revenue	Business Code	0 117			0 115
	BAD DEBT RECOVERY	900099	8,117.		· · · · · · · · · · · · · · · · · · ·	8,117
1.		900099				674
0		900099	-967.			-967
	All other revenue		7 004			
1.000	Total. Add lines 11a-11d	💆	7,824.		•	220 844
12	Total revenue. See instructions.		7,208,675.4	±,000,404.	0.	339,741

# Form 990 (2015)

### DEVELOPMENT GATEWAY, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), X Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (C) (D) Fundraising Do not include amounts reported on lines 6b, Management and 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 149,453. 86,683. 59,781. 2,989. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,719,576. 954,133 591,954. 173,489. 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 63,973. 35,222 22,312. 6,439. Other employee benefits 108,803. 9 53,051 46,655. 9,097. Payroll taxes 137,444. 76,005. 48,514. 12,925. 10 Fees for services (non-employees): 11 Management а 40,919. 40,526. Legal 393. b C Accounting 87,199. 409. 86,790. Lobbying d Professional fundraising services. See Part IV, line 17 e Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 2,437,090. 2,264,266. 120,727. column (A) amount, list line 11g expenses on Sch 0.) 52,097. 12,170. 11,110. 12 Advertising and promotion 1,060. 13 Office expenses 168,622. 39,562. 126,380. 2,680. Information technology 54. 54. 14 Royalties 15 475,592. 1,505. Occupancy 474,087. 16 494,002. 428,275. Travel 33,364. 32,363. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20,009. 16,196. 3,813. 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 23,886. 23,886. 22 23 Insurance 44,461. 44,461. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) IN-KIND SOFTWARE 460,086. 460,086. а EOUIPMENT 53,678. 32,116. b 21,767. -205. c SUBSCRIPTIONS/PUBS. 1,102. 1,102. d e All other expenses 6.498.119. 4,449,819. 1,756,426, 291,874. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

532010 12-16-15

2015.05060 DEVELOPMENT GATEWAY, INC.

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Form 990 (2015) 10560 1

1,398,762.

2,901,760.

employers and sponsoring organizations of sect	ion 501(c)	(9) voluntary			
				6	
				7	
Inventories for sale or use				8	
Prepaid expenses and deferred charges			65,798.	9	1
Land, buildings, and equipment: cost or other					
basis. Complete Part VI of Schedule D					
			92,299.	10c	
				11	
Investments - other securities. See Part IV, line 1	1			12	
Investments - program-related. See Part IV, line 1	1	·····		13	
Intangible assets				14	
Other assets. See Part IV, line 11				15	
			2,901,760.	16	3
Accounts payable and accrued expenses			310,510.	17	
				18	_
Deferred revenue			742,877.	19	
Tax-exempt bond liabilities				20	
Escrow or custodial account liability. Complete P	art IV of S	Schedule D		21	
Loans and other payables to current and former	officers, d	lirectors, trustees,			
key employees, highest compensated employees	s, and disc	qualified persons.			
Complete Part II of Schedule L				22	
				23	
Unsecured notes and loans payable to unrelated	third part	ties	95,358.	24	
Other liabilities (including federal income tax, pay	ables to r	elated third			
parties, and other liabilities not included on lines	17-24). Co	omplete Part X of			
Schedule D			354,253.	25	
Total liabilities. Add lines 17 through 25			1,502,998.	26	1
Organizations that follow SFAS 117 (ASC 958)	, check h	ere 🕨 🔀 and			
complete lines 27 through 29, and lines 33 and	34.			1	
			1,398,762.	27	2
Temporarily restricted net assets				28	
Description of the description of the				29	
	employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - other securities. See Part IV, line 1 Intangible assets Other assets. See Part IV, line 11 Total assets. See Part IV, line 11 Total assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equa Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete P Loans and other payables to current and former key employees, highest compensated employees Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D Total Iiabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and Unrestricted net assets Permanently restricted net assets Permanently restricted net assets	employers and sponsoring organizations of section 501(c) employees' beneficiary organizations (see instr). Complete Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of S Loans and other payables to current and former officers, or key employees, highest compensated employees, and dis Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third part Other liabilities (including federal income tax, payables to r parties, and other liabilities not included on lines 17-24). Co Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check h complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Permanently restricted net assets Permanently restricted net assets	basis. Complete Part VI of Schedule D       10a       165,251.         Less: accumulated depreciation       10b       96,838.         Investments - publicly traded securities       Investments - other securities. See Part IV, line 11       Investments - program-related. See Part IV, line 11         Intangible assets       Other assets. See Part IV, line 11       Intangible assets         Other assets. See Part IV, line 11       Intangible assets         Accounts payable and accrued expenses       Grants payable         Grants payable       Deferred revenue         Tax-exempt bond liabilities       Escrow or custodial account liability. Complete Part IV of Schedule D         Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.         Complete Part II of Schedule L         Secured mortgages and notes payable to unrelated third parties         Unsecured notes and loans payable to unrelated third parties         Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D         Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here ► IX and complete lines 27 through 29, and lines 33 and 34.         Unrestricted net assets         Temporarily restricted net assets	employers and sponsoring organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         Notes and loans receivable, net         Inventories for sale or use.         Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other         basis. Complete Part VI of Schedule D         Investments - publicly traded securities         Investments - other securities. See Part IV, line 11         Investments - program-related. See Part IV, line 11         Intrangible assets         Other assets. See Part IV, line 11         Intrangible assets         Other assets. Add lines 1 through 15 (must equal line 34)         Accounts payable         Deferred revenue         Tax-exempt bond liabilities         Escrow or custodial account rent and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.         Complete Part II of Schedule L         Secured mortgages and notes payable to unrelated thrid parties         Unsetured notes and loans payable to unrelated thrid parties         Unsetured notes and loans payable to unrelated thrid parties         Other labilities. Add lines 17 through 25.         Total liabilities. Add lines 17 through 25.         Organizations that follow SFAS 117 (ASC 958), check here ► [X] and complete line	employers and sponsoring organizations of section 501(c)(9) voluntary       6         Notes and loans receivable, net       7         Inventories for sale or use       8         Prepaid expenses and deferred charges       65,798.9         Land, buildings, and equipment: cost or other       10a         basis. Complete Part VI of Schedule D       10b       96,838.92,299.10c         Investments - publicly traded securities       111       12         Investments - other securities. See Part IV, line 11       12       13         Investments - publicly traded securities       14       14         Other assets. See Part IV, line 11       15       15         Total assets. Add lines 1 through 15 (must equal line 34)       2,901,760.16       16         Accounts payable and accrued expenses       310,510.17       17         Grants payable       18       742,877.19       20         Escrow or custodial account liability. Complete Part IV of Schedule D       21       20         Escrow or custodial account liability. Complete Part IV of Schedule D       21       20         Escrow or custodial account liability. Complete Part IV of Schedule D       22       23         Unsecured notes and loans payable to unrelated third parties       95,358.24       24         Other liabilities (including federal i

Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under 6 e e

Cash - non-interest-bearing	
Savings and temporary cash	n investments

Pledges and grants receivable, net

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

	DEVETORMENT.	GATEWAY,	TINC.
heet			
nicet			

52-2318905 Page 11

(B) End of year

1,322,030.

1,711,656.

194,500.

90,073.

68,413.

386,672. 362,676.

475,950.

71,000.

367,728.

277,354.

,109,318.

2,109,318.

3,386,672.

Form 990 (2015)

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(A)

Beginning of year

1,537,124.

1,012,039.

194,500.

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4

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Form 990 (2015) Part X Balance S

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532011 12-16-15

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Liabilities

Net Assets or Fund Balances

Assets

	M 990 (2015) DEVELOPMENT GATEWAY, INC.	52-23	18905	Pa	ige 12
Fe	Art XI         Reconciliation of Net Assets           Check if Schedule O contains a response or note to any line in this Part XI				
-	Check in Schedule O contains a response of note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,20	8.6	75.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,49		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,39		
5	Net unrealized gains (losses) on investments	5	-1-5	- 1 -	
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,10	93	18.
Pa	rt XII Financial Statements and Reporting			215	10.
	Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	*****	2a	Yes	No X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?	e basis, e audit,		x	
с	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e basis, e audit, edule O. ngle Audit			

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Form 990 (2015)

532012 12-16-15

SCHEDULE A

# (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.

Department of the Treasury Internal Revenue Service

-

► 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.

5 1 **Open to Public** Inspection

OMB No. 1545-0047

Name c	of the organization				and the second se	r identification number
Part	Reason for Public	Charity Status	ATEWAY, INC.	omplate this part ) ?		2-2318905
1	anization is not a private four					
	A church, convention of c				1)(A)(I).	
2	A school described in sec					
3	A hospital or a cooperativ					A Company of the second se
4	A medical research organi city, and state:	ization operated in c	onjunction with a hospita	al described in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
5	An organization operated	for the benefit of a c	ollege or university owne	d or operated by a g	overnmental unit deserit	and in
J	section 170(b)(1)(A)(iv). (		onege of university owne	ed of operated by a g	ovenimental unit descrit	Jed In
6	A federal, state, or local ge		mental unit described in	contion 170/hV/1VA	MuA.	
7 X	An organization that norm					public described in
	section 170(b)(1)(A)(vi). (0		annai part of its support	nom a govenimenta	runic or iron the general	public described in
8	A community trust describ		V(1)(A)(vi) (Complete Pa	rt II )		
9	An organization that norm				ons membership fees	nd gross receipts from
-	activities related to its exe					
	income and unrelated bus					
	See section 509(a)(2). (Co				and by the organization	alter valle oo, 1975.
10	] An organization organized		sively to test for public s	afety. See section 50	)9(a)(4).	
11	An organization organized					purposes of one or
	more publicly supported o					
	lines 11a through 11d that					
a [	Type I. A supporting org					aivina
	the supported organizat					
	organization. You must					
b	Type II. A supporting or	ganization supervise	d or controlled in connec	tion with its support	ed organization(s), by ha	ving
	control or management (				-	
	organization(s). You mus					
c L	Type III functionally inte	egrated. A supportir	ng organization operated	in connection with, a	and functionally integrate	ed with,
-	its supported organization	on(s) (see instruction	s). You must complete	Part IV, Sections A,	D, and E.	
dL	Type III non-functional	y integrated. A supp	porting organization ope	rated in connection w	with its supported organized	zation(s)
	that is not functionally in	tegrated. The organi	zation generally must sa	tisfy a distribution re	quirement and an attenti	veness
_	requirement (see instruc	tions). You must con	mplete Part IV, Section	s A and D, and Part	V.	
e L	Check this box if the org	anization received a	written determination fro	om the IRS that it is a	Type I, Type II, Type III	
	functionally integrated, o		onally integrated support	ing organization.		
f En	ter the number of supported	organizations			*****	
g Pro	ovide the following informatio			10 M		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the organization listed in your	(v) Amount of monetary	(vi) Amount of
	organization		above (see instructions))	governing document?	support (see instructions)	other support (see instructions)
				Yes No		() of a other sy
			1			

