Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Separtment of the Treasury Internal Revenuê Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Form 990 (2015)

Ā	Fo	r the	2015 calend	year, or tax year beginn	ing		07-0	1 , 2015, and	l endi	na		06-	30 .20	016
В			pplicable	Name of organization Insti		he Develo					an		<u>-</u> -	er identification no
		ress cl		Doing business as IDAAY								_	3-262	
ñ		ne cha		Number and street (or P O box		ed to street address)			R	loom/sui				ne number
ñ		al retur	_	5548 Chestnut S			•		'`					35-9110
ñ			n/terminated	City or town, state or province, or								+		933,930
Ĭ		ended i	-	Philadelphia, P.	-	neigh postal code						٦	Gross red	-
ñ			n pending	Name and address of principal of									01033100	zcipio e
_			, parising	The same same same same same same same sam]	H(a)	s this a gro	oup return	n for	Yes X No
1	Tax	exemi	pt status X	01(c)(3) 501(c)()	(insert no)	4947(a)(1) or		27					included?	= =
 J		osite:		idaay.org	4 (1110011110)	1041(0)(1)(0)				H(c)	If "No Group exer	" attach	a list (see	Yes No
<u>.</u>					ciation Other	<u> </u>		Year of formation	199		M State			PA
Ĥ	art	****	Summar	Orporation mast Assor	CIACOT COLIES			real of formation			NI State	or regar c	omiche	<u>-FR</u>
<u></u>				e the organization's mission	n or most signif	icant activities	TO D	ROVIDE EDU	፣ሮኔጥ	TONA	T. AND	CIII.T	TID A T.	DDOGDAMG
			-	S PREVENTION-INTE	•									
Ş	ן צ			OMMUNITY VIA A CO							FAMIL.	LES,	MIND I	.ne
Ş	<u> </u>		BRUADER	OMMONITI VIA A CO	MBINATION	OF CAREFO	DDI DE	SIGNED PRO	JGKA	ma.				
A refinition of an objection		2	Chock this h		discontinued its	operations or d	isposed o	f more than 250	/ of it	n not a	cooto			
Č	3			ing members of the govern			ishosed o		/6 OI IL	SHELD	155615	3		E
٩	5			ependent voting members	:					• •				
į					•	, , ,	,		• •	•		4		
	٤			of individuals employed in	· •) is (Part V, line	: ∠a)		• •	•	٠.	5		56
2	2			of volunteers (estimate if n		(0) 1 40				• •	• • •	6		10
				business revenue from P	•	• • •				• •		7a		0
	\dashv		Net unrelate	business taxable income fi	om Form 990-1					• • • •	· · · · · ·	7b		0
		_					KEC	EIVED		Pri	or Year		Cu	rrent Year
	, l			and grants (Part VIII, line 1	. *	· සූ ·			\mathfrak{A}		1,024	— +		928,515
ì	5	9	•	ce revenue (Part VIII, line :	•	اها	MAY 1	· 0 ·2017· · /	φ <u>!</u>		47	,416		5,415
~		10	Investment ii	ome (Part VIII, column (A)	, lines 3, 4, and	7d)								
2017	ا ۲	11	Other revenu	(Part VIII, column (A), line	s 5, 6d, 8c, 9c,	10c, and 11e)	Conc		≐!			<u>,120</u>		0
	\dashv	12_	Total revenu	- add lines 8 through 11 (n	nust equal Part \	/III, colu mn (A)	-line-12)=	<u> </u>	_		1,107	,204		933,930
⊜ •	1			nilar amounts paid (Part IX			• •		<u> </u>					0
		14	Benefits paid	o or for members (Part IX,	column (A), line	4)			ļ					0
5 ,	,	15	Salaries, oth	compensation, employee	benefits (Part IX	(, column (A), lı	nes 5-10)		<u> </u>		730	,578		488,032
	2	16a	Professional	indraising fees (Part IX, co	olumn (A), line 1	1e)		<i></i> .	<u> </u>					0
	3	b	Total fundra	ng expenses (Part IX, colu	mn (D), line 25)	>		11,290	<u> </u>					
ANNED JUN	ן ל	17	Other expen	es (Part IX, column (A), line	es 11a-11d, 11f-	24e)					362	,095		323,108
2		18	Total expens	s. Add lines 13-17 (must e	equal Part IX, co	lumn (A), line 2	5)				1,092	,673		811,140
		19	Revenue les	expenses. Subtract line 1	8 from line 12	· · · · · ·		<u> </u>			14	,531		122,790
SC	Se S								Beg	inning o	of Current	Year	Er	nd of Year
1	alan	20	Total assets	Part X, line 16)							94	,745		189,150
	Net Assets of Fund Balances	21	Total liabilitie	(Part X, line 26)							78	,728		50,343
			Net assets o	fund balances. Subtract lir	ne 21 from line 2						16	,017		138,807
F	art	H	Signatu	e Block										
Un	der pe	nalties	of perjury, I deci	e that I have examined this return, ation of preparer (other than office	including accompan	lying schedules and	statements,	and to the best of r	my knov	wledge a	nd belief, i	t ıs		
	e, com	ect, an	W/	A I IA	4	omation of mich pr	eparei nas a	illy knowledge				1 1/2		71.7
		1			XXXX							10	21	011
Si	ign	1	Signatur	of officer	·							Dáte	T	
H	ere		S. A	CHYE LEACOCK, EXE	CUTIVE DIF	RECTOR								
		i	Type or	nt name and title										
_			Pnnt/Type pre	arer's name	Preparers signature	10	AIN	Date		C	heck 🗓	ıf PT	îN	
P	aid			Nicoletti	1 Janes	////Le A	all !	4-11-2017	,	ļ	elf-employe	ed	P0127	75539
	repa	arer		Nancy J N	icolett	PA		<u> </u>	$-\tau$	ımı's EIN			300	
	•	only		- 		<u> </u>				hone no				
J.	JJ (- ··· y	, initia booles		e PA 19403	1			- ' '		61	0-22	2-996	9
M	av the	e IRS	discuss this	eturn with the preparer sho										Yes X No

