Sign Here

Signature of officer

ARCHYE LEACOCK, EXECUTIVE DIRECTOR Type or pnnt name and title

**Paid** Preparer Use Only

Print/Type preparer's name Nancy J Nicoletti

For Paperwork Reduction Act Notice, see the separate instructions.

Nancy J Nicolett Firm's name

Firm's address 1851 Berks Road

Eagleville PA 19403 May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2017)

X No

Yes

X Check

Firm's EIN

PTIN

610-222-9969

Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
The provide the organization's mission  Derived the provided Educational and Cultural Programs as well as prevention-intervention social expression of the provided Educational and Cultural Programs as well as prevention-intervention of Carefully estigned Programs.  If the organization undertake any significant program services during the year which were not listed on the provided for providing the program services during the year which were not listed on the provided for providing the providing that the provided for providing the providing that the providing
DERVICES FOR YOUTH, THEIR FAMILIES, AND THE BROADER COMMUNITY VIA A COMBINATION OF CAREFULLY ESIGNED PROGRAMS.  d the organization undertake any significant program services during the year which were not listed on the for Form 990 or 990-E2?  d the organization undertake any significant program services during the year which were not listed on the for Form 990 or 990-E2?  d the organization cease conducting, or make significant changes in how it conducts, any program services?  d the organization cease conducting, or make significant changes in how it conducts, any program services?  d the organization's program service accomplishments for each of its three largest program services, as measured by spenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, e total expenses, and revenue, if any, for each program service reported  dode  (Expenses \$ 541,468 including grants of \$ ) (Revenue \$ 776,938)  INTERVENTION AND PREVENTION: THESE PROGRAMS INCLUDE DON'T FALL DOWN IN THE HOOD (DEPITH) AND INTERVIENT IN HEARAS OF POSSESSION AND USE OF FIREARMS, AS WELL AS, THE FREQUENCY OF SSAULT, THEFT, AND NARCOTICS AMOUNG PHILADELPHIA'S YOUTH. ISP MONITORS JUVENILES AWAITING DIVIDICATORY HEARINGS OR FINAL COURT DISPOSITIONS. ITS ULTIMATE GOAL IS TO ASSURE THAT THE DIVENILE'S SUPERVISION IN THE COMMUNITY RESULTS IN POSITIVE SOCIAL ADJUSTMENT.
ERVICES FOR YOUTH, THEIR FAMILIES, AND THE BROADER COMMUNITY VIA A COMBINATION OF CAREFULLY ESIGNED PROGRAMS.  d the organization undertake any significant program services during the year which were not listed on the nor Form 990 or 990-EZ?  "Yes," describe these new services on Schedule O deteorganization cease conducting, or make significant changes in how it conducts, any program envices?  "Yes," describe these changes on Schedule O escribe the organization's program service accomplishments for each of its three largest program services, as measured by spenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, e total expenses, and revenue, if any, for each program service reported  code (a) (Expenses (a) 141,468 including grants of (a) (Revenue (a) (Revenue (a) 176,938))  NYERCENTION AND PREVENTION: THESE PROGRAMS INCLUDE DON'T FALL DOWN IN THE HOOD (DEPOITH) AND NYENSIVE IN-HOME SUPERVISION (ISP). DEPOITH IS A TREATMENT PROGRAM DESIGNED TO REDUCE DYENTILE CRIME IN THE AREAS OF POSSESSION AND USE OF FIREARMS, AS WELL AS, THE FREQUENCY OF SEAULT, THEFT, AND NARCOTICS AMOUNG PHILADELPHIA'S YOUTH. ISP MONITORS JUVENILES AWAITING DIJUDICATORY HEARINGS OR FINAL COURT DISPOSITIONS. ITS ULTIMATE GOAL IS TO ASSURE THAT THE JUVENILE'S SUPERVISION IN THE COMMUNITY RESULTS IN POSITIVE SOCIAL ADJUSTMENT.  Code (a) (Expenses (a) (Expenses (a) (Expenses (a) (Expenses (a) (a) (Expense (a)
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DVENILE'S SUPERVISION IN THE COMMUNITY RESULTS IN POSITIVE SOCIAL ADJUSTMENT.  Code ( ) (Expenses \$ 143,156 including grants of \$ ) (Revenue \$ 119,796 )
Code) (Expenses \$143,156 including grants of \$) (Revenue \$119,796 )
DUCATION AND TRAINING: THIS INCLUDES THE MAIN COLLEGE BOUND PROGRAM AND AFTER SCHOOL AND
UMMER CAMPS. THE MAIN PROGRAM OFFERS YOUTH AGES 10-18 AN OPPORTUNITY TO EXPLORE
ULTI-CULTURAL AMERICAN HISTORY. AFTER SCHOOL AND SUMMER CAMPS (OUT OF SCHOOL TIME) CTIVITIES FOCUS ON ACADEMICS AND EDUCATIONAL ENRICHMENT. SOME OF THE ACTIVITIES AND
ORKSHOPS INCLUDE HOMEWORK ASSISTANCE, TUTORING, COMPUTER LITERACY, HEALTHY LIFESTYLES,
ED/SAT SEMINARS, JOB READINESS, INTRODUCTION TO FOREIGN LANGUAGES AND CULTURE MODELING, ADIO AND BROADCASTING, VIDEO PRODUCTION, AND FIELD TRIPS IN AND AROUND PHILADELPHIA.
ADIO AND BROADCASTING, VIDEO PRODUCTION, AND FIELD TRIPS IN AND AROUND INTERDIBINIA.
Code ) (Expenses \$ 71,490 including grants of \$) (Revenue \$62,821)
ARENTING AND FAMILY SUPPORT: YOUNG FATHERS UNITED IS A PARENTING COLLABORATIVE DESIGNED TO
DDRESS THE EMOTIONAL, EDUCTIONAL, AND PRACTICAL PARENTING NEEDS OF YOUNG FATHERS THROUGHOUT
HILADELPHIA, YOUNG FATHERS TEACHES PARENTINTG SKILLS TO YOUNG FATHERS, AGES 14-25, AND
FFERS EMPOWERMENT SESSIONS IN AN EFFORT TO HELP YOUNG FATHERS COMBAT PARENTHOOD CHALLENGES.
ther program services (Describe in Schedule O)
expenses \$ including grants of \$ ) (Revenue \$ )



