## **COPY OF FORM 990**

## (TO BE USED, OR COPIED, FOR)

# **\*\*PUBLIC INSPECTION ONLY\*\***

## **NOTE**

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

**<u>In-person requests:</u>** A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

<u>Website alternative</u>: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

**<u>Permissible charges</u>**: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

**<u>Penalties</u>**: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- *Exemption Application \$20 per day with no maximum.*
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

**<u>Private foundation exempt</u>**: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

**Donor Information:** Please note that donor information is not open to public inspection and has been excluded from this copy.

Form <b>99(</b>	J

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

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

ΑΙ	For the	e 2017 calendar year, or tax year beginning and	ending	-	
Β	Check if	C Name of organization		D Employer identifi	cation number
ć	applicabl	Joint Development Associates			
	Addre				
	Name chang	e Doing business as		84-128	6934
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return		# 188	888-75	9-4071
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,816,359.
	Amen	ded Grand Junction, CO 81506		H(a) Is this a group r	eturn
	Applic tion	F Name and address of principal officer:Robert Hedlund		for subordinates	s? 🖸 Yes 🕱 No
	pendir	<sup>1g</sup> same as C above		H(b) Are all subordinates i	ncluded? Yes No
Ι.	Tax-exe	empt status: 🗴 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) (	or 🔄 527	If "No," attach a	list. (see instructions)
J١	Websit	te: 🕨 www.jdainternational.org		H(c) Group exemptic	n number 🕨
Κ	Form of	organization: 🗴 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1994	A State of legal domicile: CO
Pa	art I	Summary			
۵	1	Briefly describe the organization's mission or most significant activities: Catalys	st to ind	ividuals &	
Governance		communities to raise capacity to sustain & promote development	nt.		
rne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			8
		Number of independent voting members of the governing body (Part VI, line 1b)			7
se		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5
viti		Total number of volunteers (estimate if necessary)			7
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		1,792,960.	1,812,847.
nue		Program service revenue (Part VIII, line 2g)		5,174.	3,512.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,798,134.	1,816,359.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,170,006.	1,266,474.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			796.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		505,564.	549,343.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,675,570.	1,815,817.
	19	Revenue less expenses. Subtract line 18 from line 12		122,564.	542.
or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		447,570.	444,423.
Fund Balances	21	Total liabilities (Part X, line 26)		148,841.	145,108.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		298,729.	299,315.
Pa	art II	Signature Block			· · · ·
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer Date Sign Robert Hedlund, President Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Check if Paid Francis K. Brown II P00465640 6/5/2018 .. self-employed Firm's name 🕨 Capin Crouse LLP Preparer Firm's EIN 36 - 3990892Firm's address 🕨 2435 Research Parkway, Suite 200 Use Only Phone no.719-528-6225 Colorado Springs, CO 80920 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	Joint Development Associates	
		.286934 Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	See Schedule O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	ured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 579, 379. including grants of \$) (Revenue \$)	3,512.)
	In 2017, JDA International provided approximately 1,579,379 in training	
	and development services to more than 41,000 people in Northern	
	Afghanistan. Through our Water Access Sanitation and Hygiene (WASH)	
	program, we were able to install 10 wells with hand pumps which	
	provided clean water access to 13,812 people. This included wells for	
	two high schools, Elmarab High School and Sajadia High School, which	
	benefited 1,082 students. In addition, these two high schools hosted JDA's annual puppet shows in celebration of Global Hand Washing Day.	
	For this event, 372 students attended and received an essential lesson	
	about hygiene.	
	- Continued on Schedule 0 -	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 1,579,379.	

	Joint Development Associates			•
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Pa	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>_</b>		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		
8	-			x
•	Schedule D, Part III	8		
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?			
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	^	
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
				<u>л</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
A	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			<u>л</u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZa		12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
U U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	x	<u> </u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		
-	complete Schedule G, Part III	19		x
		-		-

Form **990** (2017)

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Pa	rt IV 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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		
	Schedule K. If "No", go to line 25a	24a		X
	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	24c		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	х	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		
51	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<b>—</b>		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2017)

	Joint Development Associates					
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Pa						
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re		ble gaming			
•	(gambling) winnings to prize winners?			1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			10		
Lu	filed for the calendar year ending with or within the year covered by this return	2a	5			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	x	
D D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20		
30				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
				30		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-	4-	x	
h.	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nu) ?	4a	<u>л</u>	
a	If "Yes," enter the name of the foreign country: Afghanistan, Iraq					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	xt?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	999 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		1
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	.00				
'' a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
D		116				
10-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	θΟ		14b		1

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	₹ "No" r	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
-	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization become aware during the year of a dignificant diversion of the organization of a decision of the organization of the organiza	6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
D D		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	x	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	The model of the section of requests information about policies not required by the internal neverice code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
D D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
		12a	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
U		12c	x	
12	in Schedule O how this was done	13	x	
		14	x	
14 15	Did the organization have a written document retention and destruction policy?	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2		15a	x	
	Other officers or key employees of the organization	15a	<u> </u>	x
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		x
h	taxable entity during the year?	104		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	166		
800	exempt status with respect to such arrangements?	16b	I	L
17 18	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ Co Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat		
10	for public inspection. Indicate how you made these available. Check all that apply.	avallau	10	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finan	cial	
19	statements available to the public during the tax year.	iu iiidil	Ciai	
20	State the name address, and telephone number of the person who possesses the organization's books and records:			

20	State the name, address, and telephone number of the person who possesses the organization's books and records:
	Robert Hedlund - 888-759-4071

2695 Patterson Road, Unit 2, No. # 188, Grand Junction, CO 81506

Form 990 (2			Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	est Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

