

Form 8879-EO

3 e-file Signature Authorization for an Exempt Organization

OMB No. 1345-1879

For calendar year 2018, or fiscal year beginning JUL 1 2018 and ending JUN 30 2019**2018**Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

DEVELOPMENT GATEWAY, INC.

-8905

Name and title of officer

JOSHUA POWELL,
CEO**COPY FOR CLIENT****Part I Type of Return and Return Information (whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not complete more than one line in Part I.

- | | | |
|--|--|---------------------|
| 1a Form 990 check here ► <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ | 1b _____ 8,986,948. |
| 2a Form 990-EZ check here ► <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) _____ | 2b _____ |
| 3a Form 1120-POL check here ► <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) _____ | 3b _____ |
| 4a Form 990-PP check here ► <input type="checkbox"/> | b Tax based on investment income (Form 990-PP, Part VI, line 5) _____ | 4b _____ |
| 5a Form 8868 check here ► <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) _____ | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize YOUNT, HYDE & BARBOUR, P.C. to enter my PIN **18905**
 ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► _____ Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54556422601

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature ►

Date ► **11/14/19**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form 990

Return C. Organization Exempt From Income Tax

OMB No. 1545-0947

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Total return <input type="checkbox"/> Total return terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Applicable pending | C Name of organization DEVELOPMENT GATEWAY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) 1110 VERNON AVENUE NW Room/suite 500 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 | D Employer identification number ***-***8905 |
| | F Name and address of principal officer: JOSHUA POWELL SAME AS C ABOVE | E Telephone number 202-572-9200 |
| | G Gross receipts \$ 8,986,948. | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (See instructions) | H(c) Group exemption number ► |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> 501(c)(13) or <input type="checkbox"/> 527 | J Website: ► WWW.DEVELOPMENTGATEWAY.ORG | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: 2000 M State of legal domicile: DC |

Part II Summary

| | | | |
|-------------------------|--|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO ENABLE CHANGE IN DEVELOPING NATIONS THROUGH INFORMATION TECHNOLOGY. | | |
| | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 20% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | | |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | | |
| | 6 Total number of volunteers (estimate if necessary) | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | | |
| | 7b Net unrelated business taxable income from Form 990-T, line 38 | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1H) COPY FOR CLIENT 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | Prior Year 1,618,700. 2,334,551. 0. 36,652. 3,989,903. | Current Year 7,391,922. 3,506,302. 10,732. 77,992. 8,986,948. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 257,433. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 | 0. 0. 2,026,676. 0. 3,554,602. 5,581,278. -1,591,375. | 0. 0. 1,879,232. 0. 3,595,386. 5,474,618. 3,512,330. |
| Net Assets/Liabilities | 20 Total assets (Part X, line 10) 21 Total liabilities (Part X, line 20) 22 Net assets or fund balances. Subtract line 21 from line 20 | Beginning of Current Year 1,885,782. 853,066. 1,032,716. | End of Year 5,497,589. 952,543. 4,545,046. |

Part II Signature Block

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

| | | |
|---------------|--|--|
| Sign Here | ► Signature of officer ► JOSHUA POWELL, CEO Type or print name and title | Date |
| Paid Preparer | Print/Typos preparer's name JENNIFER R. FILES, CPA | Preparer's signature JENNIFER R. FILES, CPA Date 11/14/19 Filer's EIN ► **-**9263 |
| See Only | Filer's name ► YOUNT, HYDE & BARBOUR, P.C. Filer's address ► P.O. BOX 2560 WINCHESTER, VA 22604-1760 | Filer's EIN ► **-**9263 Phone no 540-662-3417 |

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

 Yes No

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:

DEVELOPMENT GATEWAY IS AN INTERNATIONAL NONPROFIT ORGANIZATION DEDICATED TO ENABLING CHANGE IN DEVELOPING NATIONS THROUGH INFORMATION TECHNOLOGY. WE ENVISION A WORLD WHERE INSTITUTIONS LISTEN AND RESPOND TO THE NEEDS OF THEIR CONSTITUENTS; ARE ACCOUNTABLE; AND ARE EFFICIENT.

