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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	For the 2	014 calen	dar year, or						and ending		ember	31	, 2014		
В	Check if app	dicable	C Name of o	rganiza	nou DE/	/ELOPMEI	NT ASSOC	IATES INT	ERNATIO				tification num	ber	
	Addres	s change	Doing bus								23-	2838	716		
	Name	change	Number a	nd stree	t (or P.O bo	x if mall is not d	elivered to street	address)	Room/su	ilte	E Telepho	ne num	ber		
	Initial r	etum	ро вох	492	78						(71	9) 5	98-797	0	
	Final ret	um/terminated	City or tow	m, state	or province,	country, and Zi	IP or foreign post	al code					· · · · · ·		
	Amend	led return	COLORAD	0 S	PRINGS	5		СО	80949-	9278	G Gross n	eceipts	\$5,790	. 271	
	Applica	ation pending	F Name and					- <u></u>			a group return			 _	X No
	_		Jane Overs	treet	1180 N.	War Eagle Dr	rive Colorac	lo Springs CO	80919	l(b) Are all	subordinates attach a list. (induded	17	Yes	No
ī	Tax-exe	npt status	X 501(c)(3)		501(c) ((insert no)	4947(a)(1) or	527	If 'No,'	attach a list. (see insti	uctions) —	_	_
J	Websi	te: > DA	INTL.OR					<u> </u>		H(c) Group	exemption nu	mber I	•		
ĸ	Form of c	rganization	X Corporation		Trust	Association	Other -	LY	ear of formation				egal domicile.	СО	
Pa		Summar			1 1		<u> </u>			· <u> </u>	<u> </u>	74310 011	ogai comicio		
				izatio	n's missio	n or most si	gnificant acti	vities: Re	ligious	/Educ	ationa	1			
ds		•					•	2.2		<u>/</u>	<u> </u>	-		·	
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Governance		eck this bo						ions or disposed				ssets.			
9								3)				3			7
es	4 Nu	mber of inc	ependent v	oung i	members	of the gover	ming body (F	Part VI, line 1b)		• • • • •		4			6
Activities &	6 To	tal number tal number	of volunteer	s emp	imate if n	calendar ye:	ar 2014 (Pan	V, line 2a)				5			20
ਤੁ	7a To	tal unrelate	d business i	eveni	ue from P	art VIII. colu	ımn (C), µne	JE PELVI				6 7a			
							90-T, lift 34		S			7b			0.
_							दंश	MAY 1 5 20		P	rior Year		Curre	ent Yea	
_	8 Cc	ntributions	and grants (Part \	VIII, line 1	h)	·		S		5,590,9	37.		767,7	
Revenue							11 11					47.	<u> </u>		514.
€ e	10 Inv	estment in	come (Part \	/III, a	olumn (A)	, lines 3, 4,	and 7d) . 👢	DGIDEN.	<u>U</u>	<u> </u>		345.			138.
æ	11 Ot	her revenue	e (Part VIII, e	colum	n (A), line	s 5, 6d, 8c,	9c, 10c, and	11e)				52.		11,8	
	12 To	tal revenue	- add lines	8 thr	ough 11 (must equal	Part VIII, col	umn (A), line 12)	5	,599,8		5,	790,2	
	13 Gr	ants and si	milar amoun	ts pai	d (Part IX	, column (A), lines 1-3)	· · · · · · · · ·		3	, 103, 9	49.		590,2	
	14 Be	nefits paid	to or for me	mbers	(Part IX,	column (A),	line 4)					0.			0.
ø,	1 5 Sa	laries, othe	r compensa	tion, e	employee	benefits (Pa	art IX, columi	n (A), lines 5-10))		973, 6	88.	1,	184,3	395.
38	16a Pr	ofessional f	undraising f	ees (F	Part IX, co	lumn (A), lir	ne 11e)				45,1	18.		47,3	
Expenses	b To	tal fundrais	ing expense	s (Pa	rt IX, colu	mn (D), line	25) ►	24	6.392.						
Δ.			-	•		• •	· -			 	753,8	383		869,4	101
(III)		-	-				-	line 25)			876,6			691,4	
7		•			•	•					723,2		,		308.
3 8 8										Reginnie	ng of Curre		Fnd	of Year	
≂(8 <u>8</u>	20 To	tal assets (Part X, line	16) .							3,055,6			128,5	
. ₹ 6	21 To	tal liabilities	s (Part X, line	e 26)						<u> </u>	452,5			426,6	
Not Associa Fund Balanc	22 Ne	t assets or	fund balanc	es. Sı	ubtract line	e 21 from lir	ne 20			2	2,603,1			701,9	
		Signatui					<u> </u>				.,005,1	.05.		701,	<u>/11.</u>
				examin	ed tikis return	, including acco	mpanying sched	ules and statements.	and to the best	of my know	ledge and be	lef it is	Tue correct a	nd	—–
comp	olete. Declar	ation of prepai	er (other than of	ficer) is	based on all	Information of v	vhich preparer ha	ules and statements, is any knowledge.							
			Ime		lvec	stae	e			0	5/01/1	.5			
Sig	ın	Signatu	e of officer	9			1			Da	ate				
He	re	San			reet					Pres	ident/	CEO			
		Type or	print name and	title.	-										
		Print/Type p	reparer's name			Preparer's s	ignature	_	Date		Check	ıf	PTIN		
Pa	id	XSP									self-employ	ed			
Pre	eparer	Firm's name	► Dev	elo	pment	Associa	tes Int	ernational	l.]				
Use Only Firm's address ► PO B					evelopment Associates International D Box 49278					Firm's EIN ►					
			Col	ora	do Spr	ings		CO 8094	9		Phone no.				
			s return with	the p	reparer s	hown above		ctions)					. X Yes	;	No
BA	A For Pa	perwork R	eduction A	ct No	tice, see	the separa	te instructio	ns.	TEE/	A0101 05/2	8/14		Fon	m 990 (2	

	Other program s (Expenses \$ Total program se		356. including gran	ts of \$	51,356.)(Reve	nue \$	0.)
				ts of \$	51,356.)(Reve	nue \$	0.)
A el	Other program s	ervices (Describe in	n Schedule ())				
							
	CONSULTING	SEE ATTA	CHED				
4 c	(Code:) (Expenses \$	780,390.	including grants of	\$ 199,43	37.)(Revenue \$	0.)
	EDOCATING:	SEE ATTACI					
	(Code:EDUCATING:)(Expenses \$		including grants of	\$ 575,73	36.)(Revenue \$	0.
	(Codo:	\	1 470 007	including grants of	¢ 525 5) () (C) (C)	
				·			
	CONNECTING	SEE ATTA		- 			
4a	(Code:) (Expenses \$	2,817.752.	including grants of	\$ 2,763,71	9.)(Revenue \$	0.)
Aa	(Code:) (Expenses S	2.817 752	including grants of	\$ 276271	9) (Revenue S	
;	and revenue, if a	ny, for each program	n service reported.	toport dio amount	. S. Braine and anodau	one to carera, are total 6A	
4	Describe the org	anization's program	service accomplishm	ents for each of its the	ree largest program se	ervices, as measured by e	xpenses.
		these changes on S			,, pg. a		N
	•			t changes in how it co	inducts, any program :	services?	Yes X No
		these new services					Yes X No
					which were not listed		v
		· ·					
	veridions.	rancacionai.					
	-	Educational	1551011				
1 1		schedule O contains he organization's mi		o any line in this Part			<u>x</u>
-		_	Service Accom	•			5
Part		EVELOPMENT A			 	23-283871	. 6 Page 2