Joint Development Associates

• 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e	subeus		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Robert Hedlund	40.00	-	-		-		1			
President/CEO		x		x				90,096.	0.	٥.
(2) Roger Olsen	0.50									
Chairman		x		x				0.	0.	٥.
(3) Kenneth Urban	0.50									
Secretary		х		х				0.	0.	0.
(4) Les McPherson	0.50									
Treasurer		Х		х				0.	٥.	٥.
(5) Tim Steadman	0.50									
Director		Х						0.	٥.	٥.
(6) William Lyman	0.50									
Director		Х						0.	0.	0.
(7) Craig Liukko	0.50									
Director		Х						0.	0.	0.
(8) Jalyn VanConett	0.50									
Director		Х						0.	0.	0.
(9) Timothy Piper	40.00									
Central Asia Regional Director						Х		264,509.	0.	0.
		4								
		4								
		-								
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Joint	Development	Associates
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	990 (2017) International									84-1286	5934		Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ighe	st C		es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos heck ss pe	more erson	1 than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa om the anizati d relate anizatio	e ion ed
	Sub-total Total from continuation sheets to Part VI								354,605. 0.		0. 0.			0. 0.
d 2	Total (add lines 1b and 1c)								354,605. eceived more than \$100	,000 of reportabl	<sup>0</sup> . le			0.
	compensation from the organization												Yes	1 <b>No</b>
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-	le co	omp	ensa	atior	n and	d ot	her compensation from			4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-			-			5		x
	tion B. Independent Contractors									<u> </u>				
1	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		ipens			
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	C	<b>(C</b> compe	;) nsatio	n
								_						
								_						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 0

	n 990 (						84-1286934	Page <b>9</b>
Pa	rt VII							
		Check if Schedule O cont	ains a respons	e or note to any line	e in this Part VIII <b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business	( <b>D</b> ) Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
our		Membership dues						
Am 0,0		Fundraising events						
Gift lar		Related organizations						
ini,	е	Government grants (contribut	ions) <b>1e</b>	1,606,401.				
er S	f	All other contributions, gifts, gran						
ţţ		similar amounts not included above	ve <b>1f</b>	206,446.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>a Č</u>	h	Total. Add lines 1a-1f		🕨	1,812,847.			
				Business Code				
Program Service Revenue		Misc. Program Revenue		900099	3,512.	3,512.		
Serv	b							
ven S	c							
gra Re	d							
Pro	e 4	All other program convice rove						
_	f	All other program service reve Total. Add lines 2a-2f			3,512.			
	3	Investment income (including			•,•==•			
	Ŭ	other similar amounts)		· ·				
	4	Income from investment of tax						
	5	Royalties	•	· · · ·				
	_	···· <b>·</b>	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising						
/en		including \$						
Other Revenue		contributions reported on line	-					
Jer		Part IV, line 18						
₽		Less: direct expenses						
		Net income or (loss) from func Gross income from gaming ac	•	▶				
	9 a							
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 4	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
	d	• • •						
		Total. Add lines 11a-11d						
		Total revenue. See instructions.			1,816,359.	3,512.	٥.	0.

	990 (2017) International			84-12869	934 Page <b>1</b>
	t IX Statement of Functional Expense				
ecti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	se or note to any line in to any line in to any line in the second second second second second second second se	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
-	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,096.	81,086.	4,505.	4,50
6	Compensation not included above, to disqualified	-	-		-
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	20,400.	20,400.		
7	Other salaries and wages	1,059,922.	956,833.	103,089.	
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits	23,214.	17,556.	5,658.	
)	Payroll taxes	72,842.		72,551.	29
1	Fees for services (non-employees):				
а	Management				
-	Legal	40.		40.	
с	Accounting	22,765.	18,805.	3,960.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	52,293.	52,293.		
2	Advertising and promotion	1,567.		1,567.	
3	Office expenses	35,672.	27,141.	8,531.	
ł	Information technology	29,273.	22,405.	6,868.	
5	Royalties				
5	Occupancy	101,430.	96,137.	5,293.	
,	Travel	62,028.	52,974.	9,054.	
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest	3,093.		3,093.	
I	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,370.		1,370.	
3		4,682.		4,682.	
ŀ	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 0.)				
а	Vehicle Rent & Maint.	189,257.	189,018.	239.	
b	Agr. Equip. & Materials	42,928.	42,928.		
	Nar /Sanitation Trainin	2 9/5	1 803	1 1/2	

2,945.

1,815,817.

1,803.

1,579,379.

d

25 26

c Agr./Sanitation Trainin

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.

if following SOP 98-2 (ASC 958-720)

e All other expenses

Check here

4,796.

1,142.

