# Form **990**

Return of Organization Exempt From Income Tax
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.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury

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			dar year, or tax					and endir		ember		2016 cation number
3 (		applicable	C Name of organ		FAETOSWE	NT ASSOCI	LATES INT	EKNAT'1	ONAL	<u> </u>		<del></del>
	Н	dress change	Doing business			4.14.		Tage			28387	
	∐ <sup>Na</sup>	me change	1			delivered to street a	audress)	Room/	suite	I .	one number	
	Int	ial return	13710 Str							(71	9) 59	8-7970
	Fina	al return/terminated	City or town, st	tate or provin	ice, country, and a	ZIP or foreign posta	l code			1		
	Am	ended return	Colorado	Spring	gs		CO	80921		G Gross	receipts \$	5,238,742.
	Ap	plication pending	F Name and add	fress of princ	ıpal officer				H(a) Is this	a group retur	n for subord	Inates? Yes X No
			Jane Overstre	et 1180 N	. War Eagle D	Orive Colorado	Springs CC	80919	H(b) Are all	subordinates	s included?	tions) Yes No
_	Tax-e	exempt status	X 501(c)(3)	501(c)			4947(a)(1) or	527	ii NO,	allach a list	(See IIISUUC	aioris)
		<del></del>	INTL.ORG	II	·		_1		H(c) Group	exemption n	umber >	
		of organization	X Corporation	Trust	Association	Other ►	L	Year of formati	<del></del>		State of lega	al domicile CO
	rt I	Summar	<del> </del>	I LITTE	1 1					<u> </u>	<del></del>	
7			e the organizat	ion's miss	sion or most s	significant activ	ities Re	eligiou	s/Educ	ationa		
_ ]	•		<u> </u>					2119100	5/1040	<u> </u>	·=	
Governance			<del></del>									
喜												
<u> </u>	2	Check this bo	x ► If the	organizat	ion discontinu	ued its operation	ons or dispose	d of more	han 25%	of its net a	 assets.	<del></del>
3			ting members o								3	{
ğ			dependent votin								4	
ACLIVILLES	5	Total number	of individuals e	mployed i	n calendar ye	ear 2016 (Part	V, line 2a)				5	2(
			of volunteers (e		•	•					6	
į			d business reve					<del></del>			7a	0
	b	Net unrelated	business taxab	ole income	from Form	)90-T,[liβ <mark>€3</mark> €;	EIVED.				7b	0
1								78		Prior Year	<u> </u>	Current Year
	8	Contributions	and grants (Pa ice revenue (Pa	rt VIII, line	1h)	S . ALTC "	o. ¼ .ዕህ የሷ	16 · ·		5,723,	759.	5,220,540
	9	Program serv	ice revenue (Pa	art VIII, lin	e 2g)	[왕] · 兴야 :	B] I [2017] [	0			807.	1,682
:	10	Investment in	come (Part VIII,	, column (	A), lines 3, 4	and Zd)		_l또¦ · ·		2,	850.	1,874
	11	Other revenue	e (Part VIII, colu	ımn (A), lı	nes 5, 6d, 8c	9c, 103 (2010)	MEN. UT.			13,	784.	14,646
	12	Total revenue	e — add lines 8	through 1	1 (must equa	Part VIII, colu	mn (A), line 1	<del>2)</del>		5,741,	200.	5,238,742
	13	Grants and si	milar amounts p	paid (Part	IX, column (/	A), lines 1-3) .			• [	3,784,	780.	3,379,260
	14	Benefits paid	to or for member	ers (Part I	X, column (A	), line 4)			. [		0.	0
إ	15	Salanes, other	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)							1,406,	828.	1,516,640
ž	16a	Professional f	fundraising fees	(Part IX.	column (A). I	ine 11e)					433.	0
Expenses			ing expenses (I	•			32			/		
ĭ										0.40	305	1 000 000
		•	es (Part IX, col							943,		1,093,602
į			es Add lines 13							6,188,		5,989,502
لِ		Revenue less	expenses. Sub	otract line	18 from line	12				<u>-447,</u>		<del>-750,760</del>
lances										ing of Curr		End of Year
			Part X, line 16)						·	2 <b>,</b> 375,		1,615,524
9	21	Total liabilities	s (Part X, line 2	6)					٠ ـــــــ	376,	942.	367,965
Š	22	Net assets or	fund balances.	Subtract	line 21 from I	ine 20		<u></u>		1,998,	319.	1,247,559
a	rt II	Signatu	re Block									
_	r penalt	ies of perjury, I de	clare that I have exa	mined this re	turn, including ac	companying schedu	ules and statement	ts, and to the b	est of my kno	wledge and	belief, it is tr	ue, correct, and
nd€		claration of prepai	rer (other than office	r) is based or	all information o	which preparer ha	s any knowledge					····
mt JQ6	olete De		\	VIII	stre	K				aug	11,6	2017
nde m;	olete De		X7ml 1		<i>''</i>					Date /	•	1
mţ	olete De	Signatu	ure of Officer	y. w.	•				~-~			
ię		Jan	e D Overs						CEO/	Presid	dent	
ię	jn	Jan	<i>/</i>						CEO/	Presid	dent_	
ię	jn	Jazz Type o	e D Overs		Preparer's	signature		Date	CEO/	Presid		PTIN
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ig le Proje	id epare	Print/Type o  Print/Type o  XSP  Firm's name  Firm's addr	e D Overs r print name and title preparer's name	elf	-Pr	epar	ed		CEO/	Check self-emplo	if F	PTIN