Form 990 (2017)
Part JV C

			١	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	Yes	No
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	x	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			-
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ť		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<del>-</del>		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		<del>-^</del>
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>ا</del>		^
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- <b>-</b> -		_^
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			_^
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
		9		v
0	debt negotiation services? If "Yes," complete Schedule D, Part IV	-		<u>_x</u>
U		40		v
1	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_ 10		<u>X</u>
,	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,"	44.	.,	
	complete Schedule D, Part VI	11a	X	
ы	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	446		37
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ <u>X</u>
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.4		.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	,	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		l	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
Λ	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
9				

Part IV Checklist of Required Schedules (continued) Yes No Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b b 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 ..... 21 Х 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Х 24b 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 С 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ...... 27 X 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 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X conservation contributions? If "Yes," complete Schedule M .............. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, 32 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х related organization? If "Yes," complete Schedule R, Part V, line 2 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, 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O X

Form 990 (2017)
Part V St 

	Check if Schedule O contains a response or note to any line in this Part V	• • •	· · ·	<u>. LJ</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	4	-	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ļ	
22	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  Statements, filed for the calendar year and any with an extension of the statements of the statements of the statements of the statements of the statement of the s	,		
ь	Statements, filed for the calendar year ending with or within the year covered by this return			·
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	X	<del> </del> -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	22		- <del></del>
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	-	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a	l	х
b	If "Yes," enter the name of the foreign country	1		
	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	<del> </del>	X
С	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	l	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
þ	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			
	required to file Form 8282?	7ć		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			لـــا
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/n		X
•	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	-		-
а	Did the sponsoning organization make any taxable distributions under section 4966?	9a		<b>_</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter	-		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			. 1
1	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 )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	٠		[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			!
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
,	Note. See the instructions for additional information the organization must report on Schedule O		Ì	]
b	Enter the amount of reserves the organization is required to maintain by the states in which			j
	the organization is licensed to issue qualified health plans		-	1
C	Enter the amount of reserves on hand	-		<u></u>
l4a ∟	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2017) Institute for the Development of African-American Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Νo Enter the number of voting members of the governing body at the end of the tax year 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1h 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 Х 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х **b** Each committee with authority to act on behalf of the governing body? Х . . . . . . . . . . . . . . . . . . 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b 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 13 Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official 15a X 15b Х Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

#### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Pennsylvania
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18
  - available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records 20

Management (215) 235-9110, 5548 Chestnut Street, PO Box 20161, Philadelphia, PA 19103

Form 990 (20	17) Institute for the Development of African-American	23-2626731	Page 7
Part VIII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp Independent Contractors	ensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	· · · 🗆
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
- 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

d organization	comp	ens	ated	any	currer	nt off	ficer, director, or tru	stee	
(B)		(C) Position (do not check more than one				(D)	(E)	(F) Estimated	
hours per week (list any hours for	offic	er an	d a dıı	recto	r/trustee	)	compensation from the	compensation from related organizations	amount of other compensation
related organizations below dotted line)	Individual trustee or director	Institutional brustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_ 60.00_	х						75,000	0	11,407
5.00	х		х				0	0	0
2.00	х		Х				0	0	0
2.00	Х		х				0	0	0
2.00	Х						0	0	0
2.00	х						0	0	0_
								:	
							-		
								·	
	(B) Average hours per week (list any hours for related organizations below dotted line)  60.00  2.00  2.00  2.00	(B) Average hours per week (list any hours for related organizations below dotted line)  - 60.00 X - 5.00 X - 2.00 X - 2.00 X - 2.00 X - 1.00 X - 1	(B) Average hours per week (list any hours for related organizations below dotted line)  - 60 . 00 X - 5 . 00 X - 2 . 00 X - 1 . 00 X - 2 . 00	(B) Average hours per week (list any hours for related organizations below dotted line)  - 60.00 X - 5.00 X - 2.00 X X X - 2.00 X X X - 2.00 X X X - 2.00 X	(B) Average hours per week (list any hours for related organizations below dotted line)  - 60.00	(B) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line)	(B)   Average   hours per week (list any hours for related organizations below dotted line)   (do not beck more than one box, unless person is both an officer and a director/trustee)   (do not beck more than one box, unless person is both an officer and a director/trustee)   (do not direct more than one box, unless person is both an officer and a director/trustee)   (do not direct more than one box, unless person is both an officer and a director/trustee)   (do not direct more than one box, unless person is both an officer and a director/trustee)   (do not director/trustee)   (do n