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

13 2015.05060 DEVELOPMENT GATEWAY, INC. 10560\_1

	edule A (Form 990 or 990 EZ) 2015 D	EVELOPMEN	T GATEWAY	, INC.		52-231	8905 Page
Pa	(Complete only if you checke						
	fails to qualify under the tests						o organization
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						1
	membership fees received. (Do not						
	include any "unusual grants.")	3,391,078.	750,703.	3,333,451.	2,251,487.	2,863,480,	12,590,199
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
U	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,391,078.	750,703.	3,333,451.	2,251,487.	2,863,480.	12,590,199
	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)						3,304,943
	Public support. Subtract line 5 from line 4.						9,285,256
Sec	tion B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	3,391,078.	750,703.	3,333,451.	2,251,487.	2,863,480.	12,590,199
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,606.	82,681.	220,124.	337,908.	331,917.	1,018,236
	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			and the second	and the second	and the second	Sector Sector
	assets (Explain in Part VI.)	23,239.	4,897.	923.	112,817.	7,824.	149,700
	Total support. Add lines 7 through 10						13,758,135
2	Gross receipts from related activities,	etc. (see instructio	ons)			12 18	,199,771
	First five years. If the Form 990 is for						
	organization, check this box and stop	here					
ec	tion C. Computation of Publi	c Support Per	centage				
4	Public support percentage for 2015 (li	ne 6, column (f) div	vided by line 11, c	olumn (f))		14	67.49 9
	Public support percentage from 2014						76.09 9
	33 1/3% support test - 2015. If the o stop here. The organization qualifies a						
	33 1/3% support test - 2014. If the or						
	and stop here. The organization qualit	ies as a publicly s	upported organiza	ation			
	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t	est. The organizat	ion qualifies as a j	publicly supported	organization		
b	10% -facts-and-circumstances test more, and if the organization meets the	- 2014. If the orga e "facts-and-circur	anization did not c nstances" test, ch	heck a box on line leck this box and :	13, 16a, 16b, or 1 stop here. Explain	7a, and line 15 is in Part VI how the	10% or
	organization meets the "facts-and-circ	umstances" test. 7	The organization q	ualifies as a public	cly supported orga	nization	
	Private foundation. If the organization	did not check a h	ox on line 13, 16a	a. 16b. 17a. or 17b	, check this box a	nd see instruction	s 🕨

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

> 14 2015.05060 DEVELOPMENT GATEWAY, INC. 10560\_1

# Schedule A (Form 990 or 990 EZ) 2015 DEVELOPMENT GATEWAY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

1	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1					
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						
	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			P			
	ndar year (or fiscal year beginning in) 🕨 🛛	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
10a	Amounts from line 6 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						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
12 13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part Vt.) Total support. (Add lines 9, 10c, 11, and 12.)	he organization's	first second thir	d fourth or fitth to		on 501(o)(2) orașe-i-	ation
12 13 14	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the form 100 is for 100 is for 100 is for						
12 13 14	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here	·····					
12 13 14 Sec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public	c Support Per	centage				······
12 13 14 Sec 15	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here	<b>c Support Per</b> ne 8, column (f) div	<b>centage</b> vided by line 13, c			15	
12 13 14 Sec 15 16	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lir Public support percentage from 2014 s	<b>c Support Per</b> ne 8, column (f) div Schedule A, Part I	<b>centage</b> vided by line 13, c II, line 15	olumn (f))		15	
12 13 14 Sec 15 16 Sec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lir Public support percentage from 2014 S tion D. Computation of Invest	c Support Per ne 8, column (f) div Schedule A, Part I tment Income	centage vided by line 13, c II, line 15 Percentage	olumn (f))		15	
12 13 14 5ec 15 16 Sec 17	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lir Public support percentage from 2014 s tion D. Computation of Invest Investment income percentage for 201	c Support Per ne 8, column (f) div Schedule A, Part I tment Income 5 (line 10c, colum	centage vided by line 13, c II, line 15 Percentage n (f) divided by lin	olumn (ſ)		15 16 17	9 9 9
12 13 14 5ec 15 16 5ec 17	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lir Public support percentage from 2014 S tion D. Computation of Invest	c Support Per ne 8, column (f) div Schedule A, Part I tment Income 5 (line 10c, colum 014 Schedule A, F	centage vided by line 13, c II, line 15 Percentage n (f) divided by lin Part III, line 17	olumn (f))		15 16 17 18	9 9 9 9 9 9
12 13 14 15 15 16 5ec 17 18 19a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for 1 check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014 st tion D. Computation of Invest Investment income percentage for 201 Investment income percentage from 20 33 1/3% support tests - 2015. If the c	c Support Per ne 8, column (f) div Schedule A, Part I tment Income 5 (line 10c, colum D14 Schedule A, F organization did no	centage vided by line 13, c II, line 15 Percentage n (f) divided by lin Part III, line 17 ot check the box c	elumn (f)) e 13, column (f)) on line 14, and line	15 is more than	15       16       17       18       33 1/3%, and line 1	9 9 9 9 9 7 is not
12 13 14 15 16 Sec 17 18 19a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part Vt.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014 St tion D. Computation of Invest Investment income percentage for 201 Investment income percentage for 20 33 1/3% support tests - 2015. If the comore than 33 1/3%, check this box and more than 33 1/3%, check this box and	c Support Per ne 8, column (f) div Schedule A, Part I tment Income 5 (line 10c, colum D14 Schedule A, P organization did no d stop here. The d	centage vided by line 13, c II, line 15 Percentage n (f) divided by lin Part III, line 17 ot check the box c organization quali	olumn (f)) le 13, column (f)) on line 14, and line fies as a publicly s	15 is more than upported organi	15 16 17 18 33 1/3%, and line 1 zation	9 9 9 9 7 is not ▶
12 13 14 5ec 15 16 5ec 17 18 19a :	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for 1 check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014 st tion D. Computation of Invest Investment income percentage for 201 Investment income percentage from 20 33 1/3% support tests - 2015. If the c	C Support Per ne 8, column (f) div Schedule A, Part I tment Income 5 (line 10c, colum 014 Schedule A, F organization did no d stop here. The o organization did no	centage vided by line 13, c II, line 15 Percentage n (f) divided by lin Part III, line 17 ot check the box c organization quali ot check a box on	olumn (f)) le 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	15 is more than upported organi: , and line 16 is m	15 16 17 18 33 1/3%, and line 1 zation ore than 33 1/3%, a	9 9 9 7 is not moi