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

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-
- Yes
-
- No
-
- If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a (Cost) 1,141,541. (including grants of \$ _____) (Revenue) 694,661.)
TOTAL RESOURCE MANAGEMENT (TRM):**

THIS HANDS-ON WORK INFORMS NATIONAL PLANNING AND DRIVES GLOBAL CONVERSATIONS. DG HAS A STRONG FOOTPRINT IN PUBLIC FINANCIAL MANAGEMENT, THROUGH AID EFFECTIVENESS, OPEN CONTRACTING, AND EXTRACTIVES DATA. DG LINKS COUNTRY-LEVEL USERS OF GLOBAL DATA STANDARDS, PROVIDING CRITICAL FEEDBACK ON WHAT GOVERNMENTS AND CIVIL SOCIETY NEED IN ORDER TO BETTER USE DATA.

**4b (Cost) 2,248,153. (including grants of \$ _____) (Revenue) 358,545.)
EFFECTIVE SERVICE DELIVERY (ESD):**

DG BUILDS DIGITAL TOOLS THROUGH AN AGILE, USER-CENTERED PROCESS, AND DELIVER STABLE, POWERFUL SYSTEMS TO INFORM DECISIONS. EACH SYSTEM IS BUILT USING OPEN SOURCE, MODULAR COMPONENTS MAKING THEM EASY TO ADOPT, MAINTAIN, AND SCALE. DG'S DECISION-MAKING TOOLS DRIVE INITIATIVES IN DATA MANAGEMENT SYSTEMS AND MEL, HEALTH, AND AGRICULTURE.

**4c (Cost) 672,660. (including grants of \$ _____) (Revenue) 453,096.)
ORGANIZATIONAL DATA STRATEGY AND GLOBAL POLICY (DSP):**

DG COLLABORATES WITH GOVERNMENTS, AGENCIES, AND INTERNATIONAL ORGANIZATIONS TO PRIORITIZE SMART INVESTMENTS IN DATA; INCENTIVIZE AND EMPOWER DATA USERS; AND STRENGTHEN THE IMPACT OF DATA IN DECISION-MAKING. THROUGH GLOBAL DATA POLICY, STRATEGIC ADVISORY SERVICES, AND THE RESULTS DATA INITIATIVE, DG EMPOWERS PARTNERS TO PUSH THE BOUNDARIES OF DEVELOPMENT POLICYMAKING.

- 4d Other program services (Describe in Schedule O.)

(Expense \$ _____)

(including grants of \$ _____)

(Revenue \$ _____)

4e Total program service expenses ► 4,062,354.

Form 990 (2016)

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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 X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-199? If "Yes," complete Schedule C, Part III | 5 X | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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 X | |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 X | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 127? 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 X | |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c 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 | |
| e 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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI | 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 | 12a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b X | |
| 13 Is the organization a school described in section 170(b)(1)(B)(i)? If "Yes," complete Schedule E | 13 X | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 X | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (B), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 X | |
| 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 | |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a X | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b X | |
| 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 17? If "Yes," complete Schedule J, Parts I and II | 21 X | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|---|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, 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 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 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 | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to deface any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29B) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 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 | 27 | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | 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 | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 31 | X |
| | If "Yes," complete Schedule N, Part I | | |
| 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 | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 2 | 34 | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | |
| 36 | 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 | X |
| 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 | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | X |
| | Note: All Form 990 filers are required to complete Schedule O | | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|----|--|-----|----|
| 1a | 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 (gambling) winnings to prize winners? | 1c | X |