Form 990 (2017)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	verage (do not check more than one box, unless person is both an officer and a director/trustee) k (list any				both an		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com f org ar	(F) stimated mount of other upensatio from the ganization d related anization	n d
(15)						8.						
(16)		-								j		
(17)												
<u>(18)</u>								<del>.</del>				
(19)				** **	-		-					
(20)												
(21)							i					
(22)								conser-renovene				
(23)												
(24)												
(25)												
1b Sub-total	ion A	 	 	 	 			75,000	0		11,4	07
Total number of individuals (including but not limite reportable compensation from the organization		ed abov	ve) w	vho r	ece	ived m	ore 1	than \$100,000 of	0			
3 Did the organization list any former officer, directo employee on line 1a? If "Yes," complete Schedule		-	-		_			ensated 		3	Yes	No X
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater that individual	ร \$150,000 <i>? If</i>	"Yes,"	com	plet	e Sc	hedul	e J fo	or such		4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"  Section B. Independent Contractors			-			-				5		Х
Complete this table for your five highest compensation from the organization Report comp	•											
(A) Name and business addres	S							Description of	services		C) ensation	
											*****	
Total number of independent contractors (including received more than \$100,000 of compensation from				sted	abo	ve) w	ho				-	

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Related or exempt function Unrelated business Revenue excluded from tax Total revenue under sections 512-514 revenue Federated campaigns . . . . . . . 1,908 Contributions, Gifts, Grants and Other Similar Amounts 1b 1c d Related organizations . . . . . . . 1d e Government grants (contributions) . . 1e 921,754 f All other contributions, gifts, grants, 1f and similar amounts not included above 22,384 g Noncash contributions included in lines 1a-1f \$ 12,350 946,046 **Business Code** Revenue 2a REGISTRATION, CAMP AND b STUDENT FEES 611710 17,026 17,026 Program Service C TEMPLE GIRLS PROG FEES 611710 1,172 1,172 f All other program service revenue . . . . . . 18,198 Investment income (including dividends, interest, and other similar amounts) · · · · · · · · · · · · ▶ Income from investment of tax-exempt bond proceeds . . . . 5 (ı) Real (II) Personal 6a Gross rents . . . . . . . . . b Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · · ▶ 7a Gross amount from sales of (i) Securities assets other than inventory **b** Less cost or other basis and sales expenses . . . . c Gain or (loss) · · · · · · Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV. line 18 · · · · · · · a 16,996 **b** Less direct expenses . . . . . . . . b 20,843 c Net income or (loss) from fundraising events · · · · · · · ▶ (3,847)(3,847)9a Gross income from gaming activities See Part IV, line 19 . . . . . . . . . a b Less direct expenses . . . . . . . b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . a **b** Less cost of goods sold . . . . . . . . b c Net income or (loss) from sales of inventory · · · · · · · ▶ **Business Code** Miscellaneous Revenue 11a b d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions · · · · · · · · ▶ 960,397 18,198 (3,847)

#### Statement of Functional Expenses Part IX

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, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses 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 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees . . . . . . . . . 10,294 1,790 75,000 62,916 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 481,485 403,902 77,583 Other salaries and wages . . . . . . . . . . . . . . 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18,963 9 26,467 7,504 10 71,185 59,824 11,182 179 11 Fees for services (non-employees) Legal b 7,357 21,279 13,922 C Accounting . . . . . . . . . . . . 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) <u>17,017</u> 11,752 14,349 43,118 12 Advertising and promotion . . . . . . . . . . . . 12,166 4,071 6,231 1,864 13 20,086 6,451 12,445 1,190 5,881 5,880 14 Information technology . . . . . . 11,761 15 9,944 16 53,169 43,225 27,268 4,926 17 32,194 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest . . . . . . . . . . . . . . . 16,062 16,062 20 21 3,808 22 Depreciation, depletion, and amortization 3,808 29,350 776 23 30,126 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) 37,772 37,651 121 FIELD TRIPS, YOUTH TRAVEL 929 1,624 19,472 b PROGRAM MATERIAL & INCENTIVE 22,025 7,292 706 1,403 5,183 FOOD FOR YOUTH 14,498 EQUIPMENT RENTAL AND REPAIRS 14,707 209 <u>6,6</u>90 14,520 21,210 All other expenses 25,682 25 Total functional expenses. Add lines 1 through 24e 1,000,912 756,114 219,116 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

. . . . . . . . .

following SOP 98-2 (ASC 958-720)