			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	х	
2		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		х
4		4		x
5		5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11 b		х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X	11 e	Х	
	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 X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	L	Х
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If Yes,' complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Х 21 Х 22 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 Х 23 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d 25a Х 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 Х 25b 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? Х 26 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 Х 27 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 Х 28a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV................. Х 28b 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 35a Х Х 35b 36 Х 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Form 990 (2014)

X

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 33 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X 2 a 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 20 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? $\overline{\mathbf{x}}$ 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.......... 4 a 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)? Х 4 a **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts, (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?............. 5 a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5 b 6 a 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? Х 6 a b If 'Yes.' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?....... X 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... X 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 X 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Х 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring X 8 Sponsoring organizations maintaining donor advised funds. Х 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.... X 9 b 10 Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b| 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? 13 a Note. See the instructions for additional information the organization must report on Schedule O. 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 . | 13ь Х b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2014) DEVELOPMENT ASSOCIATES INTERNATIONAL 23-2838716 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents Х Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Ł Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Х 13 14 Х 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 15 a 15 b Х 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? 16: Х 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?...... 16 b Section C. Disclosure

17	List the states with which a	a copy of this Form 990 is requ	med to be med - See Fo	orm 990, Page 6, Line 17 (continued)
18	Section 6104 requires and for public inspection. Indicate	organization to make its Forms ate how you made these avails	s 1023 (or 1024 if applicable), able. Check all that apply.	990, and 990-T (Section 501(c)(3)s only) available
	Own website	X Another's website	X Upon request	Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records: 20

13710 Struthers Rd Ste 120

Cheryl A. Matas

Form 990 (2014	, DEVELOCITED				Page 7
Part VII Co Inc	empensation of Officers, dependent Contractors	Directors, T	rustees, Key Employees,	Highest Compensated Employees	, and

	heck if Schedule O contain									
ection A.	Officers, Directors,	Trustees, Ke	y Employed	es, and Hig	hest	Comp	ensate	ed Emr	olovee	s

- 1 a 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.'

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

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

Check this box if neither the organization no	r any related organ	anization compensated any current officer, director, or trustee.							······································	
(A) Name and Title	(B)	Pos	attion ((C) do no box, i	ot che unless	ck mor perso	e n	(D)	(E)	(F)
Name and Title	Average hours per week (list any nours for related organizations below dotted line)	1	dır	ector/	truste	a Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations
	40.00	х		х	Х			81,685.	0.	0.
(2) Cheryl Matas CFO				х	х			53,859.	0.	0.
(3) David Wessner Board Chairperson		х		х				0.	0.	0.
_(4) Kathleen_Delph Secretary		х		х				0.	0.	0.
(5) Shaun Sipe Director		х		х				0.	0.	0.
(6) Jason Ferenczi Director	0.00	х						0.	0.	0.
(7) Brian Walck Director	1	х						0.	0.	0.
(8) Jan Stump Director	0.00	х						0.	0.	0.
(9)	0.00									
(10)	0.00			•						
(11)										
(12)										
(13)										
(14)							_			
								<u> </u>		

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Form 990 (2014)

week (list any Q n n n n n n n n n n n n n n n n n n	(F) istimated unt of other npensation rom the ganization id related ganizations	
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24)	ganization nd related	
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(21) (22) (23) (24) (25)		
(22) (23) (24) (25)		
(24)		
(24)		
(25)		
		
1b Sub-total		
		0.
c Total from continuation sheets to Part VII, Section A		0.
from the organization ► 0		
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	Yes	No X
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	+	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 Compo	(C) ensation	
		_
		_
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 • 0		

	Check if Schedule O contains a response or note to any lu	ne in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1a Federated campaigns 1a 0.				
톭悥	b Membership dues · · · · · · 1b 0.				
ु.≨।	c Fundraising events 1c 0.				
	d Related organizations 1 d 0.		ł		
8 E	e Government grants (contributions) 1 e 0 .				!
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above . 1f 5,767,785.		ļ		
불일	g Noncash contributions included in lines 1a-1f \$ 180.				
<u>8</u>	h Total. Add lines 1a-1f	5,767,785.		·	
Program Service Revenue	Business Code				
8	^{2a}				
ë E	D				
Σįς	_ · 				
8	d				
Te l	6				
ğ	f All other program service revenue	6,514.	6,514.	0.	0.
<u>-</u>	g Total. Add lines 2a-2f	6,514.		·	
	3 Investment income (including dividends, interest and other similar amounts) ▶	4 120	4 120	0	
	4 Income from investment of tax-exempt bond proceeds >	4,138.	4,138.	0.	<u> </u>
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents 11,834.	1			
	b Less: rental expenses	1	1		
	c Rental Income or (loss)	1	!		į
	d Net rental income or (loss) · · · · · · · · · · ·	11,834.	900.	10,934.	
	(i) Sequenting (ii) Other	11,834.	900.	10,934.	0.
	7 a Gross amount from sales of assets other than inventory	1			
	b Less. cost or other basis				
	and sales expenses		ļ		}
	c Gain or (loss)				ļ
	d Net gain or (loss)	ļ			<u> </u>
Other Revenue	8 a Gross income from fundraising events (not including\$				
ě	See Part IV, line 18 a				
ž	b Less: direct expenses b				
\$	c Net Income or (loss) from fundraising events			······································	
0	9 a Gross income from gaming activities. See Part IV, line 19				
į	b Less: direct expenses b	1			•
	c Net income or (loss) from gaming activities	 			
		 			
	10a Gross sales of inventory, less returns and allowances		:		
	b Less: cost of goods sold b]			
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	5,790,271.	11,552.	10,934.	0.