	990 (2016)		ASSOCIATES INT			23-2838716	Page 2
Par			m Service Accomp				
1		ribe the organization's		any line in this Part	<u>III</u>		x
٠	-	ous/Educationa	-				
	1011310	us/Lageactoria	<del>-</del>				
2					which were not listed on t		
		r 990-EZ7					es X No
3				changes in how it co	nducts, any program serv	ices?	res X No
		cribe these changes or	-	<b>3</b>	,,, <b>,</b> ,		ш .
4	Section 501	(c)(3) and 501(c)(4) or	ganizations are required	ents for each of its thr to report the amount	ee largest program service of grants and allocations	es, as measured by exp to others, the total expe	enses nses,
	and revenue	e, if any, for each progr	ram service reported				
4 a	(Code	) (Expenses		including grants of	\$ 2,493,259.	) (Revenue \$	14,646.)
	CONNECT	'ING: SEE ATT	ACHED				
			<b></b>				
						<del>-</del>	
4 t	(Code:	) (Expenses	<del></del>	including grants of	\$ 642,877.	) (Revenue \$	73.)
	EDUCATI	NG: SEE ATTA	<u>CHED</u>				
			<b></b>				
			<del>-</del>			<b></b>	
	<del></del>		<del></del>			···	<del> </del>
4 0	(Code:	) (Expenses	<del></del>	including grants of	\$ 66,265.	) (Revenue \$	1,609.)
	CONSULT	'ING: SEE ATT	ACHED				. – – – – – .
4 d		am services (Describe		of ¢	42.050.\/5	Ċ	0 1
40	(Expenses Total progra	\$ 43, am service expenses	,859. including grants  5,283		43,859.)(Revenue	구	0.)
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23-2838716

Form 990 (2016) DEVELOPMENT ASSOCIATES INTERNATIONAL Partive Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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, VIII, VIII, IX, or X as applicable.			
ā	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	
ŀ	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
(	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
(	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
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	ļ
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	
	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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	ļ	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
t	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

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Form 990 (2016)

Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes.' complete Schedule H . . . 20a X b If Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . 20b 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 . . . . . . X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Χ 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 X 23 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?......... 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I......... Χ 25a 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 25b Х 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? Χ 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 filling thresholds, conditions, and exceptions). X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L. Part IV 28b X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Χ X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . 35a Х 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х

23-2838716

Form 990 (2016) DEVELOPMENT ASSOCIATES INTERNATIONAL

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			$\cdot \square$
_	`		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
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 2a 20			
ŀ	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
•	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?	3 a	<del> </del>	$\frac{1}{X}$
	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
t	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
	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		X
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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?	6a		X
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			<u> </u>
7	not tax deductible?	6 b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
٠	services provided to the payor?	7 a		X
t	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
c	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	Х	
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h	T	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
á	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	1	X
	Section 501(c)(7) organizations. Enter			$\Box$
á	Initiation fees and capital contributions included on Part VIII, line 12	1	1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
á	Gross income from members or shareholders		1	
1	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12 8	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
á	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	1	
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
ı	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			
	Enter the amount of reserves on hand	_		
148	a Did the organization receive any payments for indoor tanning services during the tax year?	148		X
I	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 t		
3AA	TEEA0105 11/16/16	Form	n <b>990</b>	(2016)

Form 990 (2016) 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. . . . . . 8 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 . . . . . 7 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents Х Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 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, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?...... Χ b Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . 8 h Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13....... 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х X 13 13 Did the organization have a written whistleblower policy? . . . . . . . . . 14 Did the organization have a written document retention and destruction policy?......... 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? **15**a X X 15 b **b** Other officers or key employees of the organization. . . . . . . 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 Х 16 a 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 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Own website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

(719) 598-7970

Chervl A. Matas

Colorado Springs

13710 Struthers Rd Ste 120

Form 990 (2016)

BAA

PartWII	Compensation	on of Officers.	Directors,	Trustees,	Key	Employees,	Highest	Compensated	<b>Employees</b>	, and
	independent	Contractors	·	•	_		•	<u>-</u>		

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
				(C)							
(A) Name and Title	(B) Average hours per	Pos than	both dire	an of ector/	fficer : truste	ck more personand a e)		(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation	
	week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) Jane Overstreet	40.00								-		
President/CEO	<u> </u>	Х		X				110,847.	0.	0.	
(2) Cheryl Matas	35.00	)		1	ì						
CFO				Х	L		_	82,579.	0,	0.	
(3) David Wessner	0.00		<u>'</u>								
Chairperson		Х	_	Х		<u> </u>	_	0.	0.	0.	
(4) Kathleen Delph	0.00		ļ		ļ		Į	ļ			
Secretary	<u> </u>	X		Х	<u> </u>		<u> </u>	0.	0.	0.	
_(5)_Shaun_Sipe	0.00				Ì						
Vice Chairperson	<u> </u>	Х		Х				0.	0.	0.	
(6) Jason Ferenczi	0.00				}		}	}			
Director	ļ	Х	_			ļi		0.	0.	_0.	
_(7)_Gretchen_Hansen	1-0-00			Ì			1				
Director	<del> </del>	Х	<u> </u>	<u> </u>	L	<u> </u>	<b>-</b>	0.	0.	0.	
_(8) Jan Stump	0.00		}			1	l				
Director	<b></b>	Х	<u> </u>		ļ	<b></b>	_	0.	0.	0.	
(9) James Couture	0.00				Į						
Director	ļ	X		_	ļ		ļ	0.	0.	0.	
(10) Thel Rountree	40.00	{	{		1	.,			_	_	
Director of Online Learning	<del> </del>	↓_	↓	_	├	Х	ļ	125,032.	0.	0.	
(11)		1									
7.20	<del> </del>	<u> </u>	<del>  -</del>		<u> </u>	<b></b> -	<del>                                     </del>	<u> </u>			
(12)	<del></del>										
(13)											
(14)	<del> </del>	-									
<u>``</u>	ــــــــــــــــــــــــــــــــــــــ	1	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		L	<u> </u>	