For Paperwork Reduction Act Notice, see the separate instructions.

	rt III Statement of Program Service Accomplishments
rai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO PROVIDE EDUCATIONAL AND CULTURAL PROGRAMS AS WELL AS PREVENTION-INTERVENTION SOCIAL
	SERVICES FOR YOUTH, THEIR FAMILIES, AND THE BROADER COMMUNITY VIA A COMBINATION OF CAREFULLY
	DESIGNED PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 426,650 including grants of \$) (Revenue \$ 677,350)
	INTERVENTION AND PREVENTION: THESE PROGRAMS INCLUDE DON'T FALL DOWN IN THE HOOD (DFDITH) AND
	INTENSIVE IN-HOME SUPERVISION (ISP). DFDITH IS A TREATMENT PROGRAM DESIGNED TO REDUCE
	JUVENILE CRIME IN THE AREAS OF POSSESSION AND USE OF FIREARMS, WE WELL AS, THE FREQUENCY OF
	ASSAULT, THEFT, AND NARCOTICS AMOUNG PHILADELPHIA'S YOUTH. ISP MONITORS JUVENILES AWAITING
	ADJUDICATORY HEARINGS OR FINAL COURT DISPOSITIONS. ITS ULTIMATE GOAL IS TO ASSURE THAT THE
	JUVENILE'S SUPERVISION IN THE COMMUNITY RESULTS IN POSITIVE SOCIAL ADJUSTMENT.
4b	(Code:) (Expenses \$192,864 including grants of \$) (Revenue \$170,314)
	EDUCATION AND TRAINING: THIS INCLUDES THE MAIN COLLEGE BOUND PROGRAM, ROBOTS AND MENTORS
	PROGRAM, AND AFTER SCHOOL AND SUMMER CAMPS. THE MAIN PROGRAM OFFERS YOUTH AGES 10-18 AN
	OPPORTUNITY TO EXPLORE MULTI-CULTURAL AMERICAN HISTORY. ROBOTS AND MENTORS WAS A NEW PROGRAM
	THIS YEAR AND WAS TERMINATED IN APRIL 2016. IT WAS AN AFTER SCHOOL PROGRAM THAT TAUGHT YOUTH
	HOW TO BUILD SIMPLE ROBOTS. AFTER SCHOOL AND SUMMER CAMPS (OUT OF SCHOOL TIME) ACTIVITIES
	FOCUS ON ACADEMICS AND EDUCATIONAL ENRICHMENT. SOME OF THE ACTIVITIES AND WORKSHOPS INCLUDE
	HOMEWORK ASSISTANCE, TUTORING, COMPUTER LITERACY, HEALTHY LIFESTYLES, GED/SAT SEMINARS, JOB
	READINESS, INTRODUCTION TO FOREIGN LANGUAGES AND CULTURE MODELING, RADIO AND BROADCASTING, VIDEO PRODUCTION, AND FIELD TRIPS IN AND AROUND PHILADELPHIA.
	VIDEO PRODUCTION, AND FIELD TRIPS IN AND AROUND PHILADELPHIA.
4c	(Code) (Expenses \$ 61,590 including grants of \$) (Revenue \$ 60,000)
-10	PARENTING AND FAMILY SUPPORT: YOUNG FATHERS UNITED IS A PARENTING COLLABORATIVE DESIGNED TO
	ADDRESS THE EMOTIONAL, EDUCATIONAL, AND PRATICAL PARENTING NEEDS OF YOUNG FATHERS THROUGHOUT
	PHILADELPHIA. YOUNG FATHERS TEACHES PARENTING SKILLS TO YOUNG FATHERS, AGES 14-25, AND OFFERS
	EMPOWERMENT SESSIONS IN A EFFORT TO HELP YOUNG FATHERS COMBAT PARENTHOOD CHALLENGES.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 681,104
	F 000 (0045)