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

Check if Schedule O contains a response or note to any line in this Part IX											
Do 1	not include amounts reported on lines rb, 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	42,000.	42,000.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22 · · · · · · ·	0.	42,000.								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,548,249.	3,548,249.								
4	Benefits paid to or for members	0.	0.								
5	Compensation of current officers, directors, trustees, and key employees	156,428.	47,019.	85,899.	23,510.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages	766,340.	579,205.	87,682.	99,453.						
•	Pension plan accruals and contributions	700,340.	3/3,203.	07,002.	99,400.						
8	(include section 401(k) and 403(b) employer contributions)	51,758.	30,771.	13,048.	7,939.						
9	Other employee benefits	161,631.	105,285.	44,618.	11,728.						
10	Payroll taxes	48,234.	24,607.	13,400.	10,227.						
11	Fees for services (non-employees):		2.100/.	10, 100.	10,221.						
	Management	0.	0.	0.	0.						
k	Legal	0.	0.	0.1	0.						
	Accounting	9,460.	0.	9,460.	0.						
	Lobbying	0.	0.	0.	0.						
e	Professional fundraising services See Part IV, line 17 .	47,339.			47,339.						
f	Investment management fees	0.	0.	0.	0,						
9	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	237,331.	235,267.	0.	2,064.						
12	Advertising and promotion	0.	0.	0.	0.						
13	Office expenses	10,581.	4,183.	4,451.	1,947.						
14	Information technology	22,255.	8,138.	7,731.	6,386.						
15	Royalties	0.	0.	0.	<u>0.</u>						
16	Occupancy	24,449.	17,115.	6,112.	1,222.						
17	Travel	364,385.	343,547.	3,362.	<u> 17,476.</u>						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.						
19	Conferences, conventions, and meetings	49,290.	49,215.	0.	75.						
20	Interest	16,993.	11,895.	4,248.	850.						
21	Payments to affiliates	0.	0.	0.	0.						
22	Depreciation, depletion, and amortization	34,445,	14,690.	15,196.	4,559.						
23	Insurance	7,767.	1,942.	5,825.	0.						
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.)										
ē	Literature/Books	15,791.	15,167.	624	0.						
t	Gifts In Kind	180.	180.	0.	0.						
•	Printing	24,091.	14,799.	1,733.	7,559.						
	Telephone/DSL	23,500.	17,636.	4,887	977.						
	All other expenses	28,966.	11,476.	14,409.	3,081.						
25	Total functional expenses. Add lines 1 through 24e	5,691,463.	5,122,386.	322,685.	246,392.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)										
BAA		TEC 40140 0F			Form 990 (2014)						

Balance Sheet Part X (B) (A) Beginning of year End of year 174,182 1 232,206. 2 2 1,825,179. 1,821,571. 3 3 219,500. 60,000. 4 O Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 5 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 instructions). Complete Part II of Schedule L 6 0 0 7 8 0 Prepaid expenses and deferred charges 62,553 9 54,091 10 a b Less: accumulated depreciation 10b 95,336. 774,284 10 c 960,660. 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 3,055,698 16 16 3,128,528 17 17 49,779 44,338 Grants payable............... 18 18 О. 19 19 0. 20 20 0. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 0 22 Secured mortgages and notes payable to unrelated third parties 23 402,816. 382,279 0. 24 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 Total liabilities. Add lines 17 through 25...... 452,595 26 426,617 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 752,108. 623,386 Temporarily restricted net assets 28 1.979.717 28 1,949,803. 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31

BAA

32

33

34

3,128,528 Form 990 (2014)

2,701,911

32

33

34

2,603,103

3,055,698

Retained earnings, endowment, accumulated income, or other funds

rom,	1990 (2014) DEVELOPMENT ASSOCIATES INTERNATIONAL 23-2838	/16		Page	<u>e 12</u>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	· · · ·		$oldsymbol{oldsymbol{\square}}$
1	Total revenue (must equal Part VIII, column (A), line 12)	5	,790	,27	/1.
2	Total expenses (must equal Part IX, column (A), line 25)		,691		
3	Revenue less expenses. Subtract line 2 from line 1			, 80	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	603		
5	Net unrealized gains (losses) on investments				0.
6	Donated services and use of facilities				0.
7	Investment expenses				0.
8	Prior period adjustments		108	,06	54.
9	Other changes in net assets or fund balances (explain in Schedule O)				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	2	<u>,809</u>	97	<u> 15.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>-</u> -			П
			Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	[
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	х	
	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:			7	
	Separate basis	-			
	b Were the organization's financial statements audited by an independent accountant?		2 Ь	$_{\rm x}$	
'	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	∵ ⊢	20	^+	
	basis, consolidated basis, or both:	- 1	- 1		
	X Separate basis Consolidated basis Both consolidated and separate basis		ļ	-	
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			\top	
3 4	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?]	3 a		х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit			\neg	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ь	- {	
BAA			orm 99	30 (20	014)
				• -	,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

DEVE			NTERNATIONAL				23-283871					
Part I	Reason for F	Public Cha	erity Status (All or	rganizations must co	mplete	this p	art.) See instruction	s				
The orga	anization is not a pr	ivate foundat	ion because it is: (For	lines 1 through 11, check	only on	e box.)						
1 [A church, conven	tion of church	hes, or association of o	churches described in se	ction 17	0(b)(1)(/	A)(i).					
2	A school describe	ed in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)								
3	A hospital or a co	operative ho	spital service organiza	tion described in section	170(b)(1)(A)(iii)						
4			_	tion with a hospital descr				e hospital's				
٠.	□ name, city, and s	_		•								
5		perated for t	he benefit of a college Part II.)	or university owned or o	perated b	y a gov	ernmental unit described	ın section				
6	A federal, state, o	or local gover	nment or governmenta	al unit described in sectio	n 170(b)(1)(A)(v	').					
7	An organization to in section 170(b)			part of its support from a	governn	nental ur	nit or from the general pu	blic described				
8	A community trus	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	from activities relations investment incom	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.)										
10	An organization of	organized and	d operated exclusively	to test for public safety. S	See sec t	ion 509	(a)(4).					
11	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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.											
а	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 function organization(s) (s	ally integrate ee instruction	ted. A supporting organs). You must compl e	nization operated in connete Part IV, Sections A,	ection w D, and E	rth, and	functionally integrated w	ith, its supported				
d [Type III non-fun- functionally integinstructions). You	ctionally interacted. The or must comp	egrated. A supporting ganization generally molete Part IV, Sections	organization operated in just satisfy a distribution in a A and D, and Part V.	connecti requirem	on with i ent and	its supported organizatio an attentiveness require	n(s) that is not ment (see				
e [Check this box if	the organizat		determination from the If								
f E	Enter the number of	supported or	ganizations	• • • • • • • • • • • •		· • • •						
g F	Provide the following	information	about the supported or	rganızation(s).								
	(I) Name of sup organizati	ported on	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)				
					Yes	No						
(A)												
(D)												
<u>(B)</u>		 ,										
(C)												
(D)												
<u>(E)</u>							,					
	<u> </u>					1						
Total	os Danamada Pad	undian And N	leties ass the lest	tions for Form 990 or 9	00.57		Cohodula A (C	- 000 000 573 0011				
DAA F	OF LABELMOLK KEG	uction ACI N	ouce, see the instruc	acija iot Louii aan ot a	7U-C.		Scriedule A (FOIT	n 990 or 990-EZ) 2014				