2015.05060 DEVELOPMENT GATEWAY, INC. 10560 1

# Schedule A (Form 990 or 990 EZ) 2015 DEVELOPMENT GATEWAY, INC.

# Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

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10560 1

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990 EZ) 2015 DEVELOPMENT GATEWAY,	INC.	52-231890	)5 Pa	ade
Part IV Supporting Organizations (continued)				
			Yes	No
11 Has the organization accepted a gift or contribution from any of the followir	ng persons?			
a A person who directly or indirectly controls, either alone or together with pe	rsons 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		1

		-	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				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

### Section C. Type II Supporting Organizations

Section B. Type I Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

# Section D. All Type III Supporting Organizations

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

### Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	(see instructions
---	--	---	-------------------

- Activities Test. Answer (a) and (b) below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2015

2a

2b

3a

3h

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52-2318905 Page 5

1.0

No Yes

1

Yes No

1	Type III Non-Functionally Integrated 509(a)(3) Supportin     Check here if the organization satisfied the Integral Part Test as a qualifyin     other Type III non-functionally integrated supporting organizations must co	g trust on	Nov. 20, 1970. See ins	structions. All
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	- 2011	
2	Enter 85% of line 1	2		1
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
~	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6				

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13260411 745960 10560

# Schedule A (Form 990 or 990 EZ) 2015 DEVELOPMENT GATEWAY, INC

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Pa	rt V   Type III Non-Functionally Integrated 50	09(a)(3) Supporting Orga		JZ ZJICJCJ Page7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity			1
3	Administrative expenses paid to accomplish exempt purple	oses of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required see instructions)			
3	Excess distributions carryover, if any, to 2015:		The second second second	
a				
b			Contraction of the second	
c				
	From 2013	-		
-	From 2014			
f	Total of lines 3a through e			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D.		Contraction of the	
	line 7: \$	A the American State of the Sta		
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.	1		
8	Breakdown of line 7:			
а				
b				
с	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5, (See instructions.)	6, and 8;	co z anu u	). raitiv. O	660071 E. III B	S IV. Zd. ZI	o. oa ano o	1. Pau V. III.	L Part V 3	чесной в т	пете рап	C, t V,
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32028 09-23-15						20			Schedule A	(Form 990	) or 990-EZ	Z) :

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

# 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

Employer identification number

15

DEVELOPMENT_GATEWAY, INC.	52-2318905
sk one):	
Section:	

Name	of the	organization
1 TOTING	01 010	organication

Organization type (check one)

ergumenter type (enconter	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

### General Rule

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

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

### Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

# OMB No. 1545-0047

Name of organization

Part I

Employer identification number

52-2318905

# DEVELOPMENT GATEWAY, INC.

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

(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$824,462.	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		\$ <u>460,086.</u>	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
		\$441,000.	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
4		\$ <u>1,118,484.</u>	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
		\$	Person Payroll On Payroll On Payroll On Payrol On Payrol On Payrol On Payrol On Payron
(a) 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Page 2

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523452 10-26-15

Employer identification number

52-2318905

# DEVELOPMENT GATEWAY, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	OFTWARE LICENSES		
		\$ 460,086.	06/30/16
(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
		\$	
(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
3453 10-26-15		\$Sabadula B (Form 0)	90, 990-EZ, or 990-PF) (2

2015.05060 DEVELOPMENT GATEWAY, INC. 10560\_1

Employer identification number

art III	MENT GATEWAY, INC. Exclusively religious, charitable, etc., con	tributions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,00
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	COlumns (a) through (e) and the following us, charitable, etc., contributions of \$1,000 or less	IDE ENTRY. For organizations
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u></u>			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No, em rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
m	(b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is held
m		(e) Transfer of gift	
m	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
m	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee

523454 10-26-15

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2015.05060 DEVELOPMENT GATEWAY, INC. 10560\_1

SCHEDULE D	
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### (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 20

Open to Public Inspection

15

Department of the Treasury Internal Revenue Service

	DEVELOPMENT GATEWAY, INC.	
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	52-2318905 Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	1
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
з	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Par	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	1.02.0
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the las
	day of the tax year.	Held at the End of the Tax
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	20
	listed in the National Register	2d
		20
3		pization during the tax
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
4		
4 5 6	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes
4 5 6 7	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	on easements during the year
4 5 6 7 8	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	on easements during the year asements during the year
4 5 6 7 8	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	on easements during the year asements during the year (i)
4 5 6 7 8 9	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes     Yes     Yes     Son easements during the year     asements during the year     (i)     Yes     Tes     nent, and balance sheet, and
4 5 6 7 8 9	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes     Yes     Yes     Sements during the year     Asements during the year     Yes     Yes     nent, and balance sheet, and     ganization's accounting for
4 5 6 7 8 9	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes     Yes     Yes     Sements during the year     Asements during the year     Yes     Yes     nent, and balance sheet, and     ganization's accounting for
4 5 6 7 8 9	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes     Yes     Yes     Son easements during the year     asements during the year     Yes     Yes     nent, and balance sheet, and     ganization's accounting for
4 5 7 8 9 <b>Par</b>	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes     Yes     Similar Assets.
4 5 7 8 9 <b>Par</b> 1a	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes     Yes     Yes     Sements during the year     Yes     Yes     Yes     Yes     Similar Assets.
4 5 7 8 9 <b>Par</b> 1a	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes     Yes     Yes     Sements during the year     Yes     Yes     Yes     Yes     Similar Assets.
4 5 7 8 9 <b>Par</b> 1a	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes     Yes     Yes     Yes     Son easements during the year     asements during the year     Yes     Yes     Non
4 5 7 8 9 <b>Par</b> 1a	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes     nent, and balance sheet, and     yanization's accounting for     Similar Assets.
4 5 7 8 9 <b>Par</b> 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes on easements during the year asements during the year (i) Yes on the field of the second of the
4 5 7 8 9 <b>Par</b> 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes on easements during the year asements during the year asements during the year (a)(i) Yes on the following among the service, provide the following among the service of the following among the following among the following among the service of the following among the following amon
4 5 7 8 9 <b>Par</b> 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year >	Yes on easements during the year asements during the year asements during the year asements during the year (i) Yes anization's accounting for Similar Assets. Ind balance sheet works of art, public service, provide, in Part > alance sheet works of art, histor vice, provide the following amount \$
4 5 7 8 9 <b>Par</b> 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes on easements during the year asements during the year asements during the year (i) Yes anization's accounting for Similar Assets. Ind balance sheet works of art, public service, provide, in Part > alance sheet works of art, histor vice, provide the following amore \$
4 5 7 8 9 <b>Par</b> 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year	Yes on easements during the year asements during the year asements during the year (i) Yes anization's accounting for Similar Assets. Ind balance sheet works of art, public service, provide, in Part > alance sheet works of art, histor vice, provide the following amore \$
4 5 7 8 9 <b>Par</b> 1a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year ▶	Yes on easements during the year asements during the year asements during the year (a)(i) Yes on the following amount of the f
4 5 7 8 9 <b>Par</b> 1a b 2 2 a	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orgar year >	Yes
4 5 7 8 9 <b>Par</b> 1a b 2 a b	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year ▶	Yes on easements during the year asements during the year asements during the year (i) Yes Nent, and balance sheet, and ganization's accounting for Similar Assets. Ind balance sheet works of art, and public service, provide, in Part > alance sheet works of art, histor rvice, provide the following amount \$\$

		PMENT GATEW							1890		
Pa	rt III Organizations Maintaining	Collections of A	rt, Histor	ical Trea	asures, or C	Other	Simila	r Asse	ts(conti	nued)	)
3	Using the organization's acquisition, acces	sion, and other recor	ds, check ar	y of the fo	llowing that are	e a sign	ificant u	se of its	collectio	n iten	ns
	(check all that apply):										
a					ange programs						
b			e 🗌 Oth	er			_				
C											
4	Provide a description of the organization's							se in Par	t XIII.		
5	During the year, did the organization solicit							_	-	_	_
	to be sold to raise funds rather than to be r							- 1 1 m	Yes		No
Pa	rt IV Escrow and Custodial Arra reported an amount on Form 990, P		ete if the org	janization :	answered "Yes	" on Fo	orm 990,	Part IV,	line 9, oi		
1a	Is the organization an agent, trustee, custor on Form 990, Part X?								Yes	Γ	No
b	If "Yes," explain the arrangement in Part XII						<b></b>			_	
									Amoun	t	-
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e			_	_
f	Ending balance						1f				-
2a	Did the organization include an amount on I						?		Yes		No
	If "Yes," explain the arrangement in Part XII									-	
га	rt V Endowment Funds. Complete								-	-	-
		(a) Current year	(b) Prior	year (	c) Two years bad	ck (d)	Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance					-	_				
b	Contributions					-					
C	Net investment earnings, gains, and losses					-					
d	Grants or scholarships					_	_				
e	Other expenditures for facilities										
	and programs										_
f	Administrative expenses										
g	End of year balance								_	-	
2	Provide the estimated percentage of the cu		e (line 1g, co	olumn (a)) ł	held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c she	ould equal 100%.									
За	Are there endowment funds not in the poss	ession of the organiz	ation that are	e held and	administered f	or the o	organizat	tion			
	by:								-	Yes	No
	(i) unrelated organizations		*****						3a(i)		
	(ii) related organizations								3a(ii)	1	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	s.			_		0.22		
Pa	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV, line	e 11a. See	Form 990, Par	t X, line	910.				-
	Description of property	(a) Cost or o basis (investr		b) Cost or basis (oth		) Accu depred	mulated		(d) Bool	valu	e
1a	Land										
	LandBuildings								-		
b	Buildings										
b c	Buildings Leasehold improvements			165	251	0	6 83	8	61	2 /	12
b c d	Buildings			165,	,251.	9	6,83	8.	68	3,4	13.