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

| | | Yes | No |
|--|-----|-------------------------------------|----|
| 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 20 | |
| b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file [see instructions]</i> | 2b | <input checked="" type="checkbox"/> | |
| 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | <input checked="" type="checkbox"/> | |
| b. If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | <input checked="" type="checkbox"/> | |
| 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | <input checked="" type="checkbox"/> | |
| b. If "Yes," enter the name of the foreign country: ► <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i> | 4b | <input checked="" type="checkbox"/> | |
| 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | <input checked="" type="checkbox"/> | |
| b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <input checked="" type="checkbox"/> | |
| c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | <input checked="" type="checkbox"/> | |
| 6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | <input checked="" type="checkbox"/> | |
| b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | <input checked="" type="checkbox"/> | |
| 7. Organizations that may receive deductible contributions under section 170(e). | | | |
| a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | <input checked="" type="checkbox"/> | |
| b. If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | <input checked="" type="checkbox"/> | |
| c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 6282? | 7c | <input checked="" type="checkbox"/> | |
| d. If "Yes," indicate the number of Forms 6282 filed during the year | 7d | <input checked="" type="checkbox"/> | |
| e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | <input checked="" type="checkbox"/> | |
| f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | <input checked="" type="checkbox"/> | |
| g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | <input checked="" type="checkbox"/> | |
| h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | <input checked="" type="checkbox"/> | |
| 8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | <input checked="" type="checkbox"/> | |
| 9. Sponsoring organizations maintaining donor advised funds. | | | |
| a. Did the sponsoring organization make any taxable distributions under section 4968? | 9a | <input checked="" type="checkbox"/> | |
| b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | <input checked="" type="checkbox"/> | |
| 10. Section 501(c)(7) organizations. Enter: | | | |
| a. Initiation fees and capital contributions included on Part VIII, line 12 | 10a | <input checked="" type="checkbox"/> | |
| b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | <input checked="" type="checkbox"/> | |
| 11. Section 501(c)(12) organizations. Enter: | | | |
| a. Gross income from members or shareholders | 11a | <input checked="" type="checkbox"/> | |
| b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | <input checked="" type="checkbox"/> | |
| 12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | <input checked="" type="checkbox"/> | |
| b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | <input checked="" type="checkbox"/> | |
| 13. Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a. Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i> | 13a | <input checked="" type="checkbox"/> | |
| b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | <input checked="" type="checkbox"/> | |
| c. Enter the amount of reserves on hand | 13c | <input checked="" type="checkbox"/> | |
| 14a. Did the organization receive any payments for indoor tanning services during the tax year? | 14a | <input checked="" type="checkbox"/> | |
| b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | <input checked="" type="checkbox"/> | |
| 15. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | <input checked="" type="checkbox"/> | |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | <input checked="" type="checkbox"/> | |
| If "Yes," complete Form 4720, Schedule O. | | | |

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

Section A. Governing Body and Management

- | Line | Yes | No |
|--|-----|-------------------------------------|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 12 |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 1b Enter the number of voting members included in line 1a, above, who are independent | 1b | 12 |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | <input checked="" type="checkbox"/> |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | <input checked="" type="checkbox"/> |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | <input checked="" type="checkbox"/> |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | <input checked="" type="checkbox"/> |
| 6 Did the organization have members or stockholders? | 6 | <input checked="" type="checkbox"/> |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | <input checked="" type="checkbox"/> |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8a | <input checked="" type="checkbox"/> |
| b Each committee with authority to act on behalf of the governing body? | 8b | <input checked="" type="checkbox"/> |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. | 9 | <input checked="" type="checkbox"/> |

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

- | Line | Yes | No |
|--|-----|-------------------------------------|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | <input checked="" type="checkbox"/> |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | <input checked="" type="checkbox"/> |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | <input checked="" type="checkbox"/> |
| 13 Did the organization have a written whistleblower policy? | | |
| 14 Did the organization have a written document retention and destruction policy? | | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | <input checked="" type="checkbox"/> |
| b Other officers or key employees of the organization | 15b | <input checked="" type="checkbox"/> |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | <input checked="" type="checkbox"/> |
| b 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 | <input checked="" type="checkbox"/> |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► 20001E
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
THE ORGANIZATION - 202-572-9200
1110 VERNON AVENUE NW NO. 500, WASHINGTON, DC 20005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter '0' in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week: (list any hours for related organizations below line) | (C) Position <small>(Do not check more than one box, unless person is both an officer and a director/trustee)</small> | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|----------------------------------|---------|--------------|----------------|---|---|--|
| | | Individual officer or trustee | Institutional officer or trustee | Officer | Key employee | Other employee | | | |
| (1) ARIJANIIS KELKERT Chair | 1.00 | X | X | | | | 0. | 0. | 0. |
| (2) VY SUBRAHMANYAM Secretary | 0.50 | X | X | | | | 0. | 0. | 0. |
| (3) RUDOLF HAGENBOMMER Board Member | 0.50 | X | | | | | 0. | 0. | 0. |
| (4) LINDSEY CHATES Board Member | 0.50 | X | | | | | 0. | 0. | 0. |
| (5) BRINDA KILLER Board Member | 0.50 | X | | | | | 0. | 0. | 0. |
| (6) MOEELI OKONKWO-DWEALA Board Member | 0.50 | X | | | | | 0. | 0. | 0. |
| (7) MANAOUD LAMINE LOOM Board Member | 0.50 | X | | | | | 0. | 0. | 0. |
| (8) HOMI KHANAH Board Member | 0.50 | X | | | | | 0. | 0. | 0. |
| (9) NATHANIEL HELLER Board Member | 0.50 | X | | | | | 0. | 0. | 0. |
| (10) RICHARD STEYER Board Member | 0.50 | X | | | | | 0. | 0. | 0. |
| (11) PANTHEA LEE Board Member | 0.50 | X | | | | | 0. | 0. | 0. |
| (12) KIM DIONNE Board Member | 0.50 | X | | | | | 0. | 0. | 0. |
| (13) JEAN-LOUIS BARBIS Former CEO | 40.00 | | X | | | | 165,134. | 0. | 8,637. |
| (14) JOSHUA POWELL CEO | 40.00 | | X | | | | 147,270. | 0. | 20,100. |
| (15) MAMADOU CISSE Director of Finance | 40.00 | | X | | | | 99,931. | 0. | 10,503. |
| (16) FERNANDO FERREIRA Director of Software Devel- | 40.00 | | | X | | | 117,390. | 0. | 11,301. |
| (17) VANESSA GOAS COO | 40.00 | | | X | | | 119,135. | 0. | 8,500. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (Do not check more than one box, unless person is both an officer and a director/trustee) | | | | (D) Reportable compensation from the organization (WZ11009-MISC) | (E) Reportable compensation from related organizations (WZ11009-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
|---|---|---|--------------------|-------|---------------------------------|--|--|--|--|
| | | Individual officer or trustee | Individual trustee | Other | Total compensation (WZ11009) | Hours | | | |
| (18) STEFAN SERENKOVIC SENIOR IT ANALYST | 40.00 | | | X | 101,047. | | 0. | 11,061. | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 1b Sub-total | | | | | 749,907. | | 0. | 70,102. | |
| c Total from continuation sheets to Part VII, Section A | | | | | 0. | | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | 749,907. | | 0. | 70,102. | |