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, b fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х

Form 990 (2015) Institute for the Development of African-American 23-2626731 Page 4 Checklist of Required Schedules (continued) Part IV Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 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 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 X 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 X 26 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 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 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 X а 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," $X_{\underline{}}$ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.

Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

X

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15) Institute for the Development of African-American Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> -	<u> </u>	
		,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	. 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	1
. .	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
L	Statements, filed for the calendar year ending with or within the year covered by this return	1	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Λ,	 -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	,	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ļ
	account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	}		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	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			
	organization 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 contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	•	· -
	and services provided to the payor?	7a		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	7c		x
a	required to file Form 8282?	'C		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		\vdash
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	130		1
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EEA			990 (2015)

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a '	'No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	X
Sec	ction·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	1		
	If there are material differences in voting rights among members of the governing body, or		<u> </u>	
	if the governing body delegated broad authority to an executive committee or similar		į	
	committee, explain in Schedule O	1		
b	Enter the number of voting members included in line 1a, above, who are independent] :		
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 have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Ī	Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	-	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	1
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a	Ī	х
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IUa		
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	466	Ī	1
<u></u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🗵 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

Form 990 (2015) Institute for the Development of African-American Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any See instructions for definition of "key employee" List the organization's five 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.				
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any See instructions for definition of "key employee" List the organization's five 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	ı			
Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any See instructions for definition of "key employee" List the organization's five 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	Form 990 (20	5) Institute for the Development of African-American	23-2626731	Page 7
Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five 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	Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employ	ees, and
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five 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		Independent Contractors		
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any See instructions for definition of "key employee" List the organization's five 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 		Check if Schedule O contains a response or note to any line in this Part VII	<u>.</u> <u>.</u> . <u></u>	<u></u>
organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any See instructions for definition of "key employee" List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the	Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any See instructions for definition of "key employee " • List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the		· · · · · · · · · · · · · · · · · · ·	nin the	
• 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			f amount of	
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	 List all c 	of the organization's current key employees, if any See instructions for definition of "key employee"		
The same and the s	who received	reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from		

• 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

EEA

(A) Name and Title .	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos eck m ss per	son :	ne a e Highest compensated employee	n	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) S. ARCHYE LEACOCK	60.00	v				х				7.047
EXECUTIVE DIRECTOR (2) SHARIFA JONES PRESIDENT	10.00	X	_	X		Λ		71,000	0	7,847
(3) ANTHONY JONES TREASURER	2.00	Х		X			<u> </u>		0	0
(4) KIA EVERETT	2.00	Х						C	0	0
(5) JEANETTE DUPERON	2.00	Х						C	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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hours per week (list any hours for Q 豆 豆 豆 豆 豆 the or			
Name and title Average hours per week (list any hours for related organizations below dotted line) (15) (16) (17) (18) Name and title Average hours per week (list any hours for related organizations below dotted line) (19) (19)	, l		
Name and title Average hours per hours per hours per hours per hours per hours per hours for related organization organizations below dotted line) (15) (16) (17) (18) Average hours person is both an officer and a director/trustee) Nox, unless person is both an officer and a director/trustee) Reportable compensation from the organization organization (W-2/1099-MISC) (15) (16) (17) (18)	(E)	(F)	
week (list any hours for related organizations below dotted line) (15) (16) (17) (18) (19) (19)		Estimated	
hours for related organizations below dotted line) (15) (16) (17) (18) (19)	ensation from a related	mount of other	
(15) (16) (17) (18) (19)		mpensation	n
(15) (16) (17) (18) (19)		from the	
(15) (16) (17) (18) (19)		rganization ind related	
(15) (16) (17) (18) (19)	1	ganızatıon	S
(15) (16) (17) (18) (19)			
(16) (17) (18) (19)			
(16) (17) (18) (19)			
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(21)			
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(22)			
(22)	ļ		
(23)			
(23)	i		
(24)			
(24)			
(25)			
(25)			
1b Sub-total			
	0	7,8	147
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of			-
reportable compensation from the organization	0		
Teporable compensation non: the organization		Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated		103	140
employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the		1-1	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		1 1	
individual	4	1 1	Х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		1	
for services rendered to the organization? If "Yes," complete Schedule J for such person	5	1 1	Х
Section B. Independent Contractors	<u>····</u>		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of			
compensation from the organization. Report compensation for the calendar year ending with or within the organization	n'e tav		
	3 tax		
year.			
(A) (B)		(C)	ı
Name and business address Description of service	is Con	npensation	—-
			