TEEA0107 11/16/16

Part VII   Section A. Officers, Directors, Tru	(B)			(0								
(A) Name and title	Average hours per week	box	, unle: cer ar	ss pe nd a c	more rson i lirecto	than or s both or/truste	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	amo	(F) stimated unt of othe pensation	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org ar	perisation rom the anization d related anization	
15)									<del>- · · - · · · - · · · · · · · · · · · ·</del>	}		
16)		<del>                                     </del>									<u>-</u> .	
17)		<del>                                     </del>										
18)		<del>                                     </del>										
19)		†-										
20)											<del></del>	
21)		<del>                                     </del>							1	i		
22)				_								
23)												
24)												
25)		1										
1 b Sub-total	on A				٠.		<b>&gt;</b>	318,458.	0.			0
d Total (add lines 1b and 1c)							eive	318, 458. d more than \$100,	0. 000 of reportable co	mpens	ation	0
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										. 3	Yes	No.
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater is such individual.	han \$150,	,000?	' If 'Y	tron 'es,'	and con	othe plete	r co Sc	mpensation from chedule J for		. 4	100	) }
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	compensat	ion fr	om a	any J foi	unre r suc	lated h per	org	ganization or ındıvı	dual	. 5		У
1 Complete this table for your five highest compensation from the organization Report compe	ted indepe	ender	nt co	ntra	ctors	that	rec	eived more than \$	100,000 of			
(A)  Name and business addr		, ine	cale	iiud	ıı ye	ai eil	umg	(B Description	)		(C) ensatio	 on
2 Total number of independent contractors (including	but not be	nited	to #	1066	liet	ed ah	10Ve	a) who received me	ore than			
\$100,000 of compensation from the organization	<b>▶</b>			, <sub>(1</sub> )		au		, mio received ille	,, o trian		990 (	

Form 990 (2016) DEVELOPMENT ASSOCIATES INTERNATIONAL Part VIII Statement of Revenue 23-2838716

		Check if Schedule O contains a	respo	ise of note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns	1 a	0.		10101100		0.2011
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1 b	0.				
چ چ	Ç	Fundraising events	1 c	0.				
# Ja	d	Related organizations	1 d	0.				
ě, Ē	е	Government grants (contributions)	1 e	0.				
E S	f	All other contributions, gifts, grants, and similar amounts not included above.						
혈축			1f	5,220,540.				į
투	_	Noncash contributions included in lines 1	٠.	0.		j		
<u>8</u>	h	Total. Add lines 1a-1f	• • •		5,220,540.			
Program Service Revenue	2 a			Business Code				
ě	2 a b						· <del>····································</del>	
Se		'					<del> </del>	
ΘŽ	q			<del></del>				
SE	е						<del>,,</del>	
g.	f	All other program service revenue			1,682.	1,682.	0.	0.
F		Total. Add lines 2a-2f			1,682.	1,002.		·
	3	Investment income (including divid	dends.	interest and				
		other similar amounts)		· · · · · · · · •	1,874.	1,874.	0.	0.
	4	Income from investment of tax-exe		· .				
	5	Royalties			<del></del>		<del> </del>	
	6.0	_		(ii) Personal		1		
		Less rental expenses	646	•				
			616					
		Net rental income or (loss)	,646		14 646	14 646		ļ
	1	Gross amount from sales of (1) Sec		(II) Other	14,646.	14,646.	0.	0.
	/ a	assets other than inventory						Į
	h	Less cost or other basis						
	_	and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)						
单	8 a	Gross income from fundraising ev	ents					
ē		(not including. \$	0.					
Other Reven		See Part IV, line 18	•					
<u>-</u>	h	Less direct expenses						
돚		Net income or (loss) from fundrais		<u> </u>				
		Gross income from gaming activities Part IV, line 19	es					
	b	Less: direct expenses						
		Net income or (loss) from gaming					······································	,
		Gross sales of inventory, less retu						
		and allowances		a				
		Less: cost of goods sold						
	С	Net income or (loss) from sales of	invent					
	4.4	Miscellaneous Revenue		Business Code	<del></del>			
	11a							-
	b			<del></del>				ļ
	Q C	All other revenue						<del> </del>
		Total. Add lines 11a-11d	1				<del></del>	<del>                                     </del>
	i	Total revenue See instructions		3	F 020 740	10.000	<del></del>	<del>                                     </del>

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........ (D) (C) (A) Total expenses (B) Do not include amounts reported on lines Fundraising Management and Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. 10,707 10,707 See Part IV, line 21. . . . . . . . . . . . . . . . Grants and other assistance to domestic individuals See Part IV, line 22. . . . . 600 600 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 3,367,953 3,367,953 Benefits paid to or for members. . . . . . 0 O Compensation of current officers, directors, trustees, and key employees . . . . . 33,411. 221,408 66,823 121,174 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0. 1,114,239 133,560 132,366. 848,313 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 59,076. 19,603 13,263. 91,942 Other employee benefits . . . . . 8,095 8,095 0 0. 19,000 12,343. 80,956 49,613 Fees for services (non-employees) a Management . . . . . . . . . . . . . 379,848 41,271. 421,119 0 0. 0 0. c Accounting . . . . . . . . . 10,050 10,050 0. 0. d Lobbying . . . . . . . . . . . . 0. 0 0. 0 e Professional fundraising services See Part IV, line 17. 0. 0. f Investment management fees . . . . . . 0. 0. 0. 0 g Other (If line 11g amount exceeds 10% of line 25, column 0 0 0. (A) amount, list line 11g expenses on Schedule O) . . . Advertising and promotion . . . . . . . . . . . . 2,091 U 0 2,091. 4,982 425. Office expenses . . . . . . . . . . . . 2,296 2,261 Information technology . . . . 9,717. 30,639 12,480 8,442 14 0. 0 0 <u>16,26</u>8 5,423. 5,423 Occupancy . . . . . . . 27,114 17 359,187 331,081 1,031 27,075. Payments of travel or entertainment expenses for any federal, state, or local 0. n U 14,569. Conferences, conventions, and meetings . 60,003 41,727 3,707 15,348. 10,744 3,837 767. Payments to affiliates..... 0 0. 0 Ω 735 6,889. Depreciation, depletion, and amortization. . . 27,793 19,053 23 2,358 7.072 0. 9,430 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) . . . . 240. a Literature/Books/Resource Matls 14.224 13.880 104 b Postage 10.973 6.298 1.047 3.628. 2.258 25.392 12.822 10.312. c Printing\_\_\_ 7,326 15,291 25.893 3.276. d Telephone/DSL \_ \_ 12,798 23,422 7,059 3,565. e All other expenses . . . . . . . . . 5,989,502 5,283,160. 385,711. 320,631. 25 Total functional expenses. Add lines 1 through 24e. . 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). . .