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

5

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

| Yes | No |
|-----|----|
| 3 | X |
| 4 | X |
| 5 | X |

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---|---------------------|
| WALLACE AND ASSOCIATES 898+ SW TERRETON PLACE, PORTLAND, OR 97223 | ADVISOR ON AFRICAN FERTILIZER POLICY | 124,600. |
| | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► | 1 | |

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue included from tax under sections 501-514 |
|---|--------------------------|---------------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | | | | | |
| 1 a Federated campaigns | 1a | | | | |
| b Membership dues | 1b | | | | |
| c Fundraising events | 1c | | | | |
| d Related organizations | 1d | | | | |
| e Government grants (contributions) | 1e | 1,628,346. | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 5,763,576. | | | |
| g Noncash contributions included in lines 1a-1f | | | | | |
| h Total. Add lines 1a-1f | | 7,391,922. | | | |
| Program Service Revenues | | | | | |
| 2 a TRM SERVICES | Business Code: 900099 | 694,661. | 694,661. | | |
| b DSP SERVICES | 900099 | 453,096. | 453,096. | | |
| c ESD SERVICES | 900099 | 358,545. | 358,545. | | |
| d | | | | | |
| e | | | | | |
| f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 1,506,302. | | | |
| Other Revenues | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | | ► 10,732. | | | 10,732. |
| 4 Income from investment of tax-exempt bond proceeds | | ► | | | |
| 5 Royalties | | ► | | | |
| 6 a Gross rents | (i) Real 51,331. | | | | |
| b Less: rental expenses | 0. | | | | |
| c Rental income or (loss) | 51,331. | | | | |
| d Net rental income or (loss) | | ► 51,331. | | | 51,331. |
| 7 a Gross amount from sales of assets other than inventory | (ii) Securities | | | | |
| b Less: cost or other basis and sales expenses | | | | | |
| c Gain or (loss) | | | | | |
| d Net gain or (loss) | | ► | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 1b | a | | | | |
| b Less: direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | ► | | | |
| 9 a Gross income from gaming activities. See Part IV, line 1b | a | | | | |
| b Less: direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | ► | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less: cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | ► | | | |
| Miscellaneous Revenue | Business Code: | | | | |
| 11 a MISCELLANEOUS | 900099 | 26,661. | | | 26,661. |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | ► 26,661. | | | |
| 12 Total revenue. See instructions | | ► 8,986,948. - 1,506,302. | 0. | 88,724. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6a, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 406,214. | 271,186. | 95,664. | 39,364. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(t)(1)) and persons described in section 4958(e)(3)(B) | | | | |
| 7 Other salaries and wages | 1,123,756. | 750,221. | 264,647. | 108,898. |
| 8 Pension plan accruals and contributions (include section 411(k) and 403(b) employer contributions) | 47,820. | 31,924. | 11,362. | 4,634. |
| 9 Other employee benefits | 182,958. | 122,142. | 43,087. | 17,729. |
| 10 Payroll taxes | 118,474. | 79,092. | 27,901. | 11,481. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 11,325. | | 11,325. | |
| c Accounting | 63,903. | | 63,903. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 2,433,672. | 2,260,248. | 137,818. | 35,606. |
| 12 Advertising and promotion | 13,515. | 9,431. | 1,084. | 3,000. |
| 13 Office expenses | 6,479. | 551. | 5,928. | |
| 14 Information technology | 69,374. | 10,156. | 58,975. | 243. |
| 15 Royalties | | | | |
| 16 Occupancy | 219,615. | | 219,615. | |
| 17 Travel | 525,365. | 458,451. | 32,464. | 34,450. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 55,206. | 44,776. | 8,888. | 1,542. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 66,269. | | 66,269. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BAD DEBT | 40,462. | | 40,462. | |
| b OTHER MISCELLANEOUS | 31,075. | 6,473. | 24,602. | |
| c STAFF RECRUITMENT & AWA | 30,536. | 304. | 30,232. | |
| d PRINTING & SHIPPING | 17,849. | 15,230. | 2,133. | 486. |
| e All other expenses | 10,741. | 2,169. | 8,572. | |
| 25 Total functional expenses. Add lines 1 through 24e | 5,474,618. | 4,062,354. | 1,154,831. | 257,433. |
| 26 Joint costs. Complete this line only if the organization reported a column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here ➤ if following SOR 98-2 (SOC 99A-1028)