2 Total number of independent contractors (including but not limited to those listed above) who			
received more than \$100,000 of compensation from the organization		990 (20	45

Form 990 (2015) Institute for the Development of African-American 23-2626731 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax under sections 512-514 Related or Total revenue Unrelated exempt function revenue business revenue 1a Federated campaigns 278 Membership dues 1b Fundraising events 1c 2,779 d Related organizations e Government grants (contributions) . 1e 901,584 All other contributions, gifts, grants, and similar amounts not included above 23,874 g Noncash contributions included in lines 1a-1f⁻\$ 7,900 Total. Add lines 1a-1f . . 928,515 **Business Code** Program Service Revenue 2a REGIS & STUDENT FEES 5,415 5,415 f All other program service revenue g Total. Add lines 2a-2f 5,415 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties . (II) Personal 6a Gross rents . . . **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) . (i) Secunties 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) . . . d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less. direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . **b** Less cost of goods sold b c Net income or (loss) from sales of inventory . . . Miscellaneous Revenue **Business Code** 11a b

5,415

933,93**q**

d All other revenue

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Do not include amounts reported on lines 6b, 7b, (A) Total expenses Program service expenses Fundraising Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 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 71,000 63,000 8,000 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages . 346,900 320,165 26,735 . . . 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . 14,095 12,398 1,697 10 Payroll taxes 56,037 51,547 4,490 11 Fees for services (non-employees): Management 250 250 b Legal . Accounting 20,031 12,800 7,231 C Lobbying d Professional fundraising services See Part IV, line 17 . е f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 46,143 33,978 3,555 8,610 12 Advertising and promotion 9,445 8,990 455 9,359 4,478 4,881 13 Office expenses 14 Information technology . 9,350 8,350 1,000 15 Royalties . Occupancy . 16 14,847 11,680 3,167 27,858 17 Travel 25,196 2,662 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest . 18,984 18,984 21 Payments to affiliates 22 Depreciation, depletion, and amortization . . . 700 700 31,551 30,000 1,551 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 32,714 32,714 FIELD TRIPS, YOUTH TRAVEL, PROGRAM MATERIAL & INCENTIVE 30,658 30,538 120 10,475 10,475 FOOD FOR YOUTH C EQUIPMENT RENTAL & REPAIRS 24,608 9,276 15,332 10,586 1,680 36,135 23,869 e All other expenses Total functional expenses. Add lines 1 through 24e 681,104 118,746 11,290 25 811,140 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here > | if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check it Schedule O contains a response or note to any line in this Part X		; ; ; ,	<u>·····</u>
			(A)		(B)
			Beginning of year	-	End of year
	1	Cash - non-interest-bearing	6,085	1	68,222
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	47,674	3	98,019
	4	Accounts receivable, net	•	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		1 1	
		Complete Part II of Schedule L	·	5	
	6	Loans and other receivables from other disqualified persons (as defined under section		1 1	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1 1	
		organizations (see instructions) Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use]	8	
¥	9	Prepaid expenses and deferred charges	. 24,222	9	11,422
	10a	Land, buildings, and equipment cost or		1 1	
		other basis Complete Part VI of Schedule D 10a 30,5	74		
	b	Less accumulated depreciation 10b 22,9	14 8,360	10c	7,660
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	<u></u>
	14	Intangible assets	·	14	
	15	Other assets. See Part IV, line 11	8,404	15	3,827
	16	Total assets. Add lines 1 through 15 (must equal line 34)	94,745	16	189,150
	17	Accounts payable and accrued expenses	18,018	17	6,373
	18	Grants payable		18	
	19	Deferred revenue	840	19	14,100
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		1 1	
jat		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		1 1	
		of Schedule D	. 59,870	25	29,870
	26	Total liabilities. Add lines 17 through 25	78,728	26	50,343
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	16,017	27	138,807
Bali	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here	nd		· · · · · · · · · · · · · · · · · · ·
ō		complete lines 30 through 34.		1 1	
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	16,017	33	138,807
	34	Total liabilities and net assets/fund balances	94,745	34	189,150
EEA	·				Form 990 (2015)

Form	1990 (2015) Institute for the Development of African-American	23-2626	731	_ Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		933,	930
2	Total expenses (must equal Part IX, column (A), line 25)	2		811,	140
3	Revenue less expenses. Subtract line 2 from line 1	. 3		122,	790
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		16,	017
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			_	
	33, column (B))	. 10		138,	807
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🖾 Accrual 🔲 Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ļ	
	Schedule O			ł	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	l	_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			1	
	Separate basis Consolidated basis Both consolidated and separate basis			ł	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	L
	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:		l		
	⊠ Separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			Ė	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		_2c	_X	L _
	If the organization changed either its oversight process or selection process during the tax year, explain in]	
	Schedule O			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		_3a	<u></u>	_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	<u></u>	
EEA			Form	n 990 (2015)

SCHEDULE A

Internal Revenue Service Name of the organization

(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.