231,642

International

Form 990 (2017)
Part X Balance Sheet

Page **11** 

Part )	Λ.	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing	241,677.	1	284,569
2	2	Savings and temporary cash investments		2	
3	3	Pledges and grants receivable, net		3	
4		Accounts receivable, net	173,815.	4	127,539
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	
e	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			
3		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
ί   ε	В	Inventories for sale or use		8	
9	9	Prepaid expenses and deferred charges	30,366.	9	31,973
10	Da	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 46,065.			
	b	Less: accumulated depreciation 10b 45,723.	1,712.	10c	342
11	1	Investments - publicly traded securities		11	
12	2	Investments - other securities. See Part IV, line 11		12	
13	3	Investments - program-related. See Part IV, line 11		13	
14	4	Intangible assets		14	
15	5	Other assets. See Part IV, line 11		15	
16	6	Total assets. Add lines 1 through 15 (must equal line 34)	447,570.	16	444,423
17	7	Accounts payable and accrued expenses	78,841.	17	80,108
18	в	Grants payable		18	
19	Э	Deferred revenue		19	
20	D	Tax-exempt bond liabilities		20	
21	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	2	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	
i   23	3	Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties	70,000.	24	65,000
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	6	Total liabilities. Add lines 17 through 25	148,841.	26	145,108
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and			
ß		complete lines 27 through 29, and lines 33 and 34.			
27	7	Unrestricted net assets	281,439.	27	267,328
28		Temporarily restricted net assets	17,290.	28	31,987
29		Permanently restricted net assets		29	
3		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌			
5		and complete lines 30 through 34.			
3 30	D	Capital stock or trust principal, or current funds		30	
31		Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	2	Retained earnings, endowment, accumulated income, or other funds		32	
ž   33	3	Total net assets or fund balances	298,729.	33	299,315.
34		Total liabilities and net assets/fund balances	447,570.	34	444,423.

Form **990** (2017)

Form 990 (2017)       International       84-1286934       Page 12         Part XI       Reconciliation of Net Assets       Image: Check if Schedule O contains a response or note to any line in this Part XI       Image: Check if Schedule O contains a response or note to any line in this Part XI       Image: Check if Schedule O contains a response or note to any line in this Part XI       Image: Check if Schedule O contains a response or note to any line in this Part XI       Image: Check if Schedule O contains a response or note to any line in this Part XI         1       Total expenses (must equal Part IX, column (A), line 25)       1       1       1,815,817.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1,815,817.       5         3       Statz.       4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       298,729.         5       Bornated services and use of facilities       6       -       -         7       Investment expenses       7       -       -         8       Poiro period adjustments       6       -       -       -         9       Other changes in net assets or fund balances (explain in Schedule O)       9       44.         10       Lessets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       2       2       X <th></th> <th>Joint Development Associates</th> <th></th> <th></th> <th></th> <th></th>		Joint Development Associates				
Check if Schedule O contains a response or note to any line in this Part XI       I         1       Total revenue (must equal Part IXI, column (A), line 12)       1       1,816,359,         2       Total expenses (must equal Part IX, column (A), line 25)       2       1,815,817,         3       Revenue less expenses. Subtract line 2 from line 1       3       542.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       298,729.         5       Net unrealized gains (losses) on investments       6       6         6       7       7       7         7       8       9       0ther changes in net assets or fund balances (explain in Schedule O)       9       444.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       299,315.         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," explain in Schedule O.         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," ex	Form	1990 (2017) International	84-1286934		Pa	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1,816,3359.         2       Total expenses (must equal Part X, column (A), line 25)       2       1,815,817.         2       Total expenses (must equal Part X, column (A), line 25)       2       1,815,817.         3       542.         4       Het assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       298,729.         5       Net unrealized gains (losses) on investments       5       5         6       0       7       6         7       8       9       Other changes in net assets or fund balances (explain in Schedule O)       9       44.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       299,315.         Part XII       Financial Statements and Reporting       x       x         Column (B)       29       315.       2         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       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,815,817.         3       Revenue less expenses. Subtract line 2 from line 1       3       542.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       298,729.         5       5       5       5         6       6       7         7       8       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       44.         1       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       299,315.         Part XII       Financial Statements and Reporting       X       X         7       7       9       44.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting financial statements compiled or reviewed by an independent accountant?       2a <t< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part XI</th><th></th><th><u></u></th><th></th><th>X</th></t<>		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,815,817.         3       Revenue less expenses. Subtract line 2 from line 1       3       542.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       298,729.         5       5       5       5         6       6       7         7       8       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       44.         1       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       299,315.         Part XII       Financial Statements and Reporting       X       X         7       7       9       44.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting financial statements compiled or reviewed by an independent accountant?       2a <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th></t<>						
3       Revenue less expenses. Subtract line 2 from line 1       3       542.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       298, 729.         5       Net unrealized gains (losses) on investments       5       5         6       7       6         7       8       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       44.         10       Net assets or fund balances (explain in Schedule O)       9       44.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E))       10       299, 315.         Prior period adjustments and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       Yes       No         1       Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis	1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,816	,359.
• Noticities opported at basis or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       298,729.         • Net unrealized gains (losses) on investments       6	2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,815	,817.
5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       44.         10       Veta assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       299 , 315.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis <th>3</th> <td>Revenue less expenses. Subtract line 2 from line 1</td> <td>3</td> <td></td> <td></td> <td>542.</td>	3	Revenue less expenses. Subtract line 2 from line 1	3			542.
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       44.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       299, 315.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X       X         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X       X<	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		298	,729.
7       Investment expenses       7         8       Prior period adjustments       9         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, column (B))       10       299 , 315.         Part XII       Financial Statements and Reporting       x       x         Check if Schedule O contains a response or note to any line in this Part XII       x       x         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.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis is       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis is       B	5	Net unrealized gains (losses) on investments	5			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       44.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       299, 315.         Part XII       Financial Statements and Reporting       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check a Doc Part XII if The organization's financial statements compiled or reviewed by an independent accountant?       2a       Image: X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Check a box below to indicat	6	Donated services and use of facilities	6			
9       Other changes in net assets or fund balances (explain in Schedule O)       9       44.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       299, 315.         Part XII       Financial Statements and Reporting       x       x         Check if Schedule O contains a response or note to any line in this Part XII       x       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       I         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       I         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:       Zb       X       I         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:	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10   299, 315.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Or both: Beyrate basis. Consolidated basis Both consolidated and separate basis. Check a box below to indicate whether the financial statements for the year were audited on a separate basis, crossolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Consolidated basis, or both: X Separate basis Consolidated basis. Consolidated basis Both consolidated and separate basis Consolidated basis. Consolidated basis	8	Prior period adjustments	8			
column (B))       10       299,315.         Part XII       Financial Statements and Reporting       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       Image: Check II Check II Schedule O.         2a       Vere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       10	9	Other changes in net assets or fund balances (explain in Schedule O)	9			44.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         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.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Mo         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct on the construction of the cons			10		299	,315.
I       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construction of the constru	Pa	rt XII Financial Statements and Reporting				
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.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: X       Image: X		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Constant of the selection of an independent accountant?       2c       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis, or both:       Im						
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Construction of the selection of the tax year, explain in Schedule O.	2a			<b>2</b> a		Х
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:         <ul> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> </ul> </li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Construction of the construction of the tax year, explain in Schedule O.       Image: Construction of the construction of the tax year, explain in Schedule O.		separate basis, consolidated basis, or both:				
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:       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:       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:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       If "Yes," check a box below to indicate whether the financial statements and separate basis       If "Yes," check a box below to indicate whether the financial statements and separate basis       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
Act and OMB Circular A-133? 3a X		Act and OMB Circular A-133?		3a	Х	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			1
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