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		· · · ·	
			(A) Beginning of year		(B) End of year
7	1	Cash - non-interest-bearing	119,345.	1	380,144.
	2	Savings and temporary cash investments	1,496,465.	2	493,110.
Í	3	Pledges and grants receivable, net		3	
ſ	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
8	9	Prepaid expenses and deferred charges	18,324.	9	47,255.
	10 a	Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D			1.,
		Less accumulated depreciation 10b 187, 487		10 c	695,015.
j	11	Investments – publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	<del></del>
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,615,524.
7	17	Accounts payable and accrued expenses.	15,826.	17	29,032.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	361,116.	23	338,933.
	24	Unsecured notes and loans payable to unrelated third parties		24	
!	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	376,942.	26	367,965.
Ses	1	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets		27	22,548.
g	28	Temporarily restricted net assets		28	1,225,011.
덛	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
ĕ	33	Total net assets or fund balances	1,998,319.	33	1,247,559.
_	34	Total liabilities and net assets/fund balances		34	1,615,524.
RΔ	Δ				Form 990 (2016)

Fom	n 990 (2016) DEVELOPMENT ASSOCIATES INTERNATIONAL 23-	28387.	16	)	Page 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· · · ·		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,	238	742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	989	502.
3	Revenue less expenses Subtract line 2 from line 1	3	-	-750	760.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	998	319.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1.0	_		550
Da	column (B)).	10		247	<u>559.</u>
Pal	rt XII Financial Statements and Reporting				F-7
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Ye	s 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 X	: [
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both	a			
	X Separate basis Consolidated basis Both consolidated and separate basis		-	_	_
1	b Were the organization's financial statements audited by an independent accountant?		2	2 <b>b</b> >	١ )
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both				
	X   Separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit, 	3	2 c 2	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	a 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?	·		3a	х
1	b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audıt	1		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3 Б	
BAA	1		Fo	m 99	<b>0</b> (2016)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2016

Open to Public Inspection

MANUE OF	nia ordanizanou					Ciripioyer identifica	act natibet				
DEVELOPMENT ASSOCIATES INTERNATIONAL 23-2838716											
Part	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	S.				
The or	ganization is not a private foundati	on because it is (For I	ines 1 through 12, check	conly on	e box.)						
1	A church, convention of church	ies, or association of c	hurches described in se	ction 17	0(b)(1)( <i>A</i>	A)(i).					
2	A school described in section	170(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	or 990-1	EZ))						
3	A hospital or a cooperative hos	pital service organizat	ion described in section	170(b)(	1)(A)(iii)						
4	A medical research organization name, city, and state:	n operated in conjunct	tion with a hospital desci	nbed in s	ection 1	170(b)(1)(A)(iii) Enter th	ne hospital's				
5	An organization operated for the section 170(b)(1)(A)(iv). (Cor	ne benefit of a college molete Part II )	or university owned or of	perated b	y a gov	ernmental unit described	l in				
6	A federal, state, or local govern		l unit described in section	on 170(b)	)(1)(A)(v	r).					
7	An organization that normally r in section 170(b)(1)(A)(vi). (C		part of its support from a	governm	nental ur	nit or from the general pu	ublic described				
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )										
9	<u> </u>										
	or university or a non-land-grai				-		*				
10											
11	An organization organized and			See <b>sec</b> t	ion 509(	(a)(4).					
12	An organization organized and or more publicly supported org	anizations described in	n section 509(a)(1) or se	ection 50	09(a)(2).	See section 509(a)(3).	urposes of one Check the box in				
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	ion operated, supervis	ed, or controlled by its si	upported	organiz	ation(s), typically by givi	ng the supported tion <b>You must</b>				
b	Type II. A supporting organiza management of the supporting must complete Part IV, Secti	organization vested ıı	trolled in connection with the same persons that	its supp control c	orted or or manag	ganization(s), by having ge the supported organiz	control or ration(s). <b>You</b>				
c	Type III functionally integrate organization(s) (see instruction	ed. A supporting organ	nization operated in connete Part IV. Sections A.	ection w	ith, and	functionally integrated w	rith, its supported				
d	Type III non-functionally inte functionally integrated The organistructions). You must comp	egrated. A supporting of	organization operated in ust satisfy a distribution	connecti	on with i	its supported organization an attentiveness require	en(s) that is not ement (see				
е	Check this box if the organizat integrated, or Type III non-fund	on received a written	determination from the II	RS that it	t is a Ty <sub>l</sub>	pe I, Type II, Type III fun	ctionally				
f	Enter the number of supported org						[				
g	Provide the following information a	about the supported or	ganızatıon(s)				<u> </u>				
(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organization in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
<u></u>		<del></del>									
(B)											
(C)											
(D)	· · · · · · · · · · · · · · · · · · ·										
(E)											
T-4-1											

23-2838716

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)

Sect	ion A. Public Support	<u></u>			<b>,</b>		r
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants ')	5,029,142.	5,590,937.	5,767,785.	5,723,759.	5,220,540.	27,332,163.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
	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	5,029,142.	5,590,937.	5,767,785.	5,723,759.	5,220,540.	27,332,163.
	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)						8,886,602.
6	Public support. Subtract line 5 from line 4	ı					18,445,561.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	5,029,142.	5,590,937.	5,767,785.	5,723,759.	5,220,540.	27,332,163.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,375.	3,345.	4,138.	2,850.	1,874.	13,582.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	3,120.	10,934.	11,084.	11,696.	36,834.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	3.	2,479.	7,414.	3,507.	4,632.	18,035.
11	Total support. Add lines 7 through 10						27,400,614.
12	Gross receipts from related activit	ies, etc. (see instru	ictions)			12	68,451.
13	First five years. If the Form 990 i organization, check this box and s						▶ 🗍
Sec	tion C. Computation of Pu	blic Support F	Percentage		·		
14	Public support percentage for 201		•			<del></del>	67.32 %
15	Public support percentage from 20	015 Schedule A, P	art II, line 14			15	64.11 %
16a	33-1/3% support test—2016. If the and stop here. The organization of	he organization did qualifies as a publi	i not check the box cly supported orga	on line 13, and lin	ne 14 is 33-1/3% o	r more, check this	box ▶ [X]
b	33-1/3% support test—2015. If the and stop here. The organization	e organization dıd qualifies as a publi	not check a box of cly supported orga	n line 13 or 16a, ai inization	nd line 15 is 33-1/3	3% or more, check	this box
17a	10%-facts-and-circumstances to or more, and if the organization method the organization meets the 'facts-a	est—2016. If the or eets the 'facts-and and-circumstances	ganization did not -circumstances' te ' test The organiza	check a box on lin st, check this box ation qualifies as a	ie 13, 16a, or 16b, and <b>stop here.</b> Ex i publicly supported	and line 14 is 10% plain in Part VI how d organization	· •
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t The organization	st, check this box n qualifies as a pul	and <b>stop here</b> . Ex blicly supported or	plain in Part VI hov ganization	v the ▶ □
18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instructi	ons ▶ 📙