23-2626731

Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		· · · · · ·
			(A) Beginning of year		(B)
	1	Cash - non-interest-bearing		1	End of year
	2	Savings and temporary cash investments	27,044	2	18,698
	3	Pledges and grants receivable, net	55.054	3	04.060
	4	Accounts receivable, net	57,054	4	24,863
	5	Loans and other receivables from current and former officers, directors,			• 45 1
	3	trustees, key employees, and highest compensated employees	•		
		Complete Part II of Schedule L	<del> </del>	5	
	6	Loans and other receivables from other disqualified persons (as defined under section		<del>                                     </del>	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		_	, , , ,
			•	İ	
	,	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	<del> </del>	6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	<u> </u>	8	
SSI	9	Prepaid expenses and deferred charges	16 205	9	24 425
٩	10a	Land, buildings, and equipment cost or	16,295	-	24,435
	104	other basis Complete Part VI of Schedule D · · · · 10a 44,881			-
	b	Less accumulated depreciation · · · · · · · · · · 10b 30,941	17,747	10c	13,940
	11	Investments - publicly traded secunities	11,141	11	13,940
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	<del></del>	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,827	15	3,827
	16	Total assets. Add lines 1 through 15 (must equal line 34)	121,967	16	85,763
	17	Accounts payable and accrued expenses	2,661	17	9,255
	18	Grants payable	2,001	18	<u> </u>
	19	Deferred revenue	7,983	19	700
	20	Tax-exempt bond liabilities	1,305	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ý	22	Loans and other payables to current and former officers, directors,	<b>v</b>		
Liabilities		trustees, key employees, highest compensated employees, and			
abil		disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	5,000
	25	Other liabilities (including federal income tax, payables to related third	•		
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,644	26	14,955
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			, i
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	111,323	27	69,808
Net Assets or Fund Balances	28	Temporarily restricted net assets	<del></del>	28	1,000
Pu	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here   and			
ō	1	complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ź	33	Total net assets or fund balances	111,323	33	70,808
	34	Total liabilities and net assets/fund balances	121,967	34	85,763
EEA					Form <b>990</b> (2017)

		3-262673	1	Pa	age <b>12</b>
Par	t.XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>		<u>. 🛮 _</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		960,3	397
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,0	000,9	912
3	Revenue less expenses Subtract line 2 from line 1	3		(40,5	515)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		111,3	323
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		70,8	808
Par	t 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			ŀ	
h	Were the organization's financial statements audited by an independent accountant?		2b	X	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		-		
	separate basis, consolidated basis, or both	I	1		
	Separate basis Consolidated basis Both consolidated and separate basis		1		1 1
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	•	1		
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				<del>                                     </del>
	Schedule O	I	ĺ		
20					
Jä	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		x
L	the diffic reduit retailed on Bondalary res		Ja		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		26		}
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	i l	1

EEA

Form 990 (2017)

# SCHEDULE A

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer identification number

		ute for the Development					23-2626	731				
₽a	rt{l}	Reason for Public Charit	t <b>y Status</b> (All o	rganizations must o	complete	this pa	rt ) See instruction	ons				
The	orgai	nization is not a private foundation bed	ause it is (For line	s 1 through 12, check on	ly one box	)		<u> </u>				
1		A church, convention of churches, or	association of chui	rches described in section	on 170(b)(	1)(A)(i).						
2		A school described in section 170(b)				,, ,,,		$\sim$				
3	П	A hospital or a cooperative hospital s		,		iii)		() (				
4	Ħ	A medical research organization oper				•	VAVIII) Enter the					
•		hospital's name, city, and state	rated in conjunction	with a hospital describe	u iii sectio	11 170(15)(1	χΑχ(iii). Enter the					
_	П		-6t -6 U									
5	Ш	An organization operated for the bend		iniversity owned or opera	ited by a g	overnment	al unit described in					
		section 170(b)(1)(A)(iv). (Complete	•									
6	닏	A federal, state, or local government										
7	X	An organization that normally receive	s a substantial part	of its support from a gov	/emmental	unit or froi	m the general public					
		described in section 170(b)(1)(A)(vi)	. (Complete Part II	)								
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II )								
9					ated in con	unction wi	th a land-grant college	e				
	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
	university of a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college of university											
10		An organization that normally receive	c (1) more than 22	1 1/20/ of its support from								
	Ч							iS				
		receipts from activities related to its e										
		support from gross investment incom		•			om businesses					
		acquired by the organization after Jur										
11	Ц	An organization organized and operat										
12		An organization organized and operate	ted exclusively for t	he benefit of, to perform	the function	ns of, or to	carry out the purpose	es				
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3).											
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g											
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
		the supported organization(s) the						,				
					.,		. 451555 51 1115					
	supporting organization You must complete Part IV, Sections A and B.  b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having											
	_					_		_				
		control or management of the sup			rsons that	control or r	nanage the supported	3				
		organization(s) You must comp										
	С	Type III functionally integrated.						٦,				
		its supported organization(s) (see		-								
	d	Type III non-functionally integral	ated. A supporting	organization operated in	connection	with its su	ipported organization	(s)				
		that is not functionally integrated	The organization g	enerally must satisfy a di	stribution r	equiremen	t and an attentivenes	s				
		requirement (see instructions) Yo	ou must complete	Part IV, Sections A and	D, and P	art V.						
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III					
		functionally integrated, or Type III				,,	,, ,,,					
	f	Enter the number of supported organi										
		Provide the following information about		ranization(s)								
		Name of supported organization		· · · · · ·								
	(1)	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	1 ' '	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount o other support (s				
				above (see instructions))	docum		instructions)	instructions				
				<del></del> :	Yes	No						
A)												
В,												
B)						İ						
			***	· · · · · ·	-				_			
C)			}									
			-2		-			·				
D)												
E)							ĺ					
'otal						شيئات تجرب						