OMB No 1545-0047

2015

► Attach to Form 990 or Form 990-EZ. Department of the Treasury

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

Open to Public Inspection

Employer Identification number

Institute for the Development of African-American 23-2626731 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is, (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 \Box A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (Iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-9 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

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

Part II

23-2626731

	(Complete only if you check Part III. If the organization f				_		unaer
	tion A. Public Support	 					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,458,498	1,647,106	1,585,930	1,024,668	928,515	6,644,717
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,458,498	1,647,106	1,585,930	1,024,668	928,515	6,644,717
5	The portion of total contributions by						
	each person (other than a	1				:	
	governmental unit or publicly	#		1		4	
	supported organization) included on			[
	line 1 that exceeds 2% of the amount	Ī				1	
	shown on line 11, column (f)	F]	
6	Public support Subtract line 5 from line 4 .						6,644,717
Sec	tion B. Total Support	<u> </u>					
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,458,498	1,647,106	1,585,930	1,024,668	928,515	6,644,717
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					-	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	28,444	36,798	52,377	82,536	5,415	205,570
11	Total support. Add lines 7 through 10						6,850,287
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>				3) <u></u>	▶□
Sec	tion C. Computation of Public St	upport Percent	tage				
14	Public support percentage for 2015 (line 6, o	column (f) divided by	y line 11, column (f)))			97.00 %
15	Public support percentage from 2014 Scheo						97.12 %
16a	33 1/3% support test - 2015. If the organization				3% or more, check	this	FF
	box and stop here. The organization qualific		_				▶ 🏻
þ	33 1/3% support test - 2014. If the organization						
	check this box and stop here. The organiza						▶ ∐
17a	10%-facts-and-circumstances test - 2015	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac-		-	=			. 🗖
	-						▶ ⊔
þ	10%-facts-and-circumstances test - 2014	-				е	
	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization mee						. □
							🟲 📙
18	Private foundation. If the organization did						▶ □
	instructions		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u> </u>	

Institute for the Development of African-American Schedule A (Form 990 or 990-EZ) 2015 23-2626731 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7h. Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2012 (d) 2014 (e) 2015 (f) Total (a) 2011 (c) 2013Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) % 17 Investment income percentage from 2014 Schedule A, Part III, line 17 18 % 18 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

23-2626731

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A

Section A.	All Supporting Organiz	ations		
•	Sections A, D, and E. If	you checked 11d of Part I <u>, co</u> mpl		
	and B. If you checked 11	b of Part I, complete Sections A	and C. If you checked 11c of	of Part I, complete

- Are all of the organization's supported organizations listed by name in the organization's governi 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.
- 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.
- 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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 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).
- 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?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- 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.
- 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.
 - 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.)

	V	NI-
<u> </u>	Yes	No
1		
	[
2		
3a	ļ	
	}	
3b		
3c	ļ	
4a	1	
	-	
4b		
	1	
	ļ	
4c	-	
	1	
5a	ļ	
5b	1	}
5с		
	•	
	ļ	
6	1	
_	-	
8	1	
9a	1	
9a	<u> </u>	-
96		
	1	
9c	1	
10a		
4	ŧ	
10b	90 or 990	-FZ\ 201

	t IV Supporting Organizations (continued)		<u></u>	age J
ra	tt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	† [
b		11b		
	A family member of a person described in (a) above?	_		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Yes	No
4	Did the directors trustees as membership of one or more connected essentiations have the newer to		162	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	1		
	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		
_	Did the constitution and the feather handly of any assembled constitution of head the assembled			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	_2		
Sec	tion C. Type II Supporting Organizations			
4	Mars a majority of the agreemingtion's directors on twistons divising the tay year also a majority of the directors		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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	
	Did the experimetion provide to each of the comparted experimetions, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		-	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	Durance of the relationship described in (2), did the experimetion's supported experimentations have a			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3_		<u> </u>
1	tion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetri	ıctior	·e/·
' a			101101	13).
b				
		(000	ınetrii	ctions)
C	Activities Test. Answer (a) and (b) below.	(300	Yes	
2		Γ	163	140
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-	†	
	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	۱		
_	activities but for the organization's involvement.	2b	ļ	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u>L</u>	