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.						OMB No. 1545-0047 2017 Open to Public		
		nue Service			v/Form990 for instruction			nformation.		Inspection		
Name	e of t	he organizati	<b>on</b> Joint	Development Ass	ociates				Employer	identification number		
Dor	41	Decen		ational	AU					4-1286934		
Par					All organizations must co				S.			
1 [ 2 [ 3 [ 4 [	-	A church, col A school des A hospital or	nvention of ch cribed in <b>sect</b> a cooperative search organiz	urches, or associatio ion 170(b)(1)(A)(ii). ( hospital service org	(For lines 1 through 12, c on of churches described (Attach Schedule E (Forn anization described in <b>se</b> onjunction with a hospital	d in section n 990 or 99 ection 170	on <b>170(b)(</b> 90-EZ).) D(b)(1)(A)(i	1)(A)(i). ii).	<b>.)(iii).</b> Enter	the hospital's name,		
5 [		•	-	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in		
				Complete Part II.)								
6 [		A federal, sta	te, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).				
7	Х	0		•	antial part of its support f	from a gov	ernmental	unit or from	the general	public described in		
- [		-		omplete Part II.)								
8 [		2			(1)(A)(vi). (Complete Par		ad in a suit					
<b>9</b> [		or university	or a non-land-g	grant college of agric	l in section 170(b)(1)(A)( culture (see instructions).	Enter the	name, city	y, and state c	of the colleg	e or		
<b>10</b>					e than 33 1/3% of its sup							
					ct to certain exceptions,							
					e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
<b>.</b>				mplete Part III.)	ively to toot for public or	faty Caa	ocation E(	O(a)(4)				
11   12		-	-	-	sively to test for public sa sively for the benefit of, to	•			arry out the	purposes of one or		
		-	-	-	ed in section 509(a)(1) o	-			•			
				-	of supporting organizatio							
а		7	-	• •	supervised, or controlled		-		-	aivina		
					egularly appoint or elect a	•						
			-	complete Part IV, Se	• • • •							
b		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	ving		
		control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported		
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.							
с		Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,		
		its support	ed organizatio	n(s) (see instructions	s). <b>You must complete l</b>	Part IV, Se	ections A,	D, and E.				
d		••			porting organization oper				· ·			
					zation generally must sat				d an attent	iveness		
-		7			mplete Part IV, Sections written determination fro							
е	L		0		onally integrated support			атурет, туре	еп, туре п			
f	Ente				many integrated support							
				n about the supporte								
		i) Name of supp organizatior	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	nization listed ing document? <b>No</b>	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)		

Joint Development	Associates
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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	851,344.	661,535.	1,368,038.	1,792,960.	1,812,847.	6,486,724.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	851,344.	661,535.	1,368,038.	1,792,960.	1,812,847.	6,486,724.
	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)						674,793.
6	Public support. Subtract line 5 from line 4.						5,811,931.
	ction B. Total Support	L					, ,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	851,344.	661,535.	1,368,038.	1,792,960.	1,812,847.	6,486,724.
8			,	, ,		. ,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		1,313.				1,313.
9	Net income from unrelated business		, -				, -
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	7,217.	98.	194.			7,509.
11	Total support. Add lines 7 through 10	,		•			6,495,546.
	Gross receipts from related activities,	etc. (see instructio	ne)			12	30,853.
	<b>First five years.</b> If the Form 990 is for	•	,	fourth or fifth tax			,
10	organization, check this box and <b>stop</b>	-				1001(0)(0)	
Sec	ction C. Computation of Publi	c Support Per	centage			<u></u>	
	Public support percentage for 2017 (li			olumn (f))		14	89.48 %
	Public support percentage from 2016			.,,		15	74.11 %
	<b>33 1/3% support test - 2017.</b> If the o						,,,
100	stop here. The organization qualifies a	•		•			
h	<b>33 1/3% support test - 2016.</b> If the o						
~	and stop here. The organization quali						
17~	10% -facts-and-circumstances test						
170	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						
L.	10% -facts-and-circumstances test	-		• • • •			
C C						-	U70 UI
	more, and if the organization meets the						
10	organization meets the "facts-and-circ		•	•	,		
<u>ıö</u>	Private foundation. If the organization	T UIU HOL CHECK & D	JUX OF IITIE 13, 16a	, 100, 17a, or 17b	, CHECK THIS DOX a	ind see instructions	• 🟲 📖