09-21-15

chedule D (Form 990) 2015	DEVELOPMENT	GATEWAY,	INC.
5 1 1 01 1 1 1 1	011 0 111		

# 52-2318905 Page 3

# Part VII Investments - Other Securities.

S

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

# Part VIII Investments - Program Related.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

# Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	362,121.
(3)	DEFERRED RENTAL INCOME	5,607.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	367,728.

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) 2015

10560 1

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	edule D (Form 990) 2015 DEVELOPMENT GATEWAY, INC. rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per F	52- leturr	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements	*****************		1	8,078,979
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	2b	870,978.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	870,978
3	Subtract line 2e from line 1			3	7,208,001
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1-1-1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	674.		
					<b>CD I</b>
С	Add lines 4a and 4b			4c	674
5	Add lines 4a and 4b <u>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</u> <b>t XII</b> Reconciliation of Expenses per Audited Financial Stater	nents Wit		5	7,208,675
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Wit a.	h Expenses per	5 Retu	
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements	nents Wit a.	h Expenses per	5	7,208,675
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a.	h Expenses per	5 Retu 1	7,208,675 rn.
5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit a.	h Expenses per	5 Retu 1	7,208,675 rn.
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	nents Wit a. 2a 2b	h Expenses per	5 Retu 1	7,208,675 rn.
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	nents Wit a. 	h Expenses per	5 Retu 1	7,208,675 rn.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Describe in Part XIII.)	nents Wit a. 	h Expenses per 870,978.	5 Retu	7,208,675 rn. 7,368,423
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d	nents Wit a. 2a 2b 2c 2c 2d	h Expenses per 870,978.	5 Retu 1 2e	7,208,675 rn. 7,368,423 870,978
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	nents Wit a. 2a 2b 2c 2c 2d	h Expenses per 870,978.	5 Retu	7,208,675 rn. 7,368,423
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Arnounts included on Form 990, Part IX, line 25, but not on line 1:	nents Wit a.  2a  2b  2c  2d	h Expenses per 870,978.	5 Retu 1 2e	7,208,675 rn. 7,368,423 870,978
5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Armounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	nents Wit a. 2a 2b 2c 2d	h Expenses per 870,978.	5 Retu 1 2e	7,208,675 rn. 7,368,423 870,978
5 Par 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	nents Wit a. 2a 2b 2c 2d 2d	h Expenses per 870,978. 674.	5 Retu 1 2e 3	7,208,675 rn. 7,368,423 870,978 6,497,445
5 Par 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Armounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d	h Expenses per 870,978. 674.	5 Retu 1 2e	7,208,675 rn. 7,368,423 870,978

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

PART X, LINE 2:

FOR	THE	YEARS	ENDED	JUNE	30,	2016	AND	2015,	THE	ORGANIZATIONS	HAVE
-----	-----	-------	-------	------	-----	------	-----	-------	-----	---------------	------

DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECOVERY OF PRIOR YEAR BAD DEBT REPORTED AS NEGATIVE

EXPENSE ON THE FINANCIAL STATEMENTS AND REPORTED AS

REVENUE ON FORM 990, PART VIII, LINE 11A.

674.

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EXPENSE ON THE FINANCIAL REVENUE ON FORM 990, PART				
	 			-
	 	<u> </u>		
2055	 		Schedule D (Form 99	90) :

SCHEDULE F (Form 990)			<b>ivities Outside the U</b> on answered "Yes" on Form 990, Par		2015
Department of the Treasury Internal Revenue Service	Information ab	out Schedule F	<ul> <li>Attach to Form 990.</li> <li>(Form 990) and its instructions is a</li> </ul>	t www.irs.gov/form990.	Open to Public Inspection
Name of the organization					lentification number
DEVELOPMENT GAT	PEWAY IN	IC.		52-231	8905
Part I General Info	rmation on A	Activities Ou	tside the United States. Comp	lete if the organization answe	red "Yes" on
Form 990, Part I					
			ds to substantiate the amount of its g the selection criteria used to award th		Yes No
United States.			procedures for monitoring the use of i		e outside the
3 Activities per Region. (1 (a) Region	(b) Number of	(c) Number of	an be duplicated if additional space is (d) Activities conducted in region	(e) If activity listed in (d	) (f) Total
(9)	offices in the region	employees, agents, and independent contractors in region	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)		expenditures for and investments in region
				TO CONDUCT THE AID MANAGEMENT PROGRAM, RESEARCH & INNOVATION	
EUROPE	1	14	PROGRAM SERVICES	AND CUSTOM SOLUTIONS	69,789.
				TO CONDUCT THE AID MANAGEMENT PROGRAM	
				RESEARCH & INNOVATION	
SUB-SAHARAN AFRICA	1	6	PROGRAM SERVICES	AND CUSTOM SOLUTIONS	594,791.
					-
3 a Sub-total	2	20			664,580.
b Total from continuation					
sheets to Part I c Totals (add lines 3a	0	0			0.
and 3b) LHA For Paperwork Reduct	2	20	House for Earn 202		664,580, e F (Form 990) 2015