Part X Balance Sheet

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

| | | (A) Beginning of year | (B) End of year |
|-----|--|--------------------------|--------------------|
| 1 | Cash - non-interest-bearing | 217,325. | 1,132,270. |
| 2 | Savings and temporary cash investments | 129,728. | 129,728. |
| 3 | Pledges and grants receivable, net | 3 | 3,716,857. |
| 4 | Accounts receivable, net | 1,442,539. | 339,405. |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see inst). Complete Part II of Sched L | 6 | |
| 7 | Notes and loans receivable, net | 7 | |
| 8 | Inventories for sale or use | 8 | |
| 9 | Prepaid expenses and deferred charges | 80,351. | 177,563. |
| 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | |
| b | Less: accumulated depreciation | 10b | 10c |
| 11 | Investments - publicly traded securities | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | 13 | |
| 14 | Intangible assets | 14 | |
| 15 | Other assets. See Part IV, line 11 | 15 | 1,766. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 24) | 1,885,782. | 5,497,589. |
| 17 | Accounts payable and accrued expenses | 17 | 238,766. |
| 18 | Grants payable | 18 | |
| 19 | Deferred revenue | 97,828. | 467,210. |
| 20 | Tax-exempt bond liabilities | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 21 | |
| 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 47,333. | 47,333. |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 25 | 218,078. |
| 26 | Total liabilities. Add lines 17 through 25 | 853,066. | 199,234. |
| | Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| 27 | Unrestricted net assets | 103,032. | -461,828. |
| 28 | Temporarily restricted net assets | 929,684. | 5,006,874. |
| 29 | Permanently restricted net assets | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34. | | |
| 30 | Capital stock or trust principal, or current funds | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or equipment fund | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | 32 | |
| 33 | Total net assets or fund balances | 33 | 4,545,046. |
| 34 | Total liabilities and net assets/fund balances | 34 | 5,497,589. |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

| | | |
|---|----|------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8,986,948. |
| 2 Total expenses (must equal Part IX, column (A), line 250) | 2 | 5,474,618. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,512,330. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,032,716. |
| 5 Net unrealized gains (losses) on investments | 5 | |
| 6 Donated services and use of facilities | 6 | |
| 7 Investment expenses | 7 | |
| 8 Prior period adjustments | 8 | |
| 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 | 4,545,046. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

| Line | Question | Response | |
|------|--|----------|----|
| | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | |
| | <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | |
| | <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | X | |

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1345-0907

2018Open to Public
Inspection

Name of the organization

DEVELOPMENT GATEWAY, INC.