Part II.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,585,930	1,024,668	928,515	895,552	946,046	5,380,711
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				33333		
4	Total. Add lines 1 through 3 · · · · ·	1,585,930	1,024,668	928,515	895,552	946,046	5,380,711
5	The portion of total contributions by						
	each person (other than a			[			
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount					ľ	
	shown on line 11, column (f)	^.					
6	Public support. Subtract line 5 from line 4 · ·			!			5,380,711
	tion B. Total Support			1			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,585,930	1,024,668	928,515	895,552	946,046	5,380,711
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)	52,377	82,536	5,415	41,804	14,351	196,483
11	Total support. Add lines 7 through 10 .						5,577,194
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>	<u> </u>				▶ 🗍
	tion C. Computation of Public Su	<del></del>			<del></del>		
14	Public support percentage for 2017 (line 6, o						96.48 %
15	Public support percentage from 2016 Sched						96.53 %
16a	33 1/3% support test - 2017. If the organization						
	box and stop here. The organization qualified		-				· · · · <b>&gt;</b> 🗓
ь	33 1/3% support test - 2016. If the organiza						<b>.</b> n
47.	this box and stop here. The organization qu		• • •				· · · · · • 📙
17a							
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fact organization						. □
<b>L</b>	10%-facts-and-circumstances test - 2016.						
b		_				;	
	15 is 10% or more, and if the organization meganization meets				=	u	
	supported organization						🕨 🗖
18	Private foundation. If the organization did r					<b></b> -	
10	instructions						▶ □
	maductions	<del> </del>	· · · · · · · · · · ·				

Schedule A (Form	990 or 990-EZ) 2017	Institute for	the D	Development of	African-American	23-2626731	
Part III	Support Schedule f	or Organizations	Descr	ribed in Section	509(a)(2)		
	(Complete only if you	u checked the box	on line	e 10 of Part I or if	the organization faile	ed to qualify under Part II	
	If the organization fa	ils to qualify unde	the tes	sts listed below	please complete Part	HII)	

activities not included in line 10b, whether or not the business is regularly carried on	<u> </u>	If the organization fails to qu	Jailly under tr	ne tests listed t	below, please ci	omplete Part	<u>'''                                  </u>	/
1 Softing growth, contributions, and membership less presented. (Den inflicible by "unique grains") of contributions and membership less processed from admissions, melchandles sood or strainers performed, or facilities flowmerbed in any activety that is related to the organization between submissions and interest the process of the contribution of the comparation of the contribution of the comparation of the contribution of the comparation of the contribution of the comparation of the contribution of the comparation of the contribution of the comparation of the contribution of the comparation of the contribution of th		<del>-</del> -	(-) 2042	(h) 0044	(0) 2045	(#) 2040	(-) 2047	/ (5 Talai
recover (Do not include any 'unusual grains' )  Cross records from admissions, mechanish and by Cross process from admissions, mechanish and by Cross process from admissions, mechanish and the control of the control	Cale	endar year (or fiscal year beginning in)	(a) 2013	(0) 2014	(C) ∠U15	(a) 2016	(e) 2017	(T) TOTAL
2 Globs receipts from admissions, merchandless and or services performed, of realizes performed, of realizes final market in any actively but is reliated to the improvablent but is entirple provided in the comparation of the internity purpose.  3 Gross receipts from activetee final are not all considered to the changes under section \$13 - control to the considered and either paid to or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or or expended on its behalf or expended on the considered on the consi	1						ļ	
soid or servese performed, or facilities disambled in any schildy plat in related to the organization's time earning reproduced in the earning repro	,	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del>-</del>			1	<del></del>
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Part IV Supporting

Supporting Organizations

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

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete P	art V)		
Sect	ion A. All Supporting Organizations			
	/\/ / <b>/</b> /		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	١.	-	~
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			<u> </u>
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		•	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u>-</u>		ــــــــــــــــــــــــــــــــــــــ
	(b) and (c) below	3a	ļ	ļ
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
•	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1		
	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	4h		ļ
С	Did the organization support any foreign supported organization that does not have an IRS determination	1		
	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)			<u> </u>
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	İ		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			-
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		٠	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	<del></del>	<u> </u>	
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	<del>-</del> 7		
•	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	<b>-</b>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8		
0 -	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	-	-	
Эa	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	9a		
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	0h		
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b	<del> </del>	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	<u></u>		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c	ļi	
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	40:		
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1.	l:	

determine whether the organization had excess business holdings)