Sche	dule A (Form 990 or 990-EZ) 2016	DEVELOPM	ENT ASSOCIA	TES INTERNA	ATIONAL	23-2838716	Page 3
Par		Organization	s Described i	n Section 509	(a)(2)		
	(Complete only if you checke	ed the box on line	10 of Part I or if th	e organization faile	d to qualify under	Part II If the organiza	tion
	fails to qualify under the test	s listed below, ple	ase complete Part	11)			
Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
b	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						·
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	
Sec	tion C. Computation of Pul				<del></del>	<del></del>	
15	Public support percentage for 2016	•	•	• • • •			8
16	Public support percentage from 20	15 Schedule A, P	art III, line 15			16	9
	tion D. Computation of Inv				<del></del>		<del></del>
17	<del></del>	<del></del>			fi)	17	8
18	Investment income percentage fro	•	, ,	•	• •	<del>  </del>	8
	33-1/3% support tests—2016. If t					<u> </u>	
	is not more than 33-1/3%, check the 33-1/3% support tests—2015. If the support tests—2015. If the support tests—2015 is the support tests—2016 is th	nis box and stop i	h <b>ere.</b> The organiza	ition qualifies as a	publicly supported	organization	▶ [_
D	- 33-1/3 /6 Support tests—2013. II (	ne organization di	IN HOLDHECK & DOX	OUT HIS I TO THIS I	Ja, and me 10 15 1	111016 (11a11 33-1/3 /6, 8	u

line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . .

Ves No

Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?

  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Pa	art IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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			
	one. D. Type I capper any organizations	7	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)		İ	
	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
			165	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
<u>Se</u>	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1		<del></del>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	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.	i	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		103	NO
	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	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa		<del></del>	<del></del>	<del></del>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov 20 must cor	, 1970 (explain in Part \ mplete Sections A throu	/I) See gh E
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		_
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	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)			
8	Average monthly value of securities	1 a		
	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	I Total (add lines 1a, 1b, and 1c)	1 d		
	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		1
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ated Type	e III supporting organiza	tion

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Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.		· · · · · · · · · · · · · · · · · · ·	
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	tion is responsive (provide	le details	
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iil) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years		<u> </u>	
	Applied to 2016 distributable amount		ļ	<del> </del>
	Remainder. Subtract lines 4a and 4b from 4	<u> </u>	<u> </u>	
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7.			
а				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
			· · · · · · · · · · · · · · · · · · ·	

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e Excess from 2016 . . .

Schedule A (Form 990 or 990-EZ) 2016

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

Pt II Ln 10

Other Income Part II, Line 10 Description: Lease Payments Nonprofit Org 2012: 0. 2013: 1832. 2014: 900. 2015: 2700. 2016: 2950. Description: Employee Flex Plan Write-Off 2012: 3. 2013: 0. 2014: 514. 2015: 157. 2016: 0. Description: Reimbursed Expenses 2012: 0. 2013: 567. 2014: 0. 2015: 0. 2016: 0. Description: Water Cooler 2012: 0. 2013: 80. 2014: 0. 2015: 0. 2016: 0. Description: Church Consulting 2012: 0. 2013: 0. 2014: 6000. 2015: 650. 2016: 1609. Description: Books/Certificates 2012: 0. 2013: 0. 2014: 0. 2013: 0. 2014: 0. 2015: 0. 2016: 73.

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	DEVELOPMENT ASSOCIATES INTERN	NATIONAL			23-2838716	
Par	Organizations Maintaining Donor A	Advised Funds or Otl	ner Similar Fund	is or Ac		
r ai	Complete if the organization answere	d 'Yes' on Form 990,	Part IV, line 6.			
		(a) Donor advised	funds	(b) l	Funds and other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year	· · · · · · · · · · · · · · · · · · ·				
5	Did the organization inform all donors and donor advare the organization's property, subject to the organization	visors in writing that the ass ization's exclusive legal cor	ets held in donor advitrol?	vised funds	Yes	No
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	d donor advisors in writing to donor or donor advisor, or	hat grant funds can be for any other purpos	e used on e conferrin	ly g ∏Yes	No
Par	Conservation Easements. Complete if the organization answere	ed 'Yes' on Form 990.	Part IV. line 7.			
1	Purpose(s) of conservation easements held by the o				<del></del>	
	Preservation of land for public use (e.g., recreat	<del>-</del>		a historical	ly important land area	1
	Protection of natural habitat	,	Preservation of	a certified I	nistoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation of	contribution in the for	m of a con:	servation easement o	n the
	last day of the tax year				Held at the End of t	he Tey Voc
	7.1-1				Meid at the End of t	ne rax rea
	Total number of conservation easements					
	Total acreage restricted by conservation easements Number of conservation easements on a certified his					
			• •	- 24		
C	Number of conservation easements included in (c) a structure listed in the National Register	acquired after 8/1//06, and	not on a historic	2 d		
3	Number of conservation easements modified, transft tax year ►			the organiz	zation during the	
4	Number of states where property subject to conserv	ration easement is located	•			
5	Does the organization have a written policy regarding and enforcement of the conservation easements it has been approximately a second conservation of the conservation easements at his conservation easements.	ng the periodic monitoring, include?	nspection, handling of	of violations	s, 	No
6	Staff and volunteer hours devoted to monitoring, ins					e year
7	Amount of expenses incurred in monitoring, inspect ►\$	ing, handling of violations,	and enforcing conser	vation eas	ements during the ye	ar
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?					No
9	In Part XIII, describe how the organization reports c include, if applicable, the text of the footnote to the conservation easements	onservation easements in i organization's financial stat	ts revenue and exper ements that describe	nse statem s the orga	ent, and balance she nization's accounting	et, and for
Par	till Organizations Maintaining Collection Complete if the organization answere	ions of Art, Historica ed 'Yes' on Form 990,	I Treasures, or Part IV, line 8	Other Si	milar Assets.	
18	a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial st	for public exhibition, educa-	ition, or research in fi	itement an urtherance	d balance sheet work of public service, pro	s of vide,
i	b If the organization elected, as permitted under SFA historical treasures, or other similar assets held for following amounts relating to these items	S 116 (ASC 958), to report public exhibition, education	in its revenue statem , or research in furth	ent and ba erance of p	alance sheet works of public service, provide	art, the
	(i) Revenue included on Form 990, Part VIII, line					
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, his amounts required to be reported under SFAS 116 (	ASC 958) relating to these	items			
	a Revenue included on Form 990, Part VIII, line 1 .					
ı	b Assets included in Form 990, Part X				▶\$	