Schedule A (Form 990 or 990-EZ) 2017

84-1286934

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	F						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•	•	·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			L		I	
14	First five years. If the Form 990 is for	-			-		ization,
			•				▶∟
	ction C. Computation of Public						
	Public support percentage for 2017 (lin			column (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage	•			
17	Investment income percentage for 20	1 <b>7</b> (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	016 Schedule A,	Part III, line 17			18	%
<b>19</b> a	33 1/3% support tests - 2017. If the o	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	d <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	zation	
b	33 1/3% support tests - 2016. If the o	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, chec	k this box and <b>s</b> t	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	• <b>&gt;</b>
20	Private foundation. If the organization						

## 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 disgualified 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Yes

No

Sche	edule A (Form 990 or 990-EZ) 2017 International 84-1286	934	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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	-		
5	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	supported organizations played in this regard.	3		
		1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below.	J•		
a ⊾				
b		truction	<b>a</b> )	
c	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instantiation supported a government entity).	struction	ŕ	Na
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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.			
а				
_	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	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.* 

Schedule A (Form 990 or 990-EZ) 2017

3b

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

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

Schedule A (Form 990 or 990-EZ) 2017

ecti	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes								
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S							
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in <b>Part VI</b> ). See instructions.									
7	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which the organization is responsive									
	(provide details in <b>Part VI</b> ). See instructions.									
9	Distributable amount for 2017 from Section C, line 6									
0	Line 8 amount divided by line 9 amount									
ecti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017						
1	Distributable amount for 2017 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2017 (reason-									
	able cause required- explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2017									
а										
b	From 2013									
С	From 2014									
d	From 2015									
е	From 2016									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
h	Applied to 2017 distributable amount									
i	Carryover from 2012 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2017 from Section D,									
	line 7: \$									
а	Applied to underdistributions of prior years									
b	Applied to 2017 distributable amount									
с	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2017, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in <b>Part VI.</b> See instructions.									
6	Remaining underdistributions for 2017. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2018. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
	Excess from 2013									
b	EXCESS ITOTT 2014									
	Excess from 2014 Excess from 2015									

e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 International

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

84-1286934

Joint Development Associates		
Schedule A (Form 990 or 990-EZ) 2017 International	84-1286934	Page <b>8</b>
Part VISupplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17aPart IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, linesline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; PartSection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit(See instructions.)	s 1 and 2; Part IV, Section t V, Section B, line 1e; F	on C,
Schedule A, Part II, Line 10, Explanation for Other Income:		
Office Fees/Services		
2013 Amount: \$ 7,217.		
Gain on Currency Exchange		
2014 Amount: \$ 98.		
2015 Amount: \$ 194.		

\*\* PUBLIC DISCLOSURE COPY \*\*

Joint Development Associates

# Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

Name	of the	organ	izatior

Schedule B

(Form 990, 990-FZ.

Department of the Treasury Internal Revenue Service

or 990-PF)

	International	84-1286934
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	on is covered by the General Rule or a Special Rule.	
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	Ile. See instructions.
General Rule		

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

#### Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)		Page <b>2</b>
Name of or	ganization evelopment Associates		Employer identification number
Internat			84-1286934
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	s Type of contribution
1		\$43,`	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,606,4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
3		\$60,(	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) 5 Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2017)		Page 3
Name of or	ganization evelopment Associates		Employer identification number
Internat			84-1286934
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed	١.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	(Form 990, 990-EZ, or 990-PF) (2017)		Page 4			
Name of orga	anization		Employer identification number			
Joint Dev	elopment Associates					
Internati			84-1286934			
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete colu completing Part III, enter the total of exclusively religious, c	umns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info ance) \$			
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from	(b) Duwnooc of sift		(d) Decemention of how with in hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	-					
	-					
	-					
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No.						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	-					
	-		[			
	-					
		(e) Transfer of gif	I			
	Transferee's name, address, and	7IP + 4	Relationship of transferor to transferee			
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047 **Open to Public** Inspection

Joint Development Associates

Employer identification number

	International		84-1286934
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor		
6			-
	for charitable purposes and not for the benefit of the donor		
Pa	Impermissible private benefit?           t II         Conservation Easements.         Complete if the or	reprinting answered "Ves" on Form 000	
Fa		• · · · ·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemer	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		► \$
	Assets included in Form 990, Part X		
	. coole moladed in rentrood, rate A		····· 🚩 🦞

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Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 Internation	al					84	-12869	934	Р	age <b>2</b>
	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Othe	r Similar	Asse	<b>ts</b> (contii		ugo –
3	Using the organization's acquisition, accessi										าร
	(check all that apply):				Ū						
а	Public exhibition	d	1	Loan or excl	hange progra	ims					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how t	hey further tl	ne organizatio	on's exem	npt purpose	e in Par	t XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma							🗆	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered "	Yes" on I	- orm 990, F	Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanati	on has been	provided on	Part XIII	-				
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10	Э.				
		(a) Current year	(b) F	Prior year	(c) Two year	s back 🛛 🌔	<b>d)</b> Three year	rs back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	lg, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administe	red for th	e organizati	ion			
	by:	-					-			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										•
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part l'	V, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or c		(b) Cost			cumulated		(d) Boo	k valu	e
		basis (investr	nent)	basis	(other)	depi	reciation		.,		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				18,345.		18,00	3.			342.
	Other				27,720.		27,72				٥.
	. Add lines 1a through 1e. (Column (d) must e		X colu	- mn (B) line 1	0c)						342.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 International		84-1286934 Pag	ge <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	1
(1)			
(2)			
(3)			
(4)			
(5)			

Part IX Other Assets.
-----------------------

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(6) (7) (8) (9)

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	•

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Joint Development Associates			
Sche	dule D (Form 990) 2017 International		84-1286934	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Rev	venue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ea.		
1	Total revenue, gains, and other support per audited financial statements			1,816,403.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)		44.	
е	Add lines 2a through 2d		2e	44.
3	Subtract line 2e from line 1		3	1,816,359.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,816,359.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		penses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Total expenses and losses per audited financial statements		1	1,815,817.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,815,817.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,815,817.
Pa	rt XIII Supplemental Information.			