Pa	t.IV   Supporting Organizations (continued)			
44	the the consequence of the following section of		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			• '
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	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		<del> </del>
	ion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		,	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			,
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
•				<b>.</b>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			'
	supervised, or controlled the supporting organization ,	2		
Sec	ion C. Type II Supporting Organizations			L
			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		<u> </u>
Sec	ion D. All Type III Supporting Organizations			
	D. I. I		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	<u> </u>		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
	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 it	netrue	tions	
1 a	The organization satisfied the Activities Test. Complete line 2 below	nsuuc	uons	,
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see i	nstruc	ctions
2	Activities Test Answer (a) and (b) below.	·	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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			į i
	reasons for the organization's position that its supported organization(s) would have engaged in these	24		
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
2	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

	•				
	ule A (Form 990 or 990-EZ) 2017 Institute for the Development of Africa	an-A	American 23-26	26731	Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org				<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying				
	instructions. All other Type III non-functionally integrated supporting organization	zatio	ons must complete Secti		
Sec	tion A - Adjusted Net Income		(A) Prior Year	1 ' '	rent Year ional)
1	Net short-term capital gain	1			<u> </u>
2		2			
3	Other gross income (see instructions)	3	1	-	
4	· · · · · · · · · · · · · · · · · · ·	4	112	<del></del>	
5	Depreciation and depletion	5			·
	Portion of operating expenses paid or incurred for production or	1	1 V 1 1		
	llection of gross income or for management, conservation, or		' '		
	eintenance of property held for production of income (see instructions)	6			
7		7			
8		8			
Sec	tion B - Minimum Asset Amount	1 -	(A) Prior Year	, ,	ent Year onal)
1	Aggregate fair market value of all non-exempt-use assets (see	1			
ıns	structions for short tax year or assets held for part of year)				
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
С	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		<u> </u>		
fa	octors (explain in detail in Part VI)	}			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>		
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		6			
7	Recoveries of prior-year distributions	7			

6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	inte	grated Type III supporting	organization (see
	instructions)			

2

3

**4 5** 

**Current Year** 

Schedule A (Form 990 or 990-EZ) 2017

Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, Column A)

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

Section C - Distributable Amount

4 Enter greater of line 2 or line 3

Income tax imposed in prior year

2 Enter 85% of line 1

	A (Form 990 or 990-EZ) 2017 Institute for the Develor	pment of African-A	merican 23-26	26731 Page 7
Pai		) Supporting Organi	zations (continued)	<u> </u>
	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	tions	1
	Amounts paid to acquire exempt-use assets			1./
	Qualified set-aside amounts (prior IRS approval required)		<u> </u>	11/1
6	Other distributions (describe in Part VI) See instructions		——————————————————————————————————————	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive '	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			and the second control of the second
	(reasonable cause required - explain in Part VI) See	ĺ		
	ınstructions			
3	Excess distributions carryover, if any, to 2017			1
а				
	From 2013			
	From 2014			
	From 2015			
е	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			į
	Section D, line 7. \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			·
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if	<u> </u>		!
	any Subtract lines 3g and 4a from line 2 For result			<u> </u>
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2017 Subtract lines 3h	[		
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j		F	
	and 4c			
	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014		<del></del>	
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017	l l		1

## 'SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2017

Open to Rublic 4:

Name	of the organization	Employer identification number
In	stitute for the Development of African-American	23-2626731
	rtili Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	<del>-</del>
4	Aggregate value at end of year	1.1
5	Did the organization inform all dunors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	····· Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	<b>3</b>
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pa	rtilli Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
	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 structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	
	tax year >	as a carried and
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	
	<b>•</b>	, ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easen	nents during the year
	<b>&gt;</b> \$	,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i	)
	and section 170(h)(4)(B)(II)?	
9	in Part XIII, describe how the organization reports conservation easements in its revenue and expense statemen	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de-	escribes the
	organization's accounting for conservation easements	
<u> R</u> ai	tilli Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and b	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balan	nce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	· <del></del>
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	· <del>· · · ·</del>
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	
	The second secon	· • •