	•			
_	ule A (Form 990 or 990-EZ) 2015 Institute for the Development of Africa			6731 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
·	other Type III non-functionally integrated supporting organizations must com	nplete	e Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		N
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	W	////
5	Depreciation and depletion	5	V	
6	Portion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
m	aintenance of property held for production of Income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Ţ	······································	
ins	structions for short tax year or assets held for part of year):	-		1
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):	Ī		1
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		

3

5

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3
Income tax imposed in prior year

			-	
*****	ale A (Form 990 or 990-EZ) 2015 Institute for the Develo			26731 Page 7
Par		3) Supporting Organi	zations (continued)	
	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		١.,
	organizations, in excess of income from activity		4:	11/1/
	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	
			-	V-
	Qualified set-aside amounts (prior IRS approval required)		<u></u>	
<u>-6</u>	Other distributions (describe in Part VI). See instructions.			
_7 _	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			(111)
5	Section E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
	,	Excess Distributions	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		······································	
2	Underdistributions, if any, for years prior to 2015		14: 1 	
	(reasonable cause required-see instructions)]		
3	Excess distributions carryover, if any, to 2015:			1, 1 11,, 11
a				
b				11411 1 114 114 114 114 114 114 114 114
		-	······································	
d	From 2013	10. 10.		
	From 2014			
	Total of lines 3a through e		-184	
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount	<u> </u>	,,,	
	Carryover from 2010 not applied (see instructions)	_		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		*.*	
4	Distributions for 2015 from Section		······································	
	D, line 7: \$	1	•	
a	Applied to underdistributions of prior years		<u> </u>	
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.		······································	-
	Remaining underdistributions for years prior to 2015, if		<u> </u>	1,
_	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h		······································	
	and 4b from line 1 (if amount greater than zero, see			

Breakdown of line 7:

instructions).

Excess distributions carryover to 2016. Add lines 3j

d Excess from 2014

e Excess from 2015

(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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2015

Open to Public Inspection

Name o	of the organization		Employer identification number
Ins	titute for the Development o	of African-American	23-2626731
Par			
Liiii	Complete if the organization answered "Ye		
	, and the second	(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	s in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization	_	Yes No
6	Did the organization inform all grantees, donors, and don	_	
	only for charitable purposes and not for the benefit of the		
	conferring impermissible private benefit? .		
Par			
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 7,	
1	Purpose(s) of conservation easements held by the organ		
	Preservation of land for public use (e.g., recreation of	** **	cally important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a q	ualified conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	c structure included in (a)	. 2c
d	Number of conservation easements included in (c) acqui		
			. 2d
3	Number of conservation easements modified, transferred		ganization during the
	tax year ▶		
4	Number of states where property subject to conservation	n easement is located 🕒	
5	Does the organization have a written policy regarding the		
	violations, and enforcement of the conservation easemer		
6	Staff and volunteer hours devoted to monitoring, inspecti		- -
	>		
7	Amount of expenses incurred in monitoring, inspecting, h	nandling of violations, and enforcing conservation	easements during the year
	▶ \$		• •
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes 🗍 No
9	In Part XIII, describe how the organization reports conse	rvation easements in its revenue and expense st	atement, and
	balance sheet, and include, if applicable, the text of the fe	ootnote to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Par	t 🔠 Organizations Maintaining Collect	ions of Art, Historical Treasures, o	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116	6 (ASC 958), not to report in its revenue statemer	nt and balance sheet
	works of art, historical treasures, or other similar assets	held for public exhibition, education, or research	in furtherance of
	public service, provide, in Part XIII, the text of the footnot	te to its financial statements that describes these	items.
b	If the organization elected, as permitted under SFAS 116	6 (ASC 958), to report in its revenue statement ar	nd balance sheet
	works of art, historical treasures, or other similar assets	held for public exhibition, education, or research	in furtherance of
	public service, provide the following amounts relating to t	these items	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$ _
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical		ain, provide the
	following amounts required to be reported under SFAS 1		
а			▶\$
	Assets included in Form 990, Part X		