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									
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	4,287,362.	4,040,851.	5,029,142.	5,590,937.	5,767,785.	24,716,077.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.		
4	Total. Add lines 1 through 3	4,287,362.	4,040,851.	5,029,142.	5,590,937.	5,767,785.	24,716,077.		
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)						8,227,871.		
6	Public support. Subtract line 5 from line 4						16,488,206.		
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	4,287,362.	4,040,851.	5,029,142.	5,590,937.	5,767,785.	24,716,077.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,687.	1,273.	1,375.	3,345.	4,138.	12,818.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	3,120.	10,934.	14,054.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	165.	265.	3.	2,479.	7,414.			
11	Total support. Add lines 7 through 10						24,753,275.		
12		ies, etc (see instru	ctions)		·	12	0.		
13	organization, check this box and s	top here		third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ □		
	tion C. Computation of Pu								
14	Public support percentage for 201						66.61 %		
15	Public support percentage from 20	013 Schedule A, Pa	art II, line 14	• • • • • • • •		15	66.02 %		
16 a	16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
t	b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te:	st, check this box a	and stop here. Ex	olain in Part VI how	<i>'</i> —		
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te st. The organization	st, check this box a n qualifies as a pub	and stop here. Exp plicly supported org	olain in Part VI how janization	/ the ▶ □		
18	Private foundation. If the organiz	cation did not check	k a box on line 13,	16a, 16b, 17a, or	1 /b, check this bo	c and see instruction	ons · · · · ▶ ∐		
RAA					Scl	nedule A (Form 99	0 or 990-FZ) 2014		

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support								
	scal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1 Gifts, grant and member received. (I any 'unusu	s, contributions ership fees Oo not include al grants.')							
2 Gross rece sions, mero services pe furnished in related to the	pts from admis- handise sold or rformed, or facilities any activity that is ne organization's purpose							
3 Gross rece	pts from activities an unrelated trade under section 513				10-10-10-1			
organizatio either paid its behalf . 5 The value of facilities fur	es levied for the n's benefit and to or expended on							
7 a Amounts in 2, and 3 re	lines 1 through 5 cluded on lines 1, ceived from persons							
and 3 receid disqualified exceed the 1% of the a	cluded on lines 2 ved from other than persons that greater of \$5,000 or mount on line 13							
c Add lines 7	a and 7b	····						
8 Public sup 7c from line	port (Subtract line			-				
Section B. To	tal Support							
Calendar year (or fi	scal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
9 Amounts fr	om line 6		_					
payments rec rents, royaltle similar source b Unrelated t income (les taxes) from	from interest, dividends, elved on securities loans, s and income from s							
c Add lines 1	0a and 10b							
activities not i whether or no	om unrelated business ncluded in line 10b, t the business is ed on							
12 Other incor gain or loss capital ass	ne. Do not include from the sale of ets (Explain in							
10c, 11 and	ort. (Add lines 9, l 12.)							
organizatio	ears. If the Form 990 is n, check this box and s	top here		hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ []	
	omputation of Pu							
• • •	ort percentage for 2014	• • • • • • • • • • • • • • • • • • • •	•				ક	
	ort percentage from 20				<u> </u>	16	8	
	omputation of Inv							
	income percentage for	•	•	•	••		- %	
	income percentage fro						<u> </u>	
is not more	than 33-1/3%, check the control of t	nis box and stop h	ere. The organizat	ion qualifies as a p	oublidy supported	organization	▶ []	
line 18 is n	pport tests — 2013. If ot more than 33-1/3%, o	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organization	n ▶ 📗	
20 Private for	Indation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions	▶ 🔲	

23-2838716

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

Section A	IIA .A	Supporting Organizations
-----------	--------	--------------------------

			Yes	No				
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	1						
	the designation. If historic and continuing relationship, explain							
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was							
	described in section 509(a)(1) or (2)	2						
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)							
٠.	and (c) below	3a						
	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	26						
	made die determination	<u>3b</u>						
•	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с						
	For process in 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997,	- 50		-				
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and							
	if you checked 11a or 11b in Part I, answer (b) and (c) below	4a						
ı	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	4b		LL				
	Services of an incommentation in the service of games and the service of the serv							
•	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	4c						
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by							
	amendment to the organizing document)	5a	L					
ı	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?	5b						
•	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с						
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of							
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6						
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with							
	regard to a substantial contributor? If Yes,' complete Part I of Schedule L (Form 990)	7						
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'							
Ĭ	complete Part I of Schedule L (Form 990)	8						
9 :	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?							
	If 'Yes,' provide detail in Part VI	9a						
1	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b						
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с						
10:	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'							
	answer (b) below:	10a						
ı	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)	10b						
			<u> </u>					

	redule A (Form 990 or 990-EZ) 2014 DEVELOPMENT ASSOCIATES INTERNATIONAL 23-283871 Supporting Organizations (continued)	6	F	age 5
	Temporting Organizations (committee)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ction B. Type I Supporting Organizations	1 110	L	
	The state of the s		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees dunng the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations			
		لــــــ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•	NACONO CONTRACTOR DE LA			
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1			-	
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ons).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			_
	substantially all of its activities	2a	<u> </u>	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2ь		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each of the supported organizations? Provide details in Part VI	3a		ı

	dule A (Form 990 or 990-EZ) 2014 DEVELOPMENT ASSOCIATES INTERNAT			38716 Page
Pai 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lovem	ber 20, 1970. See Instru	uctions. All
 Sec	other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income	tions A	(A) Prior Year	(B) Current Year (optional)
-	Net short-term capital gain	1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		†
4	Add lines 1 through 3	4		† · · · · · · · · · · · · · · · · · · ·
_ <u>·</u> _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	<u> </u>	7		
-8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion 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):			
	Average monthly value of securities	1 a		
ŀ	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1c		
	i Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in pnor year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). Schedule A (Form 990 or 990-EZ) 2014

Part \	V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Section	on D - Distributions			Current Year
1 A	mounts paid to supported organizations to accomplish exempt purpose	s		
	mounts paid to perform activity that directly furthers exempt purposes of excess of income from activity			
3 A	dministrative expenses paid to accomplish exempt purposes of support	ted organizations		
4 A	mounts paid to acquire exempt-use assets			
5 C	Qualified set-aside amounts (prior IRS approval required)			
6 C	Other distributions (describe in Part VI). See instructions			
7 T	otal annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organizations are instructions.			
9 D	Distributable amount for 2014 from Section C, line 6			
10 L	ine 8 amount divided by Line 9 amount			
-	on E — Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 D	Distributable amount for 2014 from Section C, line 6			
	Inderdistributions, if any, for years prior to 2014 (reasonable ause required — see instructions)			
3 E	xcess distributions carryover, if any, to 2014:			
a				
b				
C				
d			- 	
e F	From 2013			·
-	Total of lines 3a through e			
	Applied to underdistributions of prior years	·		
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2014 from Section D,	·		
	ne 7:			
a A	Applied to underdistributions of prior years			
b A	Applied to 2014 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4			
S	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than ero, see instructions)			
	Remaining underdistributions for 2014. Subtract lines 3h and 4b rom line 1 (if amount greater than zero, see instructions)			
7 E	excess distributions carryover to 2015. Add lines 3j and 4c			
	Breakdown of line 7.			
a				
b				
С		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	excess from 2013 · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	xcess from 2014	· 		····