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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30 13260411 745960 10560 2015.05060 DEVELOPMENT GATEWAY, INC. 10560\_1 Schedule F (Form 990) 2015

DEVELOPMENT GATEWAY, INC.

52-2318905

Page 2

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

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

3 Enter total number of other organizations or entities ....

### Schedule F (Form 990) 2015

### DEVELOPMENT GATEWAY, INC.

<u>52-23</u>18905

Page 3

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.

(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)
			· · · ·				

Schedule F (Form 990) 2015

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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign	<b>—</b>	
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	L 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Schedule F (Form !	990) 2015	DEVELOPMENT	GATEWAY,	INC.
Part V Sup	plemental	Information		

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO CONDUCT THE AID MANAGEMENT

PROGRAM, RESEARCH & INNOVATION AND CUSTOM SOLUTIONS PROGRAMS.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO CONDUCT THE AID MANAGEMENT

PROGRAM, RESEARCH & INNOVATION AND CUSTOM SOLUTIONS PROGRAMS.

Schedule F (Form 990) 2015

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# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2

15

Department of the Treasury	
Internal Revenue Service	

C 11

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.

(c)

Noncash contribution

**Open To Public** Inspection

Employer identification number 52-2318905

(d)

Method of determining

vame	OT	the	organization	

_	DEVELOPMENT	GATEWA	Y, INC.
Part I	Types of Property		
		(a) Check if applicable	(b) Number of contributions or items contributed
1 Art ·	Works of art		

		applicable		amounts reported on Form 990, Part VIII, line 10	noncash contribution amounts
1	Art - Works of art	-			
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		1		
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	1			
23	Scientific specimens				
24	Archeological artifacts				1
25	Other (SOFTWARE)	Х	3	460,086	FMV
26	Other ► ()			100/000	
27	Other ► ()				
28	Other ()				
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions	
	for which the organization completed Form 82				
					Yes N
30a	During the year, did the organization receive by	v contributio	any property rop	orted in Part L lines 1 three	

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	- 1		
	30a	-	Х
If "Yes," describe the arrangement in Part II.			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		Х
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		x
If "Yes," describe in Part II.			
If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,			
describe in Part II.			
	must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	must hold for at least three years from the date of the initial contribution, and which is not required to be used for       30a         if "Yes," describe the arrangement in Part II.       30a         Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?       31         Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       32a         If "Yes," describe in Part II.       32a         If "Yes," describe in Part II.       32a	must hold for at least three years from the date of the initial contribution, and which is not required to be used for       30a         exempt purposes for the entire holding period?       30a         If "Yes," describe the arrangement in Part II.       31         Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?       31         Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       32a         If "Yes," describe in Part II.       32a         If "Yes," describe in Part II.       11         If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,       11

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

Schedule M (Form 990) (2015)

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532142 08-21-15				Schedule N	/ / (Form 990) (201
				·	
		· · · · · · · · · · · · · · · · · · ·			
	<u> </u>				
	<u></u>				
			<u></u>		

# Schedule M (Form 990) (2015) DEVELOPMENT GATEWAY, INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

<u>SCHEDULE M, PART I, COLUMN (B):</u>

# THIS COLUMN REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990- 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.	-EZ	OMB No. 1545-0047 <b>2015</b> Open to Public
Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fd	orm990.	Inspection
Name of the organizatior			identification numb
	DEVELOPMENT GATEWAY, INC.	52-2	318905

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 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION TRANSFERRED THE AIDDATA PROGRAM TO THE COLLEGE OF

WILLIAM & MARY IN DECEMBER 2015.

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-YEAR GRANT BY 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:

Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization DEVELOPMENT GATEWAY, INC.	Employer identification number 52-2318905
DGMARKET: DEVELOPMENT GATEWAY'S DGMARKET IS AN ONLINE MAR	KETPLACE FOR
GOVERNMENT TENDERS, PROVIDING ACCESS TO TENDER NOTICES, CO	ONTRACT
AWARDS, BIDDING DOCUMENTS, AND OTHER PROCUREMENT INFORMAT	ION. IT
CREATES MAJOR SAVINGS IN GOVERNMENT SPENDING, WHILE GIVING	G COMPANIES OF
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 \$ 173,588, INCLUDING GRANTS OF \$ 54. REVENUE \$ 410,990.