	ule D (Form 990) 2017 Institute for t						526731		Page 2
	rt.III Organizations Maintaining Co						ssets (co	ntınu	ed)
3	Using the organization's acquisition, accession, a	nd other record	s, check any o	of the following	ng that are a sig	nificant use of its			
	collection items (check all that apply)								
а	Public exhibition	a ∐	Loan or excha	ange program	ms				
b	Scholarly research	e 📙	Other						
C	Preservation for future generations								
4	Provide a description of the organization's collecti	ons and explair	n how they fur	ther the orga	inization's exem	pt purpose in Part			
	XIII								
5	During the year, did the organization solicit or rece							V 1	□ N <sub>a</sub>
Pai	assets to be sold to raise funds rather than to be t IV   Escrow and Custodial Arrang		oart of the orga	anization's co	ollection /	· · · · · · · · · · · · · · · · · · ·	<u>···· ⊔</u>	Yes	∐ No
<u>. u</u>	Complete if the organization ans		" on Form	990 Part	IV line 9 or	renorted an am	ount on F	orm	
	990, Part X, line 21		· · · · ·						
1a	is the organization an agent, trustee, custodian or						_		_
							□,	Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII and o	complete the fo	llowing table			<del></del>			
							Amount		
С	Beginning balance								
d	Additions during the year					1d			_
e	Distributions during the year								
f	Ending balance								<del></del>
2a	Did the organization include an amount on Form 9					•			∐ No
	If "Yes," explain the arrangement in Part XIII Che t V Endowment Funds.	ck nere if the ex	xpianation has	been provid	led on Part XIII	<del></del>	<del></del>	····!	<u> </u>
<u>'</u>	Complete if the organization ans	swered "Yes	" on Form	990 Part	IV line 10				
	Complete if the Organization and					(d) These was be			
1a	Beginning of year balance	(a) Current year	(B) Pr	ior year	(c) Two years bac	k (d) Three years ba	ick (e) Fou	ır years b	аск
b	Contributions · · · · · · · · · · · · · · · · · · ·	<del>_</del>				<del></del>			
c	Net investment earnings, gains, and	···					<del></del>		
·	losses								
d	Grants or scholarships						<del>-   -</del>		
e	Other expenditures for facilities and								
•	programs								
f	Administrative expenses				<del></del>		_		
g	End of year balance						_		
2	Provide the estimated percentage of the current y	ear end balanc	e (line 1a. coli	umn (a)) held	d as				
а	Board designated or guasi-endowment	%	, <b>3</b> ,	(-//					
b	Permanent endowment ▶ %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should e	qual 100%							
3a	Are there endowment funds not in the possession	of the organiza	ation that are h	neld and adn	ninistered for the	•			
	organization by							Yes	No
	(i) unrelated organizations						· · 3a(ı)		
	(ii) related organizations						· · 3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations liste	ed as required (	on Schedule R	₹?			3b		
4	Describe in Part XIII the intended uses of the orga		wment funds						
Pai	t VI Land, Buildings, and Equipme						_		
	Complete if the organization ans	swered "Yes	on Form	<u>990, Part</u>	IV, line 11a	See Form 990,	Part X, lin	<u>e 10</u>	
	Description of property	(a) Cost of	or other basis	(b) Cost or	other basis	(c) Accumulated	(d) Boo	ok vatue	
		(inv	estment)	(0)	ther)	depreciation	<u> </u>		
1a	Land	• •				<del>_</del>	<u> </u>		
b	Buildings	• •		<u> </u>			<u> </u>		
С	Leasehold improvements	• •		ļ			<u> </u>		
d	Equipment				44,881	30,941	<u> </u>	<u>1</u> 3,9	140_
_ e	Other			<u> </u>			<u> </u>		
Tota	. Add lines 1a through 1e (Column (d) must equal	l Form 990. Pai	rt X. column (E	3), line 10c)			1	13,9	<b>340</b>

(9) Ecos value (Column (6) must equal Form 990, Part X, col (6), her 13)  (1) SECURITY DEPOSIT  (1) SECURITY DEPOSIT  (2) Description of instance (1) must equal Form 990, Part X, col (6), her 13)  (1) SECURITY DEPOSIT  (2) Description of instance (1) must equal Form 990, Part X, col (6), her 13)  (1) SECURITY DEPOSIT  (2) Description of instance (1) must equal Form 990, Part X, col (6), her 13)  (3) Cher Assets.  (4) Description of instance (1) must equal Form 990, Part X, col (6), her 13)  (5) Description of instance (1) must equal Form 990, Part X, col (6), her 13)  (6) Description of instance (1) must equal Form 990, Part X, col (6), her 13)  (7) Description of instance (1) must equal Form 990, Part X, col (6), her 13)  (8) Security Deposit (2) Description of instance (1) Description (2) Description (3) Description (4) Description (4) Description (5) Description (6) Description (6) Description (6) Description (6) Description (6) Description (6) Description (6) Description (6) Description (6) Description (6) Description (6) Description (6) Description (7) Description	[PartiVIII]	Investments - Other Securities.  Complete if the organization answe	ered "Yes" on Form 990,	, Part IV, line 11b See Form 990, F	Part X, line 12
(2) Closely-held equity interests   (3) Other   (4)   (4)   (5)   (6)   (7)   (8)   (9)		(a) Description of security or category		(c) Method of valuation	
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial	derivatives	•		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-h	eld equity interests	•		
(5) (C) (C) (D) (E) (F) (G) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(3) Other				
C    C    C    C    C    C    C    C	(A)				
C					
Early					
Fig.					
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Total (Column (p) must equal Form 990, Part X, col (B) line 12)   Part X, line 13					
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13			-		
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)		Investments - Program Related.	<u> </u>	Part IV. line 11c See Form 990. P	art X. line 13
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(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of hability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		(a)	Description		(b) Book value
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Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)		Other Liabilities. Complete if the organization answer	<del></del> -	Part IV, line 11e or 11f See Form	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		line 25			
(2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value		
(3)         (4)         (5)         (6)         (7)         (8)         (9)		ncome taxes			
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1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					_