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10

Other Income Part II, Line 10 Description: Rent to NonProfit Org 2013: 1832. 2014: 900. Description: Employee Flex Plan Write-Off 2010: 165. 2011: 265. 2012: 3. 2013: 0. 2014: 514. Description: Reimbursed Expenses 2013: 567. 2014: 0. Description: Water Cooler 2013: 80. 2014: 0. Description: Church Consulting 2014: 6000.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

n990. Population Received States of States of

	DEVELOPMENT ASSOCIATES INT	'ERNATIONAL		23-2838716
Par	Organizations Maintaining Don Complete if the organization answ	or Advised Funds or Oth vered 'Yes' to Form 990. P	ner Similar Fu	
		(a) Donor advised		(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 dono are the organization's property, subject to the organization.	rganization's exclusive legal cont	trol?	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit o impermissible private benefit?	, and donor advisors in writing the fine donor or donor advisor, or f	nat grant funds can for any other purpo	be used only use conferring Yes No
Par	Conservation Easements. Complete if the organization answ	vered 'Yes' to Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that a	ppły).	
	Preservation of land for public use (e.g., red	creation or education)	Preservation o	f a historically important land area
	Protection of natural habitat		Preservation o	f a certified histonc structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation co	ontribution in the fo	orm of a conservation easement on the
				Heid at the End of the Tax Year
_	Total number of conservation easements			
	Total acreage restricted by conservation easem			
	Number of conservation easements on a certified	•	•	· 2c
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and n	ot on a historic	. 2d
3	Number of conservation easements modified, to tax year ►	ansferred, released, extinguishe	d, or terminated by	y the organization during the
4	Number of states where property subject to con	servation easement is located >		
5	Does the organization have a written policy regard enforcement of the conservation easement			
6	Staff and volunteer hours devoted to monitoring			
7	Amount of expenses incurred in monitoring, ins	pecting, and enforcing conservat	tion easements du	ring the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)? \dots	line 2(d) above satisfy the requir	rements of section	170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	rts conservation easements in its the organization's financial state	revenue and expendents that describ	ense statement, and balance sheet, and es the organization's accounting for
Par	Organizations Maintaining Collection Complete if the organization answ	ections of Art, Historical vered 'Yes' to Form 990, P	Treasures, or Part IV, line 8.	Other Similar Assets.
1 ε	If the organization elected, as permitted under Sart, historical treasures, or other similar assets in Part XIII, the text of the footnote to its financial	neld for public exhibition, educati	on, or research in	atement and balance sheet works of furtherance of public service, provide,
t	If the organization elected, as permitted under Shistorical treasures, or other similar assets held following amounts relating to these items:	SFAS 116 (ASC 958), to report in for public exhibition, education,	n its revenue state or research in furth	ment and balance sheet works of art, nerance of public service, provide the
	(I) Revenue included in Form 990, Part VIII, lir	ne 1		
	(ii) Assets included in Form 990, Part X \dots			
2	If the organization received or held works of art, amounts required to be reported under SFAS 1	historical treasures, or other sin 16 (ASC 958) relating to these ite	nilar assets for fina ems:	incial gain, provide the following
a	Revenue included in Form 990, Part VIII, line 1		. .	····· \$
t	Assets included in Form 990, Part X			

b Permanent endowment ► %			
c Temporarily restricted endowment ▶ %			
The percentages in lines 2a, 2b, and 2c should equal 100%.			
3 a Are there endowment funds not in the possession of the organization that are held and administered	for the		
organization by:	10. 110	Yes	No
(i) unrelated organizations			
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		
4 Describe in Part XIII the intended uses of the organization's endowment funds.			

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

Part VI Land, Buildings, and Equipment.

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

a Board designated or quasi-endowment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		635,000.	31,750.	603,250
c Leasehold improvements		T		
d Equipment		84,037.	60,938.	23,099
e Other		336,959.	2,648.	334,311
otal. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X, colur	nn (B), line 10c.)		960,660

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Schedule D (Form 990) 2014

(a) D		(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.
	iption of security or category (including name of security)	(D) BOOK VAIUE	(c) Method of valuation: Cost or end-of-year market value
•	al denvatives		
	held equity interests		
3) Other			
<u>^)</u>		ļ	
<u>3)</u>			
<u>c)</u>			
D)			
<u>E)</u>			
<u>F)</u>			
<u>G)</u>			
<u>H)</u>			
<u>(!)</u>			
otal. (Colum	n (b) must equal Form 990, Part X, column (B) line 12.) 🕨		
Part VIII	Investments - Program Related.	V!+- F 000 I	2-4 IV 15 44- 0 Fame 000 Dark V 15 40
			Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1)	<u> </u>		<u> </u>
(2)			
(3)			
(4)		 	
(5)	The state of the s		
(6)			
(7)			
(8)			
(9)			
(10)			
(10)	n (b) must equal Form 990, Part X, column (B) line 13.) ▶		
(10) [otal . <i>(Colum</i>	Other Assets.		Doct IV/ Iii - 444 Co - Form 200 Doct V Iii - 45
(10) [otal . <i>(Colum</i>	Other Assets. Complete if the organization answered	Yes' to Form 990, I	Part IV, line 11d. See Form 990, Part X, line 15.
(10) fotal, <i>(Colum</i> Part IX	Other Assets. Complete if the organization answered		Part IV, line 11d. See Form 990, Part X, line 15.
(10) Total. (Column Part IX (1)	Other Assets. Complete if the organization answered	Yes' to Form 990, I	
(10) Total. (Column Part IX (1) (2)	Other Assets. Complete if the organization answered	Yes' to Form 990, I	
(10) Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered	Yes' to Form 990, I	
(10) Fotal, (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered	Yes' to Form 990, I	
(10) Fotal, (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered	Yes' to Form 990, I	
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered	Yes' to Form 990, I	
(10) Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered	Yes' to Form 990, I	
(10) Total, (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered	Yes' to Form 990, I	
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered	Yes' to Form 990, I	
(10) Fotal, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered	Yes' to Form 990, I	(b) Book val
(10) Fotal, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal, (Col	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B),	Yes' to Form 990, I	(b) Book val
(10) Fotal, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal, (Col	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F	Yes' to Form 990, Inscription	(b) Book val
(10) Fotal, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal, (Col Part X	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Inscription	(b) Book val
(10) Fotal, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal, (Col Part X	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F	Yes' to Form 990, Inscription	(b) Book val
(10) Total, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X (1) Feder (2)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Inscription	(b) Book val
(10) Total, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Col Part X (1) Feder (2) (3)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Inscription	(b) Book val
(10) Total, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Col Part X (1) Feder (2) (3) (4)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Inscription	(b) Book val
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Inscription	(b) Book val
(10) Total, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column Part X (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Inscription	(b) Book val
(10) Total, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Col Part X (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Inscription	(b) Book val
(10) Total, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Inscription	(b) Book val
(10) [otal. (Column Part IX] (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) [otal. (Column Part X] (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Inscription	(b) Book val
(10) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Inscription	(b) Book val
(10) Total, (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Col Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability ral income taxes	Yes' to Form 990, Inscription line 15.)	(b) Book val
(10) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (5) (6) (7) (8) (9) (10) fotal. (Column (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, column (B), Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability ral income taxes	Yes' to Form 990, Inscription line 15.)	(b) Book val

1 5,691,463. 2 Amounts included on line 1 but not on Form 990, Part IX. line 25: 2 c 3 5,691,463. 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. 4 c 5,691,463 Part XIII Supplemental Information.