Part III Organizations Maintaining Co	llections of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)
<ol> <li>Using the organization's acquisition, accession items (check all that apply):</li> </ol>	n, and other records, check	any of the following that	are a significant use of its	s collection
a Public exhibition	d Loan	or exchange programs		
b Scholarly research	e Other		<u> </u>	
c Preservation for future generations				
4 Provide a description of the organization's coll Part XIII	ections and explain how the	ey further the organization	n's exempt purpose in	
During the year, did the organization solicit or to be sold to raise funds rather than to be mail	ntained as part of the orgar	ization's collection?		Yes No
Part IV Escrow and Custodial Arrange line 9, or reported an amount on	ements. Complete if the Form 990, Part X, line	he organization ansv e 21.	vered 'Yes' on Form	990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	n or other intermediary for	contributions or other ass	ets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII a	nd complete the following to	able:		
				Amount
c Beginning balance				
d Additions during the year			. 1d	
e Distributions during the year			. 1e	
f Ending balance			1f	·- · · · · · · · · · · · · · · · · · ·
2 a Did the organization include an amount on Fo	rm 990, Part X, line 21, for	escrow or custodial accor	unt liability?	Yes No
b If 'Yes,' explain the arrangement in Part XIII. C	Check here if the explanation	n has been provided on F	Part XIII	
Part V Endowment Funds. Complete	if the organization ans	wered 'Yes' on Form	990, Part IV, line 1	0.
(a) Curre				(e) Four years back
1 a Beginning of year balance		.,,		
b Contributions	····		<del></del>	<del> </del>
c Net investment earnings, gains, and losses				
d Grants or scholarships				ļ
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance			<u></u>	
<ol><li>Provide the estimated percentage of the curre</li></ol>	nt year end balance (line 1	g, column (a)) held as.		
a Board designated or quasi-endowment ▶	· · · · · · · · · · · · · · · · · · ·			
b Permanent endowment ►	8			
c Temporanly restricted endowment	8			
The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.			
3 a Are there endowment funds not in the possess organization by	sion of the organization tha	t are held and administer	ed for the	Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				
b If 'Yes' on line 3a(ii), are the related organizati				3b
4 Describe in Part XIII the intended uses of the				
Part VI Land, Buildings, and Equipme		idilds.	·	<del></del>
Complete if the organization ans		990. Part IV. line 11	a. See Form 990. Pa	art 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		662,568.	80,407.	582,161.
c Leasehold improvements		332,333.	33,107.	302/101
d Equipment		101,416.	89,108.	12,308.
e Other		118,518.	17,972.	100,546.
Total. Add lines 1a through 1e (Column (d) must ed				695,015
RAA	quai i Omi 990, Fait A, COIU	ши (Dj, шо 10С )		ule D (Form 990) 2016