Sched	ule D (Form 990) 2015 Institute for the	ne Developmer	it of Africa	n-American	1	23-2626	731 Page 2
Pal	rt III Organizations Maintaining Co						
3	Using the organization's acquisition, accession, a	nd other records, ch	neck any of the folk	owing that are	a significa	nt use of its	
,	collection items (check all that apply)						
a	Public exhibition		n or exchange prog	ırams			
b	Scholarly research	e 🗌 Othe	er				
С	Preservation for future generations						
4	Provide a description of the organization's collecti XIII.	ons and explain ho	w they further the o	organization's e	xempt pu	pose in Part	
5	During the year, did the organization solicit or reco				nılar		
	assets to be sold to raise funds rather than to be i	maintained as part o	of the organization's	s collection?	<u> </u>	<u> </u>	. 🔲 Yes 🗌 No
Pa	tiv Escrow and Custodial Arrange						
	Complete if the organization ans 990, Part X, line 21.	wered "Yes" or	n Form 990, Pa 	art IV, line 9	, or repo	orted an amou	ınt on Form
1a	Is the organization an agent, trustee, custodian or	other intermediary	for contributions or	other assets r	not		
	ıncluded on Form 990, Part X?						🗌 Yes 🔲 No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ng table				
						Am	ount
C	Beginning balance				. 1с		
ď	Additions during the year				1d		
е	Distributions during the year				<u>1e</u>		
f	Ending balance		•		1f		
2a	Did the organization include an amount on Form 9	990, Part X, line 21,	for escrow or custo	odial account li	ability?		🗌 Yes 🔲 No
	If "Yes," explain the arrangement in Part XIII Che	ck here if the expla	nation has been pro	ovided on Part	XIII		<u> </u>
Pa	rt V Endowment Funds.		_				
	Complete if the organization ans	wered "Yes" or	1 Form 990, Pa	art IV, line 1	0		
		(a) Current year	(b) Pnor year	(c) Two years	s back	d) Three years back	(e) Four years back
1a	Beginning of year balance ,					· · · · · · · · · · · · · · · · · · ·	
b	Contributions						
С	Net investment earnings, gains, and	į					
	losses						
d	Grants or scholarships			ļ <u>.</u>			
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						<u> </u>
2	Provide the estimated percentage of the current y	ear end balance (lin	ie 1g, column (a)) h	neld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ %						
С	Temporarily restricted endowment	<u></u> %					
_	The percentages in lines 2a, 2b, and 2c should ed						
3a	Are there endowment funds not in the possession	or the organization	ulat are held and a	aministered fo	r tne		V _{a.} N
	organization by:						Yes No
	(i) unrelated organizations	• • • • •					3a(i)
	(ii) related organizations						. 3a(ii)
b	If "Yes" on 3a(ii), are the related organizations list	•					3b
4	Describe in Part XIII the intended uses of the orga		ent funds.				
Pal	TEVI Land, Buildings, and Equipme		Earm DOD D-		10 00-	Form 000 D	art V. line 10
	Complete if the organization ans						
	Description of property	(a) Cost or othe		t or other basis		cumulated	(d) Book value
	,	(investme		(other)	- aep	reciation	
1a	Land	• •					
b	Buildings	• •					
С	Leasehold improvements	·					
d	Equipment	•		30,574		22,914	7,660
e	Other	<u>-:</u>					
Tota	 Add lines 1a through 1e. (Column (d) must equal 	Form 990. Part X.	column (B), line 10:	c)			7,660