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

#### Part XI, Line 2d - Other Adjustments:

Gain on currency exchange

44.

	HEDULE F rm 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part		ates –	2017
	rtment of the Treasury al Revenue Service	Go to	www.irs.gov/Ec	Attach to Form 990. orm990 for instructions and the lates	t information		Open to Public Inspection
	ne of the organization		www.ii 3.gov/i c				ification number
	nt Development Ass	ociates					
	ernational					84-1286934	
Pa	Form 990, Part		Activities Ou	tside the United States. Compl	ete if the orgar	nization answered	"Yes" on
1	· · · ·	•	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
•	-	-		the selection criteria used to award the			Yes No
2	For grantmakers. De United States.	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	Itside the
3	Activities per Region.	(The following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		_
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	employees,	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	is a pro describe	vity listed in (d) gram service, e specific type e(s) in the region	(f) Total expenditures for and investments in the region
					Agricultura for farmers linkages be		
Sou	th Asia	5	88	Program Services	-	gri-businesses	1,579,379.
3 a	Sub-total	5	88				1,579,379.
	Total from continuatio	n	0				0.
с	Totals (add lines 3a and 3b)	5	88				1,579,379.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part V for Column (e) descriptions

Schedule F (Form 990) 2017

International

84-1286934

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the				L	L
by the IRS, or for whic 5 Enter total number of			tion 501(c)(3) equivalency lette	er				

Schedule F (Form 990) 2017

Page 2

Schedule F (Form 990) 2017

International

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Page 3

# Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	dditional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

			Joint Development Associates		
Schedu	ule F	(Form 990) 2017	International	84-1286934	Page 4
Part	IV	Foreign Form	าร		
1	Wa	s the organization a	a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	org	anization may be re	equired to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Cor	rporation (see Instru	uctions for Form 926)	Yes	X No
2	Did	the organization h	ave an interest in a foreign trust during the tax year? If "Yes," the organization		
	may	y be required to sep	parately file Form 3520, Annual Return To Report Transactions With Foreign		
	Tru	sts and Receipt of	Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Tru	st With a U.S. Own	er (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did	the organization h	ave an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the	organization may b	be required to file Form 5471, Information Return of U.S. Persons With Respect To		
		<b>o</b> ,	rations (see Instructions for Form 5471)	Yes	X No
4	Wa	s the organization :	a direct or indirect shareholder of a passive foreign investment company or a		
-		•	I during the tax year? If "Yes," the organization may be required to file Form 8621,		
		Ũ			
		e Instructions for Fo	a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund orm 8621)	Yes	X No
_					
5		-	ave an ownership interest in a foreign partnership during the tax year? If "Yes,"		
		<b>o</b> ,	pe required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	For	eign Partnerships (s	see Instructions for Form 8865)	Yes	X No
6	Did	the organization h	ave any operations in or related to any boycotting countries during the tax year? If		
	"Ye	es," the organization	n may be required to separately file Form 5713, International Boycott Report (see		
	Inst	tructions for Form 5	5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 International	84-1286934	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco	ounting method; amounts o	of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
(estimated number of recipients), as applicable. Also complete this part to provide any additional in		
Part I, line 3:		
Foreign expenditures are accounted for according to the Accrual Basis of		
Accounting using expense reports and other appropriate documentation.		
Part I, line 3, Column (e):		
Pogion, Couth Agia		
Region: South Asia		
(e) Specific Types of Services in Region: Agricultural training for		
farmers; market linkages between farmers, agri-businesses and consumers;		
WASH and BLiSS programs for women, men and children.		