GRANT FUNDED PROGRAMS

EXPENSES \$ 107,951. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ZUNIA

EXPENSES \$ 15,596. 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

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FORM 990 PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: 532212 09-02-15 Schedule

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization DEVELOPMENT GATEWAY, INC.	Employer identification number 52 - 2318905
THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLA	
EMPLOYEES AND BOARD MEMBERS, WHO SIGN A COMPLIANCE STATEM	ENT ON A YEARLY
BASIS. IF A PERCEIVED OR POTENTIAL CONFLICT OF INTEREST I	S REPORTED (BY THE
EMPLOYEE, COLLEAGUE OR OUTSIDE AFFILIATE) TO ANY MEMBER O	F THE MANAGEMENT
TEAM, THE ORGANIZATION CONDUCTS A CONFIDENTIAL INVESTIGAT	ION TO DETERMINE
THE BEST COURSE OF ACTION, WHICH IN SOME CASES MAY INCLUD	E DISCIPLINARY
ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. IF	THE BOARD OR
COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER H	AS FAILED TO
DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INF	ORMS THE MEMBER OF
THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPOR	TUNITY TO EXPLAIN
THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE REA	SPONSE 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	F 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 NINE ORGANIZATIONS SURVEYED WAS EXEMPT FROM FEDERAL INCOME TAXATION PURSUANT TO 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 BOARD CHAIR. THE COMPENSATION REVIEW FOR OTHER OFFICERS AND KEY EMPLOYEES WAS CONDUCTED BY THE CEO. THE LAST COMPENSATION REVIEW TOOK PLACE IN JULY 2016. Schedule 0 (Form 990 or 990 oF 990 OF 290 OF 2016) 39

2015.05060 DEVELOPMENT GATEWAY, INC. 10560 1

Name of the organization <u>DEVELOPMENT GATEWAY</u> , INC.	Employer identification numb 52-2318905
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS,	CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO T	HE PUBLIC UPON REQUEST.
FORM 990, PART_IX, LINE 11G, OTHER FEES:	
DG MARKET PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES	137,616
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	C
TOTAL EXPENSES	137,616
AMP PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES	426,208
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	426,208
GRANT FUNDED PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES	66,353
ANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
COTAL EXPENSES	66,353
AIDDATA PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES	372,746
ANAGEMENT AND GENERAL EXPENSES	0
UNDRAISING EXPENSES	0

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Name of the organization <u>DEVELOPMENT GATEWAY</u> , INC.	Employer identification number
	52-2318905
TOTAL EXPENSES	372,746.
DG CLIENT RESEARCH PROJECT CONSULTING:	· · · · · · · · · · · · · · · · · · ·
PROGRAM SERVICE EXPENSES	1,248,437.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,248,437.
ZUNIA PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES	12,826.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	12,826.
OTHER CONTRACT SERVICES:	
PROGRAM_SERVICE_EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	119,097.
FUNDRAISING EXPENSES	52,097.
TOTAL EXPENSES	171,194.
STAFF RECRUITER:	
PROGRAM SERVICE EXPENSES	. 80
MANAGEMENT AND GENERAL EXPENSES	1,630.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,710.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,437,090.

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Schedule O (Form 990 or 990-EZ) (2015)

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(Form 990)

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

OMB No. 1545-0047

2015 Open to Public Inspection

Employer identification number

52-2318905

Department of the Treasury Internal Revenue Service Name of the organization

DEVELOPMENT GATEWAY, INC.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

Part II 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
49 RUE DE TREVES	PROVIDE WEB-BASED PLATFORMS TO MAKE AID AND				DEVELOPMENT		
1040 BRUSSELS BELGIUM	DEVELOPMENT EFFORTS	BELGIUM	N/A	N/A	GATEWAY, INC.	X	

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

Schedule R (Form 990) 2015

# Schedule R (Form 990) 2015 DEVELOPMENT GATEWAY, INC.

# 52-2318905 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box	partner?	<sup>g</sup> ownershi
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<b></b>
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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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contre	ity?
								res	
	_								
	-								

# Schedule R (Form 990) 2015 DEVELOPMENT GATEWAY, INC.

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

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one of	or more	related organizations listed i	n Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		х	
b	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e		x	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
					<u>1j</u>		X	
k Lease of facilities, equipment, or other assets from related organization(s)								
I Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
					10	X		
р	Reimbursement paid to related organization(s) for expenses				1p		х	
q	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)				1r	1	Х	
s	Other transfer of cash or property from related organization(s)				15		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	mplete	his line, including covered r	elationships and transaction thresholds.			~~	
	(a) (b)		(c)	(d)				
	Name of related organization Transact	ction	Amount involved	Method of determining amount invo	lved			
	type (a	a-s)						
( <u>1)</u> I	DEVELOPMENT GATEWAY INTERNATIONAL O		291,521.	<u></u>				
(2)								
(3)								
(4)								
(5)								

(6)

## Schedule R (Form 990) 2015 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.

	<u>_</u>				,					
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax unde sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2015

Schedule R (Form	990) 2015	<u>DEVELOPMENT</u>	GATEWAY,	INC

Part VII Supplemental Information

Provide additional information for responses to guestions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

# NAME OF RELATED ORGANIZATION:

DEVELOPMENT GATEWAY INTERNATIONAL

PRIMARY ACTIVITY: PROVIDE WEB-BASED PLATFORMS TO MAKE AID AND DEVELOPMENT

EFFORTS EFFECTIVE

Schedule R (Form 990) 2015

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