Part VII Investments - Othe Complete if the organic	anization answered "Yes" or	n Form 990, Part	IV, line 11b See Form 990	, Part X, line 12.
(a) Description of security or cate (including name of security)	gory (b)	Book value	(c) Method of valuation	on
1) Financial derivatives			Cost of end-or-year market	value
2) Closely-held equity interests		·	-	
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)		-		
(H)				
otal (Column (b) must equal Form 990, Part X, col ((B) line 12)	-		
Part VIII Investments - Prog	gram Related.	Form 990, Part	IV, line 11c. See Form 990	Part X. line 13.
(a) Description of investment		Book value	(c) Method of valuation	on
(1)			Cost or end-of-year market	value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) [otal (Column (b) must equal Form 990, Part X, col. (B) line 13)			
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets.	<u></u>	n Form 990, Part	IV, line 11d. See Form 990	, Part X, line 15
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the orga (1) SECURITY DEPOSIT	anization answered "Yes" or	n Form 990, Part	IV, line 11d. See Form 990	(b) Book value
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the organical columns of the colu	anization answered "Yes" or	n Form 990, Part	IV, line 11d. See Form 990	(b) Book value
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the organism (1) SECURITY DEPOSIT (2) (3)	anization answered "Yes" or	n Form 990, Part	IV, line 11d. See Form 990	(b) Book value
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the organical columns of the colu	anization answered "Yes" or	n Form 990, Part	IV, line 11d. See Form 990	(b) Book value
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the organical columns of the	anization answered "Yes" or	n Form 990, Part	IV, line 11d. See Form 990	(b) Book value
(9) otal (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the orga (1) SECURITY DEPOSIT (2) (3) (4) (5) (6)	anization answered "Yes" or	n Form 990, Part	IV, line 11d. See Form 990	(b) Book value
(9) otal (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the orga (1) SECURITY DEPOSIT (2) (3) (4) (5)	anization answered "Yes" or	n Form 990, Part	IV, line 11d. See Form 990	(b) Book value
(9) Fotal (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the organism (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7)	anization answered "Yes" or	n Form 990, Part	IV, line 11d. See Form 990	
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the orga (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9)	anization answered "Yes" or (a) Description	n Form 990, Part		(b) Book value 3,82
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the orga (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Other Liabilities.	anization answered "Yes" or (a) Description Part X, col. (B) line 15.)			(b) Book value 3,82
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the orga (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization of the organization of the organization of the organization of the column (b) must equal form 990, Other Liabilities.	Part X, col. (B) line 15.)			(b) Book value 3,82
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(9) otal (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the orga (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the orgaline 25. (a) Description of hability (1) Federal income taxes (2) IRS INSTALLMENT AGREEM (3) (4)	Part X, col. (B) line 15.) anization answered "Yes" or	Form 990, Part		(b) Book value 3,82
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the organism (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organism 25. (a) Description of hability (1) Federal income taxes (2) IRS INSTALLMENT AGREEM (3) (4) (5) (6) (7)	Part X, col. (B) line 15.) anization answered "Yes" or	Form 990, Part		(b) Book value 3,82
(9) Total (Column (b) must equal Form 990, Part X, col (Part IX Other Assets. Complete if the organism (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organism 25. (a) Description of hability (1) Federal income taxes (2) IRS INSTALLMENT AGREEMI (3) (4) (5) (6) (7) (8)	Part X, col. (B) line 15.) anization answered "Yes" or	Form 990, Part		(b) Book value 3,82
(9) rotal (Column (b) must equal Form 990, Part X, col (complete if the organism of the organ	Part X, col. (B) line 15.) anization answered "Yes" or (a) Description Part X, col. (B) line 15.) anization answered "Yes" or (b)	Form 990, Part		(b) Book value 3,82

	ule D (Form 990) 2015			3-2626731	Page 4
Pa	TXI Reconciliation of Revenue per Audited Financial Statem			Return.	
	Complete if the organization answered "Yes" on Form 990, F	art I\	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	988,690
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	54,760		
С	Recoveries of prior year grants	2c] [
d	Other (Describe in Part XIII.)	2d		1 1	
e	Add lines 2a through 2d			2e	54,760
3	Subtract line 2e from line 1			3	933,930
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ł			
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			4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	933,930
	rt XII Reconciliation of Expenses per Audited Financial State			<u> </u>	333,330
شت	Complete if the organization answered "Yes" on Form 990,		•	per iteturii.	
1	Total expenses and losses per audited financial statements	arti	v, IIIIC 12a.	1	96E 900
2	Amounts included on line 1 but not on Form 990, Part IX. line 25:				865,900
	, , , , , , , , , , , , , , , , , , , ,	١.			
a	Donated services and use of facilities	2a	54,760	-{	
b	Prior year adjustments	2b		-	
С	Other losses	2c		1 1	
ď	Other (Describe in Part XIII)	2d		4 1	
е	Add lines 2a through 2d			2e	54,760
3	Subtract line 2e from line 1			3	811,140
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			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	811,140
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	es 1b a	and 2b; Part V, line 4, Pa	rt X, line	
2, Pa	irt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additio	nal information		
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	<u>.</u>				
		_			
					
					

Schedule D (Form 990) 2015

EEA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

ZUIJ

Open to Public Inspection

Employer Identification number

Institute for the Development of African-American 23-2626731 01. Form 990 governing body review (Part VI, line 11) THE ACCOUNTANT PREPARES THE RETURN AND EMAILS A COPY TO THE EXECUTIVE DIRECTOR. REVIEWS IT ALONG WITH THE BOARD PRESIDENT AND TREASURER FOR ACCURACY AND COMPLETENESS. ANY CHANGES ARE MADE AND THE FINAL RETURN IS PROCESSED AND SENT TO THE ENTITY FOR SIGNATURE AND MAILING. 02. CEO, executive director, top management comp (Part VI, line 15a) ALL EXECUTIVE SALARIES ARE APPROVED BY THE BOARD OF DIRECTORS. ANY CHANGES IN THE SALARY LEVELS ARE ALSO APPROVED BY THE BOARD. 03. Governing documents, etc, available to public (Part VI, line 19) A COPY OF THE RETURN IS PROVIDED TO ANYONE REQUESTING IT, AS LONG AS THERE IS A WRITTEN OR EMAILED REQUEST.