Employer identification number

***-**8905

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).
- 2 A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iv).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(vi). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(xi) operated in conjunction with a land grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12b, and 12g.
- a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations: _____

g Provide the following information about the supported organization(s):

| (b) Name of supported organization | (c) EIN | (d) Type of organization (described on lines 1-10 above; see instructions) | (e) If you provide support | | (f) Amount of monetary support (see instructions) | (g) Amount of other support (see instructions) |
|------------------------------------|---------|--|----------------------------|----|---|--|
| | | | Fee | No | | |
| | | | | | | |
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| Total | | | | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | [a] 2014 | [b] 2015 | [c] 2016 | [d] 2017 | [e] 2018 | [f] Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2251487. | 2863480. | 3890000. | 1618700. | 7391922. | 18015589. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 2251487. | 2863480. | 3890000. | 1618700. | 7391922. | 18015589. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 7867324. |
| 6 Public support. (See instructions.) | | | | | | 10148265. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | [a] 2014 | [b] 2015 | [c] 2016 | [d] 2017 | [e] 2018 | [f] Total |
|--|----------|----------|----------|----------|----------|-------------|
| 7 Amounts from line 4 | 2251487. | 2863480. | 3890000. | 1618700. | 7391922. | 18015589. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 337,908. | 331,917. | 45,986. | 22,755. | 62,063. | 800,629. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 112,817. | 7,824. | 45,311. | 13,897. | 26,661. | 206,510. |
| 11 Total support. Add lines 7 through 10 | | | | | | 19022728. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 13,407,735. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|--|----|---------------------------------------|---|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 53.35 | % |
| 15 Public support percentage from 2017 (Schedule A, Part II, line 14) | 15 | 68.85 | % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | ► <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | ► <input type="checkbox"/> | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| Tax Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 7a 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 | | | | | | |
| 7b Add lines 7a and 7b | | | | | | |
| 8 Public support, starting in line 11 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 6 Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. Add lines 6, 10b, 11, and 12a | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 relationships, 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)(3), (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 12a or 12b in Part I, answer (b) and (c) below.
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported 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 (as defined in section 4958(c)(2)(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 4945 (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.)

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of a supported organization?
 - A family member of a person described in (a) above?
 - 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.

| Yes | No |
|-----|----|
| 11a | |
| 11b | |
| 11c | |

Section B. Type I Supporting Organizations

- 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

| Yes | No |
|-----|----|
| 1 | |
| 2 | |

Section C. Type II Supporting Organizations

- t 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).

| Yes | No |
|-----|----|
| 1 | |

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

| Yes | No |
|-----|----|
| 1 | |
| 2 | |
| 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

| Yes | No |
|-----|----|
|-----|----|

- 2 Activities Test. Answer (a) and (b) below.
- 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.
 - 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.

| | |
|----|--|
| 2a | |
| 2b | |

- 3 Parent of Supported Organizations. Answer (a) and (b) below.

| | |
|----|--|
| 3a | |
| 3b | |

- 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.
- 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.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|----|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 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 | | |
| Section C - Distributable Amount | | Current Year | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 60% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | | |

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

| Section D - Distributions | | Current Year | |
|---|---|--|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | |
| 5 | Qualified set aside amounts (prior IRS approval required) | | |
| 6 | Other distributions (describe in Part VII. See instructions.) | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VII. See instructions.) | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | |
| 10 | Line 8 amount divided by line 9 amount | | |
| Section E - Distribution Allocations (see instructions) | | | |
| | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI. See instructions.) | | |
| 3 | Excess distributions carryover, if any, to 2018 | | |
| a | From 2013 | | |
| b | From 2014 | | |
| c | From 2015 | | |
| d | From 2016 | | |
| e | From 2017 | | |
| f | Total of lines 3a through e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2018 distributable amount | | |
| i | Carryover from 2013 not applied (see instructions.) | | |
| j | Remainder. Subtract lines 3g, 3h, and i from 3f. | | |
| 4 | Distributions for 2018 from Section D, line 7: | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2018 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2014 | | |
| b | Excess from 2015 | | |
| c | Excess from 2016 | | |
| d | Excess from 2017 | | |
| e | Excess from 2018 | | |

Part VI**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

DEVELOPMENT GATEWAY, INC.

-8905

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 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

- 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)(ii), 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 1; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "NA" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

Name of organization

Employer identification number

DEVELOPMENT GATEWAY, INC.