	Complete if the			
(a) Desc		gory (including name of security)	(b) Book value	art IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation Cost or end-of-year market value
				(0) 1101101 01 101101
		s		
Other	• •			
. <b></b> .				
<u>)</u>				
<u> </u>				
		90, Part X, column (B) line 12)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
<u>art VIII</u>	Investments -	- Program Related.	'Yes' on Form 990 P	art IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
1)			1	
2)	<del></del>	<del></del>		
3)				
4)				
5)				
6)				
7)				
8)				
(9)				
10)				
	nn (b) must equal Form 9	990, Part X, column (B) line 13)	>	
(0) tal. <i>(Colur</i>	Other Assets.			art IV line 11d. See Form 990. Part X. line 15
0) tal. <i>(Colur</i>	Other Assets.	organization answered		art IV, line 11d. See Form 990, Part X, line 15.
0) tal. <i>(Colur</i> art IX	Other Assets.	organization answered	'Yes' on Form 990, P	
0) tal. (Colum art IX	Other Assets.	organization answered	'Yes' on Form 990, P	
(1) (3)	Other Assets.	organization answered	'Yes' on Form 990, P	
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0) tal. (Columnart IX  (1) (2) (3) (4)	Other Assets.	organization answered	'Yes' on Form 990, P	
0) ial. (Columnart IX  1) 2) 3) 4) 5) 6)	Other Assets.	organization answered	'Yes' on Form 990, P	
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0)  lal. (Columnart IX  1) 2) 3) 4) 5) 6) 7) 8)	Other Assets.	organization answered	'Yes' on Form 990, P	
0) al. (Columant IX  1) 2) 3) 4) 5) 6) 7) 8)	Other Assets.	organization answered	'Yes' on Form 990, P	
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0) al. (Columant IX  1) 2) 3) 4) 5) 6) 77) 8) 9) 0) tal. (Columnant IX	Other Assets. Complete if the	e organization answered (a) D Form 990, Part X, column (B) es. ganization answered 'Yes' on	'Yes' on Form 990, Pescription  line 15.)	(b) Book value
0)  al. (Columnart IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  0)  tal. (Columnart IX  1) Feder  2)  3)  4)	Other Assets. Complete if the	e organization answered (a) D Form 990, Part X, column (B) es. ganization answered 'Yes' on	'Yes' on Form 990, Pescription  line 15.)	(b) Book value
0) tal. (Column 1) 1) 2) 3) 4) 5) 6) 77 8) 9) 0) tal. (Column 1) tal. (Column 2) art X	Other Assets. Complete if the	e organization answered (a) D Form 990, Part X, column (B) es. ganization answered 'Yes' on	'Yes' on Form 990, Pescription  line 15.)	(b) Book value
(1) Fede (2) (3) (4) (5) (6) (6) (7)	Other Assets. Complete if the	e organization answered (a) D Form 990, Part X, column (B) es. ganization answered 'Yes' on	'Yes' on Form 990, Pescription  line 15.)	(b) Book value
(1) Fede (2) (3) (4) (5) (6) (7) (8) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the	e organization answered (a) D Form 990, Part X, column (B) es. ganization answered 'Yes' on	'Yes' on Form 990, Pescription  line 15.)	(b) Book value
(1) tal. (Colum art IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (Cart X  (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets. Complete if the	e organization answered (a) D Form 990, Part X, column (B) es. ganization answered 'Yes' on	'Yes' on Form 990, Pescription  line 15.)	(b) Book value
(1) tal. (Column 1X) (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (art X) (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets. Complete if the	e organization answered (a) D Form 990, Part X, column (B) es. ganization answered 'Yes' on	'Yes' on Form 990, Pescription  line 15.)	(b) Book value
0) tal. (Columnart IX  1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Columnart IX  1) Feder 2) 3) 4) 5) 6) 77 8) 9) 0) 1)	Other Assets. Complete if the  Jumn (b) must equal Other Liabilitie Complete if the organical income taxes	e organization answered (a) D Form 990, Part X, column (B) es. ganization answered 'Yes' on	'Yes' on Form 990, Pescription  line 15.)  Form 990, Part IV, line 11  (b) Book value	(b) Book value

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

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Part XIII Supplemental Information.

Schedule **D** (Form 990) 2016

#### 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.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service . Name of the organization

Employer identification number

DEVELOPMENT ASSOCIATES INTERNATIONAL 23-2838716 General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants 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 following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (f) Total (a) Region offices in the employees, the region (by type) (such expenditures for (d) is a program as, fundraising, program services, investments, region agents, and service, describe and investments ındependent specific type of in the region contractors grants to recipients service(s) in in the region the region located in the region) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Sub-total . . . . . . . . . . . . b Total from continuation sheets to Part I.....

c Totals (add lines 3a and 3b)

23-2838716

DEVELOPMENT ASSOCIATES INTERNATIONAL Schedule F (Form 990) 2016

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

1 (a)	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Afrıca education/mentoring	education/mentoring	107,964.	Wires			
(2)			Sub-Saharan Africa education/mentoring	education/mentoring	82,158.	Wires			
(3)			Sub-Saharan Africa education, mentoring	education, mentoring	59,708.	Wires			
(4)			South Asia	education/mentoring	17,290.	Wires			
(5)			South Asia	education/mentoring	50,771.	Wires			
(9)			Europe	education, curriculu	93,926.	Wires			
(2)			Russia	education, mentoring	86,583.	EFTS			
(8)			Sub-Saharan Africa	ran Africa education, mentoring	63,006.	Wires			
(6)			East Asia and Pacific	and Pacific education, mentoring	51,448.	Wires			
(10)			Middle East	education, scholarsh	141,616.	Wires			
(11)			South Asia	education, mentoring	6,553.	Wires			
(12)			Sub-Saharan Africa	ran Africa education, mentoring	83,250.	Wires			
(13)			Sub-Saharan Africa	an Africa education, mentoring	111,719.	Wires			
(14)			East Asia and Pacific	and Pacific education, mentoring	121,595.	Wires			
(15)			South Asia	education/training	702,750.	Wires			
(16)			South Asia	education/training	150,000. Wires	Wires			
2 Enter tota	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantes or counsel has provided a serving 60167(3) activishment latter.	ons listed above that a	are recognized as cha	arities by the fore	ign country, recogn	ized as tax-exempt	by the IRS, or for w	hich	000

TEEA3502 09/26/16

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

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38 38 17 27 Schedule F (Form 990) 2016

Randill Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	s and Other Assis	tance to Organizat	ions or Entitie	es Outside the Un	Т	Schedule F (Form	990). Part II.	line 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	relief/food	24,565.	Wires			
		South Asia	education/constructi	224,547.	Wires			
		South Asia	scholarships/educati	5,750.	Wire			
		South Asia	education/mentoring	9,620.	Wire			
		South Asia	educarton/mentoring	.080,080	Wires			
		Europe	education/mentoring	23,705.	Checks			
		South Asia	children/women progr	22,720.	Wires			
		South Asia	children/womens prog	14,680.	Wires			:
		South Asia	education/scholarshi	45,030.	Wires/Cash			
		South Asia	child sponsorship	19,705.	Wires			
		South Asia	education/youth	47,915.	Wires			
		South Asia	education/mentoring	21,254.	Wires			
		South Asia	education/mentoring	34,920.	Wires			
		South Asia	education/mentoring	5,130.	Wire			
		South Asia	orphanage/children	42,500.	Wires			
		South Asia	orphanage/children	38,210.	Wires			
,		Europe	education/mentoring	13,727.	Wire/Check/EFT			
		South Asia	education/mentorıng	50,000.	Wire			
		South Asia	education/mentoring	5,030.	Wire			
			TEEA3602 09/26/16			S	Schedule F Cont (Form 990) 2016	orm 990) 2016