SCHEDULE J	Compensation Information	ОМВ	No. 1545-0	047
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	<b>N1</b> 7	7
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			1
Department of the Treasury	Attach to Form 990.		n to Pub	
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	Employer identific	spection	
Name of the organization	N Joint Development Associates International	84-1286934	ation m	Imper
Part I Question	s Regarding Compensation	04-1200934		
			Yes	No
1a Check the approp	iate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990	103	
	line 1a. Complete Part III to provide any relevant information regarding these items.	1000,		
First-class or		onaluse		
Travel for cor				
Tax indemnif	cation and gross-up payments Health or social club dues or initiation fee	s		
Discretionary	spending account Personal services (such as, maid, chauffe			
<b>b</b> If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
reimbursement or	provision of all of the expenses described above? If "No," complete Part III to explain	1	b	
2 Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	
	ny, of the following the filing organization used to establish the compensation of the organiz			
	ector. Check all that apply. Do not check any boxes for methods used by a related organiza	tion to		
	ation of the CEO/Executive Director, but explain in Part III.			
Compensatio				
	compensation consultant			
└── Form 990 of o	ther organizations Approval by the board or compensation	committee		
	d any namen listed on Four 200. Dout VII. Costion A, line 1s, with respect to the filing			
	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	e payment or change-of-control payment?		a	x
	ceive payment from, a supplemental nonqualified retirement plan?		b	x
	ceive payment from, an equity-based compensation arrangement?		c	X
	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion		
contingent on the				
a The organization?			а	х
	ration?		b	Х
b Any related organi				
<ul> <li>b Any related organi</li> <li>If "Yes" on line 5a</li> </ul>	or 5D, describe in Part III.			
If "Yes" on line 5a	or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	on		
<ul><li>If "Yes" on line 5a</li><li>6 For persons listed contingent on the</li></ul>	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat net earnings of:			
<ul><li>If "Yes" on line 5a</li><li>For persons listed contingent on the</li><li>a The organization?</li></ul>	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat net earnings of:	6	a	x
<ul> <li>If "Yes" on line 5a</li> <li>For persons listed contingent on the</li> <li>The organization?</li> <li>Any related organi</li> </ul>	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat net earnings of: ration?	6	a b	X X
<ul> <li>If "Yes" on line 5a</li> <li>For persons listed contingent on the</li> <li>a The organization?</li> <li>b Any related organi If "Yes" on line 6a</li> </ul>	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat net earnings of: 			
<ul> <li>If "Yes" on line 5a</li> <li>For persons listed contingent on the</li> <li>The organization?</li> <li>Any related organi If "Yes" on line 6a</li> <li>For persons listed</li> </ul>	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat net earnings of: 		b	x
<ul> <li>If "Yes" on line 5a</li> <li>For persons listed contingent on the</li> <li>The organization?</li> <li>Any related organi</li> <li>If "Yes" on line 6a</li> <li>For persons listed not described on I</li> </ul>	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat net earnings of: 			
<ul> <li>If "Yes" on line 5a</li> <li>For persons listed contingent on the</li> <li>The organization?</li> <li>Any related organi If "Yes" on line 6a</li> <li>For persons listed not described on I</li> <li>Were any amounts</li> </ul>	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat net earnings of: 		7	X X
<ul> <li>If "Yes" on line 5a</li> <li>For persons listed contingent on the</li> <li>The organization?</li> <li>Any related organi If "Yes" on line 6a</li> <li>For persons listed not described on I</li> <li>Were any amounts initial contract exc</li> </ul>	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat net earnings of: 		b	x
<ul> <li>If "Yes" on line 5a</li> <li>For persons listed contingent on the</li> <li>The organization?</li> <li>Any related organi If "Yes" on line 6a</li> <li>For persons listed not described on I</li> <li>Were any amounts initial contract exc</li> <li>If "Yes" on line 8, or</li> </ul>	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat net earnings of: 		7	X X

Schedule J (Form 990) 2017 International

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) Timothy Piper	(i)	264,509.	0.	0.	0.	0.	264,509.	0
Central Asia Regional Director	(ii)	Ο.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(ii)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2017

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

Part I, Line 3:

Timothy Piper's compensation is based on a daily rate that is determined by

International

the United States Agency for International Development.

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-	CHEDULE L form 990 or 990-EZ)		e organization an	swere	d "Yes	s" on For	m 990, Par	t IV,	line 25a, 25b, 2	26, 27,	, 28a,	OMB No. 1545-0047			
	partment of the Treasury		Atta	ich to	Form	990 or Fo	orm 990-EZ	Ζ.					pen T		blic
	m990 or 990-EZ ment of the Treasury learned service       Complete if the organization answered "Yes" on Form 990, Part V, line 38a or 40b.		•		umbor										
INd	m 990 or 990-E2 ment of the Transver (Hervenue Service) <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 32a, or 40b. 25b, or 28c, or Form 990-E2, Part V, line 32a or 40b. b G to www.irs.gov/Form990 for instructions and the latest information.</li> </ul> <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990 Form 990-E2.</li> <li>Co to www.irs.gov/Form990 for instructions and the latest information.</li> </ul> <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-E2, Part V, line 40b.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-E2, Part V, line 40b.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-E2, Part V, line 40b.</li> <li>(a) Name of disqualified person and organization</li> <li>(b) Relationship between disqualified persons during the year under section 4958             <ul> <li>Enter the amount of tax, if any, on line 2, above, reimbursed by the organization</li> <li>S</li> <li>S</li> </ul> <ul> <li>S</li> <li>S</li></ul></li></ul>		mcau		Inper										
P				01(c)(3	3), sect	ion 501(c	)(4), and 50	)1(c)	(29) organizatior						
	Complete if the	organization ar	nswered "Yes" on	Form	990, Pa	art IV, line	25a or 25b	o, or	Form 990-EZ, P	art V,	line 40	Db.			
1	(a) Name of disqualified	(b	• •		•	lified	10		scription of tran	eactic	'n		(d)	Corre	ected?
	(a) Name of disqualmed (	person	person and o	rganiza	ation		(0	<i>,</i> De	scription of trai	ISACTIC	,,,,		<u> </u>	es	No
2	Provide the amount of tax	incurred by the	e organization mar	nagers	or dis	qualified p	persons du	ring	the year under						
											► \$				
3	Enter the amount of tax,	if any, on line :	2, above, reimburs	sed by	the or	ganizatio	n				▶ \$				
P	art II Loans to an	d/or From I	nterested Per	sons											
-						. Part V. I	ine 38a or F	Form	990. Part IV. lir	ne 26:	or if th	ne ora:	anizati	on	
	•	•				.,,.			,, .	,					
	(a) Name of	(b) Relationsh	ip (c) Purpose	(d) La	oan to or			(f)	Balance due				h) Approved by board or (i) Writte		Vritten
	interested person	with organization	on of loan			principa	al amount			defa	ault?				
				То	From			Yes No			Yes	No	Yes	No	
					+										
			_		<u> </u>										
	tal						•								1
Tot P	art III   Grants or As	ssistance B	enefiting Inte	reste	d Pe	rsons.	Φ								
	Complete if the	organization ar	nswered "Yes" on	Form	990, Pa	art IV, line	27.								
			(b) Relationship interested per	betwe son an	een	(c) A	Amount of					-	) Purp assist		of
			-					-+							