-8905

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | THE WILLIAM AND FLORA HEWLETT FOUNDATION 2121 SAND HILL ROAD MENLO PARK, CA 94025 | \$ 725,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | THE COLLEGE OF WILLIAM & MARY P.O. BOX 8795 WILLIAMSBURG, VA 23187 | \$ 752,571. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | MILLENNIUM CHALLENGE CORPORATION 1099 FOURTEENTH STREET NW, SUITE 700 WASHINGTON, DC 20005 | \$ 875,775. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | BILL AND MELINDA GATES FOUNDATION 1300 1ST NW WASHINGTON, DC 20005 | \$ 4,828,576. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | THE FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017 | \$ 210,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

DEVELOPMENT GATEWAY, INC.

-8905

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 |
|------------------------------|--|---|----------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
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| | | \$ | |

Name of organization

Employer identification number

DEVELOPMENT GATEWAY, INC.

*** - * * * 8905

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(3), (4), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (d) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less to the year. (Enter totals in Part I) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1145-0147

2018OMB No. 1145-0147
Inspection

Name of the organization

DEVELOPMENT GATEWAY, INC.Employer identification number
*****-***8905****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- a Total number of conservation easements _____
- b Total acreage restricted by conservation easements _____
- c Number of conservation easements on a certified historic structure included in (a) _____
- d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register _____
- e Held at the End of the Tax Year
- 2a _____
- 2b _____
- 2c _____
- 2d _____
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(b)(4)(B)(ii) and section 170(b)(4)(B)(iii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- (ii) Assets included in Form 990, Part X ► \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2018

82091 10-29-18

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

- d Loan or exchange programs
- e Other _____

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

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

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

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

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

| | Amount |
|----|--------|
| 1a | |
| 1b | |
| 1c | |
| 1d | |

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

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

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

- 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 _____

| (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------|----------------|--------------------|----------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

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

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Temporarily restricted endowment ► _____ %

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

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

- (i) unrelated organizations _____
- (ii) related organizations _____

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land _____ | | | | |
| 1b Buildings _____ | | | | |
| 1c Household improvements _____ | | | | |
| 1d Equipment _____ | | | | |
| 1e Other _____ | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ►

0.

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (H) | | |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |

Total. (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.

| (a) Description of liability | (b) Book value | |
|------------------------------|----------------|--|
| (1) Federal income taxes | | |
| (2) DEFERRED RENT | 199,234. | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XII, 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 XII.

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

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

| | | |
|---|----|------------|
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 9,014,225. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 2a | |
| b Donated services and use of facilities | 2b | 27,277. |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIII) | 2d | |
| e Add lines 2a through 2d | 2e | 27,277. |
| 3 Subtract line 2e from line 1 | 3 | 8,986,948. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIII) | 4b | |
| c Add lines 4a and 4b | 4c | 0. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 8,986,948. |

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

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

| | | |
|--|----|------------|
| 1 Total expenses and losses per audited financial statements | 1 | 5,501,895. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | 2a | 27,277. |
| b Prior year adjustments | 2b | |
| c Other losses | 2c | |
| d Other (Describe in Part XIII) | 2d | |
| e Add lines 2a through 2d | 2e | 27,277. |
| 3 Subtract line 2e from line 1 | 3 | 5,474,618. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIII) | 4b | |
| c Add lines 4a and 4b | 4c | 0. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 5,474,618. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

FOR THE YEAR ENDED JUNE 30, 2019, DG HAS DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**

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

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

OMB No. 1545-0307

2018

Open to Public Inspection

Name of the organization

DEVELOPMENT GATEWAY, INC.

Employer identification number

* * * * 8905

Part I Questions Regarding Compensation

- a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

| | Yes | No |
|----|-----|----|
| 1a | | |
| 2 | | |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

| | | |
|----|---|--|
| 4 | | |
| 4a | X | |
| 4b | X | |
| 4c | X | |

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

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

| | | |
|----|---|--|
| 5 | | |
| 5a | X | |
| 5b | X | |

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

- 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a The organization? _____
- b Any related organization? _____
- If "Yes" on line 5a or 5b, describe in Part III.
- 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a The organization? _____
- b Any related organization? _____
- If "Yes" on line 6a or 6b, describe in Part III.
- 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.
- 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? _____

| | | |
|----|---|--|
| 6a | X | |
| 6b | X | |
| 7 | X | |
| 8 | X | |
| 9 | | |

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

Schedule J (Form 990) 2018

Part II Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0347

2018

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DEVELOPMENT GATEWAY, INC.