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

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

limecion

Department of the Treasury Internal Revenue Service Name of the organization

DEVELOPMENT ASSOCIATES INTERNATIONAL

Employer Identification number 23-2838716

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.								
3	Activities per Region. (The fo	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)							
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)						·			
(8)									
(9)	***								
(10)									
<u>(11)</u>						<u> </u>			
(12)	· · · · · · · · · · · · · · · · · · ·								
(13)	18-00								
(14)									
(15)									
(16)									
(17)									
3	a Sub-total				William Street William Street				
	b Total from continuation sheets to Part I								
	C Totals (add lines 3a and 3h)	1	1	IN HOTHER CHILES YOU SHOW IN THE SHOULD SHOU	INCHES DE LA COMPANION DE LA C	1			

23-2838716

Schedule F (Form 990) 2014 DE

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

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
3			South Asia	COMMUNITY DEV/ED	697,512.	WIRES			
(2)			South Asia	COMMUNITY DEV/ED	265,075.	WIRES			
(3)			Sub-Saharan Africa	EDUCATION INSTITUTE	12,375.	WIRES			
3			Sub-Saharan Africa EDUCATION PROJECTS	EDUCATION PROJECTS	186,788.	WIRES			
(2)			Sub-Saharan Africa	EDUCATION PROJECTS	75,802.	WIRES			
(9)			Europe	CURRICULUM DEV/ED	81,998.	WIRES			
6			Russia	EDUCATION PROJECTS	48,000.	WIRES			
(8)			Sub-Saharan Africa EDUCATION PROJECTS	EDUCATION PROJECTS	133,348.	WIRES			
(6)			East Asia and Pacific	and Pacific EDUCATION PROJECTS	195,002.	WIRES			
(10)			Middle East	EDUCATION PROJECTS	95,004.	WIRES			
(11)			South Asia	HOSPITAL/ED/MENTORIN	800,000.	WIRES			
(12)			Europe	SCHOLARSHIPS/ED	20,664.	CHECKS			
(13)			South Asia	MENTORING/EDUCATION	49,433.	WIRES			
(14)			Sub-Saharan Africa EDUCATION	EDUCATION	47,728.	WIRES			
(15)			South Asia	EDUCATION PROJECTS	31,019.	WIRES			
(16)			South Asia	EDUCATION	18,726. WIRES	WIRES			
2 Fn	Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country recognized as tax-exempt by the IRS or for which	ons listed above that	are recognized as cha	anties by the fore	ida compto, recoda	tod as tax exempt	by the IBS or for wh	doi:	

Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2014

Part III Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	s and Other Assis	tance to Organizat	ions or Entiti	es Outside the Un	ited States.	Schedule F (Form	990), Part II, line	ne 1)
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	EDUCATION	81,719.	WIRES			
		South Asia	AID CHILDREN/WOMEN	71,080.	WIRES			
		South Asia	AID WOMEN	21,800.	WIRES			
		South Asia	AID WOMEN	7,620.	WIRES			
		Europe	EMERGING LEADEERS	24,160.	WIRES			
		South Asia	HOSPITAL/EDUCATION	8,019.	WIRES			
		South Asia	CHILDRENS HOME	13,000.	WIRES			
		South Asia	EMERGING LEADERS	40,640.	WIRES			
		South Asia	MISSIONARY TRAIN/ED	18,746.	WIRES			
		Sub-Saharan A <u>frica</u>	EDUCATION/MENTOR	45,077.	WIRES			
		South Asia	EDUCATION/MENTORING	18,000.	WIRES			
		South Asia	EDUCATION	12,760.	WIRES			
			TEEA3602 06/16/14	3/14		Sch	Schedule F Cont (Form 990) 2014	ım 990) 2014

Page 3

23-2838716

DEVELOPMENT ASSOCIATES INTERNATIONAL

Schedule F (Form 990) 2014

Per (11)

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2014 (g) Description of non-cash assistance (f) Amount of non-cash assistance WIRE/EFT/CASH (e) Manner of cash disbursement WIRES WIRES 29,794. WIRES 265,324. 62,940. 23,520. (d) Amount of cash grant (c) Number of recipients œ Sub-Saharan Africa East Asia and Pacific (b) Region (1) AID/WOMEN/CHILDREN/EDUCATION South Asia Europe (4) EDUCATION/DEVELOPMENT (a) Type of grant or assistance (2) EDUCATION/MENTORING (3) EDUCATION MGT 18 18 18 3 **E** <u>(5</u> <u>@</u> 8 6) € € 2 (13) (14) (15) (16) 3

Sche	edule F (Form 990) 2014 DEVELOPMENT ASSOCIATES INTERNATIONAL	23-2838716	Page 4
Pa	成 W Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Centering Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	tain 	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Cert Foreign Corporations (see Instructions for Form 5471)	dain 	X No
4	Was the organization a direct or Indirect shareholder of a passive foreign investment company or a qualific electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	· · · · · · · · · · Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	· · · · · · · · · · · Yes	X No
BAA	TEEA3505 06/16/13	Schedule F (Fo	rm 990) 2014

Part V Supplemental Information

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public

Employer identification number

۷ښ۷	ELOPMENT ASSOCIATES IN					[23-2838/1	0
Par	Fundraising Activities. Comp	lete if the organi uired to complete	zation ans this part.	wered Ye	s' to Form 990, Part IV, li	ne 17.	
1	Indicate whether the organization ra				ig activities. Check all tha	at apply.	
а	X Mail solicitations			е	X Solicitation of non-g	overnment grants	
ь	X Internet and email solicitations			f	Solicitation of govern	_	
c	Phone solicitations			g	Special fundraising	•	
d							
	<u></u>	or oral agreemen	t wath any	ındıyıdıyal	(including officers, durout	om trustoco erkey	
- 0	Did the organization have a written employees listed in Form 990, Part	VII) or entity in c	onnection	with profes	sional fundraising services	es? · · · · · · · · ·	XYes No
b	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	nduals or entities organization.	(fundrais	ers) pursua	ant to agreements under	which the fundraiser is to	b be
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did f have custo of contr	undraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (l)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
	VisionQuest Alliance	FUNDRAISING CONSULTANT	<u></u>	Х	1,770,000.	42,033.	1,727,967.
2							
3							
4							
			<u> </u>	-			
							····
6							
7		i i					
8							
9	- , , 						
							
10							
		. 					
Tota	List all states in which the organizati		<u> </u>	►	1,770,000.	42,033.	1,727,967.
3	or licensing.	ion is registered	or licensed	to solicit (contributions or has been	notified it is exempt from	n registration
	Colorado						
	Alaska						
	Arizona						
	Georgia					- 	
	Minnesota				· 		
	Mississippi						
	New Hampshire						
	North Dakota						
	Pennsylvania				·		
	Tennessee						
	Utah						
	See Part I, Line 3 List of States Reg	ustered or Licens	ed to Soli				
			-= = = = =				