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

Schedule L (Form 990 or 990-EZ) 2017

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
Cathy Hedlund	Family member of Ro	20,400.	Employee co		х

#### Part V Supplemental Information

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Cathy Hedlund

(b) Relationship Between Interested Person and Organization:

Family member of Robert Hedlund, President

(d) Description of Transaction: Employee compensation

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

Department of the Treasury Internal Revenue Service Name of the organization

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

COPENTIC Open to Public Inspection Employer identification number 84-1286934

OMB No 1545-0047

Form 990, Pt. III, line 1, Mission Statement:

Joint Development Associates International, Inc. is dedicated to assist

Joint Development Associates

in the transformational development of local communities by helping

International

initiate and implement projects in areas of agriculture development,

clean water, poverty alleviation, infrastructure development, community

health education, and emergency aid and relief.

990 Pt. III, line 4a, program service description:

Continuation - Access to clean water and proper hygiene and sanitation

go hand in hand. Therefore, our WASH activities also included the

training of 1,381 women and 488 men in hygiene. This year, 521 women

completed the 8-week Birth Life Saving Skills (BLISS) course that

teaches about providing essential first aid care for newborns and

mothers to fight against Afghanistan's high mother/child mortality

rates.

In 2014, JDA signed a partnership contract with DAI to implement RADP-North, a 5-year program that seeks to improve market linkages among farmers, agribusinesses, and consumers. JDA continues to work in partnership with USAID and DAI, and we have just finished the third year of program. Our activities include training farmers on weed control; training female farmers on Purdue Improved Crop Storage and the use of PICS bags; training farmers in seed selection; and training on proper use and maintenance of two wheel tractor reapers to reduce

## the cost and achieve major profitability of wheat farming. Along with

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

Name of the organization Joint Development Associates	Employer identification number
International	84-1286934
DAI, we will work to ensure that farmers better understand options for	
mproved technologies that can result in greater return.	
In efforts to expand our work in Central Asia, JDA has opened an office	
in Erbil, Iraqi Kurdistan and is fully registered. Preliminary	
agricultural assessments have been made, and we are in the process of	
building a program to help farmers increase the yield in greenhouses,	
plant new high value cash crops, and restore livestock herds for	
families. Our scope of work for Kurdistan also includes helping	
rebuild homes who were destroyed by ISIS.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 was prepared by an independent CPA firm and was reviewed by	
the organization's Accountant and President in detail. The return was then	
provided to the board for their review prior to being filed with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
Directors and officers are required to complete a conflict of interest	
statement annually. The board evaluates these statements and monitors for	
any potential conflicts of interest. Should any potential conflicts of	
interest be disclosed, the board member or officer would be asked to	
refrain from participation in any deliberation or decision with regard to	
matters affected by the relationship.	
Form 990, Part VI, Section B, Line 15a:	
Independent members of the board of directors vote to approve compensation	
to provide to the President. The board treasurer compiles comparability	
data for the board's review. The process and all decisions made are	
32212 09-07-17	Schedule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization Joint Developm International	ent Associates	Employer identification number 84-1286934
		04 1200754
documented in the board minutes.		
The organization does not have any	other officers or key employees ar	nd
therefore line 15b was answered no	in accordance with the instruction	18.
Form 990, Part VI, Section C, Line	19:	
The governing documents, conflict o	f interest policy, and financial	
statements are available upon reque	st.	
Form 990, Part XI, line 9, Changes	in Net Assets:	
Gain on Currency Exchange		44.
Form 990, Page 12, Part XII, Line 2	C:	
The Treasurer of the board of direc	tors assumes responsibility for	
oversight of the audit of the organ	ization's financial statements and	3
selection of the independent accoun	ting firm used. This process has	
not changed since the prior year.		

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing** *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	Enter filer's identifying number		
Type or	r Name of exempt organization or other filer, see instructions.			Employe	mployer identification number (EIN) or		
print	Joint Development Associates						
File by the	International			84-1286934			
File by the due date for			Social se	ocial security number (SSN)			
filing your return. See	2695 Patterson Road, Unit 2, No. # 188						
instructions		oreign add	lress, see instructions.				
	Grand Junction, CO 81506						
Enter the	e Return Code for the return that this application is for (fil	e a separa	te application for each return)				
Application Return Application		Application			Return		
ls For		Code	Is For			Code	
Form 990	) or Form 990-EZ	01	01 Form 990-T (corporation)		07		
Form 990	)-BL	02	2 Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227		10		
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	D-T (trust other than above)	06	Form 8870			12	
	Robert Hedlund						
	ooks are in the care of $\blacktriangleright$ 2695 Patterson Road, t	Jnit 2,		CO 815	06		
	hone No.  888-759-4071		Fax No. 🕨				
	organization does not have an office or place of busines						
	is for a Group Return, enter the organization's four digit	1					
box 🕨	If it is for part of the group, check this box		ch a list with the names and EINs o	f all memb	ers the ext	ension is for.	
1 I request an automatic 6-month extension of time until <u>November 15, 2018</u> , to file the exempt organization return						ation return	
for	the organization named above. The extension is for the	organizati	on's return for:				
	x calendar year <u>2017</u> or						
	tax year beginning				_ ·		
2 Ift	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: L Initial return	Final retur	n		
L	Change in accounting period						
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any				
	nrefundable credits. See instructions.			3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069					_	
	timated tax payments made. Include any prior year overp	,		3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa	•				_	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ai	nd Form 88	79-EO for payment	
instructio	DIIS.						

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.