Employer identification number

*** - *** 8905

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(9) organizations only)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 36a or 40a.

► Attach to Form 990 or Form 990-EZ.

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

| (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---------------------------------|---|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 36a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Lender of loan from the organization? To / From | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|--|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | |
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Total ► \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
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LHA: For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 2(a), 2(b), or 2(c).

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| NATHANIEL HELLER | BOARD MEMBER | 0 | NATHANIEL H | X | |
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Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:(A) NAME OF PERSON: NATHANIEL HELLER(B) DESCRIPTION OF TRANSACTION: NATHANIEL HELLER IS THE VICE PRESIDENT OF R4D (RESEARCH FOR DEVELOPMENT). DG USES R4D AS A SUBCONTRACTOR. DG PAID \$75,000 TO R4D DURING FY19.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2018

Open to Public
Inspection

Name of the organization

DEVELOPMENT GATEWAY, INC.

Employer identification number

-8905

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

IN TARGETING AND DELIVERING SERVICES THAT IMPROVE LIVES.

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

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 BY THE CEO.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE FOR ALL EMPLOYEES AND BOARD MEMBERS, EACH OF WHOM SIGN A COMPLIANCE STATEMENT ON A YEARLY BASIS. IF A PERCEIVED OR POTENTIAL CONFLICT OF INTEREST IS REPORTED WITH RESPECT TO AN EMPLOYEE (BY THE EMPLOYEE, COLLEAGUE, OR OUTSIDE PARTY) TO ANY MEMBER OF THE MANAGEMENT TEAM, THE ORGANIZATION CONDUCTS A CONFIDENTIAL INVESTIGATION TO DETERMINE THE BEST COURSE OF ACTION, WHICH IN SOME CASES MAY INCLUDE DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS, IN FACT, FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

Name of the organization

DEVELOPMENT GATEWAY, INC.

Employer identification number

-8905

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

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

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:SUBCONTRACTED SERVICES:

| | |
|---------------------------------|-----------------|
| PROGRAM SERVICE EXPENSES | 986,962. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 986,962. |

CONTRACTED SERVICES:

| | |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES | 1,273,286. |
| MANAGEMENT AND GENERAL EXPENSES | 137,818. |
| FUNDRAISING EXPENSES | 35,606. |

| | |
|--|--|
| Name of the organization DEVELOPMENT GATEWAY, INC. | Employer identification number ***-***8905 |
|--|--|

TOTAL EXPENSES **1,446,710.**

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A **2,433,672.**

FORM 990, PART XII, LINE 2C

DG HAS NOT CHANGED EITHER ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

Form **990-W**

(Worksheet)

Department of the Treasury
Internal Revenue Service**Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(and on Investment Income for Private Foundations) FORM 990-T

- Go to www.irs.gov/Form990W for instructions and the latest information.
- Keep for your records. Do not send to the Internal Revenue Service.

2019

| | | |
|---|---|---|
| 1 | Unrelated business taxable income expected in the tax year | 1 |
| 2 | Tax on the amount on line 1. See instructions for tax computation | 2 |
| 3 | Alternative minimum tax for trusts. See instructions | 3 |
| 4 | Total. Add lines 2 and 3 | 4 |
| 5 | Estimated tax credits. See instructions | 5 |
| 6 | Subtract line 5 from line 4 | 6 |
| 7 | Other taxes. See instructions | 7 |
| 8 | Total. Add lines 6 and 7 | 8 |
| 9 | Credit for federal tax paid on fuels. See instructions | 9 |

| | | |
|-----|--|-----|
| 10a | Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions | 10a |
| b | Enter the tax shown on the 2018 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c | 10b |
| c | 2019 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c | 10c |

| | (a) | (b) | (c) | (d) | | |
|----|--|-----|----------|----------|----------|----------|
| 11 | Installment due dates. See instructions | 11 | 10/15/19 | 12/16/19 | 03/16/20 | 06/15/20 |
| 12 | Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." | 12 | 600. | 600. | 600. | 600. |
| 13 | 2018 Overpayment. See instructions | 13 | | | | |
| 14 | Payment due (Subtract line 13 from line 12) | 14 | 600. | 600. | 600. | 600. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2019)