(h) Description (i) Method of of non-cash assistance (book, FMV, appraisal, other) Schedule F Cont (Form 990) 2016 Schedule F Cont (Form 990) 2016 DEVELOPMENT ASSOCIATES INTERNATIONAL

[Part II | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (g) Amount of non-cash assistance (f) Manner of cash disbursement 14,580. Wires 164,820. Wires 9,258. EFTS (e) Amount of cash grant TEEA3602 09/26/16 education/mentoring women/children progr orphanage/construct1 (d) Purpose of grant South Asia (c) Region South Asia South Asia (b) IRS code section and EIN (if applicable) (a) Name of organization

Page 3

23-2838716

Schedule F (Form 990) 2016

Part III

DEVELOPMENT ASSOCIATES INTERNATIONAL

Schedule F (Form 990) 2016 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance 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. (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Sub-Saharan Africa East Asia and Pacific Central America (b) Region (1) CHILDREN/WOMEN/EDUCATION/MENTORING/DEVEL South Asia Europe (a) Type of grant or assistance (2) EDUCATION/MENTORING (3) EDUCATION/MENTORING (4) EDUCATION/MENTORING (5) EDUCATION/MENTORING (18) BAA E (15) 9 9 (8) 6 (10) (12)(13) (14) (16) (17)

Sche	hedule F (Form 990) 2016 DEVELOPMENT ASSOCIATES INTE	ERNATIONAL 23	- <u>283</u> 8716	Page 4
Pa	বার্থাপুর Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporate organization may be required to file Form 926, Return by a U.S. Transfe Corporation (see Instructions for Form 926)	eror of Property to a Foreign	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year required to separately file Form 3520, Annual Return To Report Transactor Certain Foreign Gifts, and/or Form 3520-A Annual Information Return Owner (see Instructions for Forms 3520 and 3520-A, do not file with Followship Instructions for Forms 3520 and 3520-A, do not file with Followship Instructions for Forms 3520 and 3520-A.	ctions with Foreign Trusts and Receipt o of Foreign Trust With a U.S.		X No
3	3 Did the organization have an ownership interest in a foreign corporation organization may be required to file Form 5471, Information Return of U. Foreign Corporations (see Instructions for Form 5471)	S. Persons With Respect To Certain	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign electing fund during the tax year? If 'Yes,' the organization may be required Return by a Shareholder of a Passive Foreign Investment Company or Instructions for Form 8621)	ired to file Form 8621, Information Qualified Electing Fund (see	<b>Yes</b>	X No
5	Did the organization have an ownership interest in a foreign partnership organization may be required to file Form 8865, Return of U.S. Persons Partnerships (see Instructions for Form 8865)	With Respect to Certain Foreign	Yes	X No
6	Did the organization have any operations in or related to any boycotting if 'Yes,' the organization may be required to separately file Form 5713, Instructions for Form 5713, do not file with Form 990)	International Boycott Report (see		X No
BAA	VA TEEA3505 09/26/16		Schedule F (Forr	n 990) 2016

TEEA3505 09/26/16

# PartV 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.

BAA

SCHEDULE		D	ants and Otl	Grants and Other Assistance to Organizations,	to Organization	ń		OMB No 1545-0047
(Form 990)		<b>200</b>	ernments, a	nd Individuals i	n the United Sta	ites		2016
;		Comple	ite if the organizati	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22 ▶ Attach to Form 990.	orm 990, Part IV, line 2 <sup>.</sup> 0.	l or 22.	<u>.l.</u>	Open to Public
Department of the Treasury Internal Revenue Service		► Information	about Schedule I	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	ructions is at www.irs.g	ov/form990.		Inspection
1							Employer identification number	ation number க
Part   General In	General Information on Grants and Assistance	INTERNATIONAL OF GRANTS AND ASSISTA	ance				7.0007-031	
1 Does the organiza the selection criter	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	to substantiate the an grants or assistance?	nount of the grants	he grants or assistance, the grantees' eligibility for the grants or assistance, and	es' eligibility for the grants	s or assistance, and		Yes X
2 Describe in Part IV	/ the organization's pro	ocedures for monitorii	ng the use of grant	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	9			
Part II Grants an Form 990,	d Other Assistan Part IV, line 21, fo	ice to Domestic or any recipient th	Organizations at received mor	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Comple II can be duplicated	te if the organizati if additional space	on answered 'Ye. s is needed.	s, on
1 (a) Name and address of organization or government	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Youth With A Mission PO Box 61700 Honolulu HI 96839		46-2853104		5,607.				EDUCATION/DEVE
(3)								
<u>(4)</u>								
(5)								
(6)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(7)								
(8)								
1	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government organ	nizations listed in th	e line 1 table				
3 Enter total number	Enter total number of other organizations listed in the line 1 table	s listed in the line 1 to	able		TEFA3001 11/03/18	11/03/16	Schedu	Schedule   (Form 990) (2016)
BAA FOF Paperwork reduction Act notice, see the instructions to Form 330.	(GGUCGOII ACL MOGGS	מפפ תופ וווסחתרתים				<u> </u>	ı I	

Schedule I (Form 990) (2016) DEVELOPMENT A	DEVELOPMENT ASSOCIATES INTERNATIONAL	ERNATIONAL		2	23-2838716 Page 2	ge 2
<b>Partition</b> Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	Domestic Individu	ials. Complete if th	e organization ansv	vered 'Yes' on Form 990	), Part IV, line 22. Part III	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
-						
2						
3				,		
4						
w						
Q						
7						į
Parelly Supplemental Information. Provide the information	de the information r	equired in Part I, lir	ne 2; Part III, colum	required in Part I, line 2; Part III, column (b), and any other additional information.	itional information.	

#### **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.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

23-2838716 DEVELOPMENT ASSOCIATES INTERNATIONAL IRS FORM 990 REVIEWED BY FINANCE 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 During the fiscal year ended December 31, 2015, DAI decided not to collect any future revenue from online curriculum that was capitalized during the year ended December 31, 2014. Due to this change, the amount capitalized in prior years was therefore recorded as an impairment loss of \$256,426 as of December 31, 2015 on the Statements of Activities. Pt XI