Т	_	List events with gross receipts greate	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
,		İ				through column (c))
,		<u> </u>	(event type)	(event type)	(total number)	
Z /	1	Gross receipts	" 			
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
1	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
- 1						
	9	Other direct expenses	h 0 in calumn (d)	<u> </u>	<u> </u>	
	10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)	<u> </u>	<u> </u>	
art	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)	<u> </u>	<u> </u>	ed more than (d) Total gaming (add column (a)
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d) on answered Yes	to Form 990, Part I' (b) Pull tabs/Instant bingo/progressive		ed more than (d) Total gaming (add column (a)
T	10 11 III	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d) on answered Yes	to Form 990, Part I' (b) Pull tabs/Instant bingo/progressive		ed more than (d) Total gaming (add column (a)
	10 11 : III	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d) on answered Yes	to Form 990, Part I' (b) Pull tabs/Instant bingo/progressive		ed more than (d) Total gaming (add column (a)
EXPENS	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d) on answered Yes	to Form 990, Part I' (b) Pull tabs/Instant bingo/progressive		ed more than
art	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d) on answered Yes	(b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported	ed more than (d) Total gaming (add column (a)
EXPER	10 11 11 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d) on answered Yes	to Form 990, Part I' (b) Pull tabs/Instant bingo/progressive		ed more than (d) Total gaming (add column (a)
EXPENS	10 11 11 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organizatios \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	yes %	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	ed more than (d) Total gaming (add column (a)

Describe organization operate gaming activities with nonmembers? Yes	CHE	able 6 (1 dill 990 di 990-12) 2014 DEVELOPMENT ASSOCIATES INTERNATIONAL 23-2838/16	rayes
13 Indicate the percentage of gaming activity conducted in: a The organization's facility. b An outside facility. 13 a b An outside facility. 13 b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?			No
a The organization's facility	12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	 ∏No
b An outside facility	13	Indicate the percentage of gaming activity conducted in:	
Name Address 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?			8
Name Address Address Address Address Address Address Address Address Ability Ses, enter the amount of gaming revenue received by the organization Address Addr	b	An outside facility	8
Address 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		Name •	
b If Yes, enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party \$ c If Yes, enter name and address of the third party: Name \$ Address \$ 16 Gaming manager information: Name \$ Description of services provided \$ Director/officer		Address •	
b If Yes, enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party \$ c If Yes, enter name and address of the third party: Name \$ Address \$ 16 Gaming manager information: Name \$ Description of services provided \$ Director/officer	15 a	2 Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes	No
of gaming revenue retained by the third party \$ c if 'Yes,' enter name and address of the third party: Name Address Address Gaming manager information: Name Gaming manager compensation \$ Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			ب
c If Yes, enter name and address of the third party: Name			
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	c		
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		Name >	
Name Gaming manager compensation Gaming manager compensation Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			
Gaming manager compensation S Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		Address	
Description of services provided Director/officer Employee Independent contractor Independent contractor Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	16	Gaming manager information:	
Director/officer		Name •	
Director/officer		Gaming manager compensation \$	
17 Mandatory distributions a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		Description of services provided	
a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		Director/officer Employee Independent contractor	
a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	17	Mandatory distributions	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the	□No
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	Ŀ		□
and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		·	
	Pat	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	

TEEA3703 09/16/14

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Schedule G (Form 990 or 990-EZ) 2014

		ants and Oth ernments, a	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organization n the United St	s, ates	1 -	OMB No. 1545-0047
	Comple	te if the organizati	Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. Porm 990.	orm 990, Part IV, line 2 0.	1 or 22.	-	#107
	► Information	about Schedule I	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	nctions is at www.irs.	gov/form990.		Open to Public Inspection
i	TANDIDAM					Employer Identification number	cation number
Information on Gra	General Information on Grants and Assistance	ınce				188-67	
tain records to award the g nization's pro	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use	nount of the grants of the use of grant fi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	eligibilit	y for the grants or assistance, and		Yes XNo
Assistan line 21 for	Grants and Other Assistance to Domestic Organi Form 990, Part IV, line 21 for any recipient that recei	Organizations at received more	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Complicated	ete if the organizati if additional space	ion answered 'Ye is needed.	s' to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CO 80949 4	46-2853104		40,000.				HEALTH/CHILDRE
1 ! 1 ! 1 !							
1 501(c)(3) al	Enter total number of section 501(c)(3) and government organizations I Enter total number of other organizations listed in the line 1 tehlo		sted in the line 1 table				
Act Notice,	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.		TEEA3901 06/19/14	06/19/14	Schedu	Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014)

Part III | Grants and O

(a) Type of grant or assistance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
2					
г					
4					
ហ					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, lir	ne 2, Part III, colum	n (b), and any other add	Jitional information.

BAA

TEEA3902 10/28/14

SCHEDULE O (Form 990 or 990-EZ)

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.

at www.irs.gov/form990.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2014

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

DEVELOPMENT ASSOCIATES INTERNATIONAL 23-2838716 IRS FORM 990 REVIEWED BY EXECUTIVE COMMITTEE OF BOARD OF DIRECTORS PRIOR Pt VI, Line 11b TO FILING Pt VI, Line 12c STAFF & BOARD OF DIRECTORS REVIEW/SIGN POLICY & DISCLOSURE ANNUALLY SALARIES ESTABLISHED BY COMPARABILITY STUDIES & APPROVED BY BOARD OF Pt VI, Line 15a DIRECTORS CEO/CFO SALARIES ESTABLISHED BY COMPARABILITY STUDIES & APPROVED BY Pt VI, Line 15b BOARD OF DIRECTORS

Schedule O (Form 990), Supplemental Information to Form 9	90
Form 990, Page 2, Part III, Line 4d (continued)	

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

Code:	Description:	MENTORING:	SEE ATTACHED	
Expenses	51,356.			
Grants Of	51,356.			
Revenue.	0.			

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 9 (continued)

Name	Address	City	St	ZIP
David Wessner	27920 Smithtown Rd.	Shorewood	MN	55331
Jason Ferenczi	661 Reynard St. SE	Grand Rapids	MI	49507
Kathleen Delph	2113 N 89th St	Seattle	WA	98121
Shaun Sipe	3665 Montys Circle	Southhaven	MS	38672
Jan Stump	9765 Pleasanton Drive	Colorado Springs	CO	80920
Brian Walck	1010 Turnberry Ln	Southlake	TX	76092

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

Alaska
Arizona
Colorado
Georgia
Minnesota
Mississippi
New Hampshire
North Dakota
Pennsylvania
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

Schedule G(Form 990 or Form 990-EZ), Supplemental Information Regarding Fundraising or Gaming Activities Part I, Line 3 List of States Registered or Licensed to Solicit Funds

Virginia	
Washington	
West Virginia	
Wisconsin	

Supporting Statement of:

Form 990 p 10/Line 5 col (B)

Descrip	tion	Amount
Jane 50%		47,019.
Total		47,019.

Supporting Statement of:

Form 990 p 10/Line 5 col (C)

Description	Amount
Jane 25%	23,510.
Cheri 100%	62,389.
Total	85,899.

Supporting Statement of:

Form 990 p 10/Line 5 col (D)

Description	Amount
Jane 25%	23,510.
Total	23,510.

Supporting Statement of:

Sch D, page 2/Other col (b)

Description	Amount
Other	24,318.
Online Curriculum Development in Progress	303,457.
Website in Progress	5,934.
Property Appraisal	3,250.

Total

336,959.

Supporting Statement of:

Sch D, page 2/Other col (c)

Description	Amount
Other	2,432.
Property Appraisal	216.
Total	2.648

DEVELOPMENT ASSOCIATES INTERNATIONAL (DAI)

PAGE 2, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 1

Organizations Mission:

Development Associates International (DAI) is committed to develop the integrity and effectiveness of Christian leaders worldwide so that the church can fulfill its role in extending the Kingdom of God.

DAI is about changing lives and leadership practices, so that communities can experience the blessing and fruitfulness that comes when God's people are actively present and at work in that place. Because those goals are long term, it is important to measure and evaluate continually to see if the organization is moving toward achieving those goals. Below are the results of that measurement process. Included are the statistics of the activities and some of the ways we have ensured that those activities yielded the results our mission statement describes.

LINE 4a

Code:

Expenses: \$2,817,752 Grants of: \$2,763,719

Revenue: \$0

CONNECTING (creating, building and maintaining partnerships)

- DAI worked with many local and international ministries, churches and educational institutions
 as project partners to help them not only to find funds but also to find ways to do their own
 ministry better.
- Connecting 194 indigenous projects to resources needed. Connecting these projects to
 additional resources enabled them to be more effective and have greater impact, thus fulfilling
 DAI's mission.

LINE 4b

Code:

Expenses: \$1,472,887 Grants of: \$575,736

Revenue: \$0

EDUCATING (providing relevant, formal and non-formal educational experiences)

- 18,877 leaders received extended and evaluated training enabling them to grow personally, spiritually and in their leadership roles.
- Countries where DAI workshops took place included among others: Argentina,
 Bangladesh, Belgium, Benin, Brazil, Burkina Faso, Cameron, Central African Republic,
 Chad, China, Columbia, Congo, D. R. Congo, Cuba, Dominican Republic, Ecuador, Egypt,
 Finland, Ghana, Guatemala, Honduras, India, Indonesia, Ivory Coast, Kenya, Mexico,
 Mongolia, Myanmar, Nepal, Niger, Nigeria, Panama, Peru, Russia, Rwanda, Senegal,

Sierra Leone, South Africa, Sri Lanka, South Sudan, Togo, Uganda, Ukraine, USA and UK.

- These workshops focused on the issues leaders need, but rarely receive training in, even if they had the opportunity to attend seminary. These are the very practical issues of practicing servant leadership, team building, mentoring others, building a board of directors, growing in financial integrity, enabling women to lead, spiritual formation and strategic thinking. All of the educational tools are designed uniquely as well, being biblically based, story or case centered, extremely interactive, requiring application and encouraging relational coaching or mentoring. Transformed lives and leadership practices are the goal of those workshops and training events. We want leaders to grow both in their integrity, the "being" side of their lives, and effectiveness, the "doing" side of their lives. Many of the workshops were "Training of Trainers" workshops, done with the intent that these materials will then be taught again to others.
- DAI coursework is available in English, French, Spanish, Portuguese, Hindi, Arabic, Russian, Kazak, Siswati, Bengali Mandarin, and Tagalog. Certain units of portions of the curriculum are also available in Mongolian and Nepali as well as several smaller tribal languages.
- DAI courses are biblically based, interactive distance education tools, enabling Christian leaders to study where they live and work with the help of local mentors. DAI provides units of course material in a distance learning format to indigenous leaders and Christian missionaries who serve as mentors to other local leaders.
- Because of DAI's partnerships, 1002 additional leaders in seventeen countries completed one year of three year MA program in Organizational Leadership. DAI continued working through established partnerships with local Universities in India, Uganda, Central Africa Republic, Burundi, Chad, Papua New Guinea, Myanmar, Egypt, Nepal, Sri Lanka and Congo and they were therefore able to offer this additional degree program. DAI's role is to provide the learning methodology, course content, course facilitators and technological infrastructure for this hybrid distance learning degree. Students meet for short residencies and continue working at their own pace in their various locations to complete the requirements.
- DAI also built the site for on-line learning and filmed and developed two courses for that site in 2014, however, the site will only open in mid-2015 when one more course is completed and ready for publication.

LINE 4c

Code:

Expenses: \$780,390 Grants of: \$199,437

Revenue: \$0

CONSULTING (specialized consulting provided in areas of leadership, strategic planning, organizational structure, finance, church mobilization, and research and evaluation)

 Consulting services were provided to 316 organizations in over 20 countries (among them: India, Belgium, Bangladesh, South Africa, Nigeria, Uganda, Senegal, Ivory Coast, Middle East, Russia, USA, Nepal, Sri Lanka, Togo, and the UK) to serve them in areas of project management, missionary mobilization, strategic planning, financial and legal services, technology and research. DAI works with the leaders of these organizations to come alongside Christian ministries who cannot afford to purchase consulting services, to provide specific needed expertise. This enables those organizations to function more effectively and with more results.

- Rural development work among Himalayan peoples has taken place in cooperation with a number of small local agencies. This work includes developing younger leadership for the church in this part of the world through discipleship and training, enabling those who care for poor children and providing help in administrative systems for a number of smaller Christian entities. Training focuses on developing the leadership of children's ministries and helping to train office administrators who manage the finances. Both of these areas are some of the strongest needs in this region. Better children's ministries and more financial integrity are some of the outcomes evident this year.
- Elementary school education is being provided for young children in Papua, Indonesia, as part
 of a broader strategy for community and leadership development. This takes place in remote
 tribal regions where such education is not otherwise available.

LINE 4d

Code:

Expenses: \$51,356 Grants of: \$51,356 Revenue: \$0

MENTORING (one-on-one relationships)

- 720 ongoing, long-term, mentoring relationships between DAI staff and indigenous leaders in 18 countries. Almost all of the leadership development DAI does includes mentoring. Mentoring is a relatively new concept for some of the leaders with whom DAI works. Therefore DAI models how to mentor leader, teaches mentoring to leaders and coaches them in being mentors to others. Mentoring is a major part of ensuring that real growth takes place and that the leader continues to grow.
- Multiplication of everything DAI does is a key to long-term accomplishment of mission. All of the leaders who receive training and mentoring are encouraged to mentor others using DAI curriculum as it is useful. In ongoing evaluation, we find that the leaders who have changed and grown through their encounters with DAI programs are very consistent in passing on to others what they have learned.

LINE 4e

Total Program Service Expense: \$5,122,385