	ule D (Form 990) 2017 Institute for the Development of African			3-26267	31 Page 4
Pa	Reconciliation of Revenue per Audited Financial Stateme		•	Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV	/, line 12a		
1	Total revenue, gains, and other support per audited financial statements			1	1,023,090
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	41,850	] ]	
С	Recoveries of prior year grants	2c		]	
ď	Other (Describe in Part XIII )	2d	20,843	1 1	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	• • •		2e	62,693
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·			3	960,397
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		<del>                                     </del>	300,337
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · ·	4a			
b	Other (Describe in Part XIII )	4b		1	
c	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
	t XII Reconciliation of Expenses per Audited Financial States				960,397
Га			•	ei Ketu	111.
	Complete if the organization answered "Yes" on Form 990,			<del>, , , , , , , , , , , , , , , , , , , </del>	
1	Total expenses and losses per audited financial statements	• • •		1	1,063,605
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	, ,			
а	Donated services and use of facilities	2a	41,850		
b	Prior year adjustments	2b			
С	Other losses	2c		]	
d	Other (Describe in Part XIII )	2d	20,843	J	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·			2e	62,693
3	Subtract line 2e from line 1			3	1,000,912
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		1	
С	Add lines <b>4a</b> and <b>4b</b>	• • • •		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,000,912
	t XIII Supplemental Information.			<u> </u>	1,000,311
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	es 1h ar	nd 2h Part V line 4 Part	X line	
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any			.,,	
-,	try, miles as and the parties provide any				
01	Other revenues not included on Form 990 (F	art	XT. line 2d	1)	
	Oner revenues nes rioraded on rerm 330 /2		,	·/	
	NATOTIC BURDINGES ON MUE STNAVOTAT CHAMSIMIN THOS THOUSING	3D TN	mile consumptorium	0.0	
FUN.	DRAISING EXPENSES ON THE FINANCIAL STATEMENT WERE INCLUDE	ED IN	THE STATEMENT	OF.	<del></del>
YUN	CTIONAL EXPENSES.		<del></del>		<del></del>
WOH	EVER, THEY WERE REPORTED AS A DIRECT EXPENSE/OFFSET AGAIN	NST F	UNDRASING REVEN	UE FOR	990
PUR	POSES. THEREFORE,				
THE	REVENUE AND EXPENSES ARE BOTH LOWER FOR 990 PURPOSES (B)	Y THE	SAME EXACT AMO	UNT).	
		_			<del></del>
			<del></del> -		<del></del>

Schedule D (Form 990) 2017

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

### Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization 23-2626731 Institute for the Development of African-American Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations d | In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (II) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col (I) Yes No 3 6 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Foxm 990 or 990-EZ) 2017 Institute for the Development of African-American 23-2626731 Part III Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through BANQUET None col (c)) (event type) (event type) (total number) Revenue Gross receipts 5,897 5,897 2 Less Contributions Gross income (line 1 minus 5,897 5,897 Cash prizes Noncash prizes Rent/facility costs . . . . . . . . . Direct Expenses Food and beverages . . . . . . 2,610 2,610 Entertainment Other direct expenses 686 686 Direct expense summary Add lines 4 through 9 in column (d) 3,296 11 Net income summary Subtract line 10 from line 3, column (d) 2,601 |Rartill| Gaming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue . . . . . . . . . Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes No No Volunteer labor 6 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number 23-2626731 Institute for the Development of African-American

Ol. Member election for additional members (Part VI, line 7a)
THE ENTITY DOES NOT HAVE MEMBERS, ONLY A BOARD OF DIRECTORS. BOARD MEMBERS CAN RECOMMEND
OTHER
INDIVIDUALS TO BECOME A PART OF THE BOARD, THEN THE BOARD DECIDES IF THEY WOULD BE A GOOD
FIT
02. Governing body decisions (Part VI, line 7b)
THE ORGANIZATION DOES NOT HAVE MEMBERS, IT ONLY HAS A BOARD OF DIRECTORS THE BOARD
MEMBERS VOTE ON WHO BECOMES
PRESIDENT, SECRETARY, AND TREASURER. ALL MEETINGS ARE DOCUMENTED
03. Form 990 governing body review (Part VI, line 11)
THE ACCOUNTANT PREPARES THE TAX RETURN AND EMAILS A COPY TO THE EXECUTIVE DIRECTOR HE
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.
04. 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
EVELS ARE ALSO APPROVED BY THE BOARD.
05. Other officer or key employee compensation (Part VI, line 15b
THE EXECUTIVE DIRECTOR SETS AND APPROVES ALL SALARIES PAID TO THE EMPLOYEES. HE ALSO
APPROVES ANY RAISES GIVEN

Institute for the Development of African-American 23-2626731  26. Governing documents, etc., available to public (Fart VI, line 19)  27. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  28. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT. AS LONG IS THERE IS A  29. COPY OF TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN IS THE TAX RETURN	Name of the organization	Page Employer identification number
A COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT, AS LONG IS THERE IS A VRITTEN OR EMAILED REQUEST THE 990 IS ALSO AVAILABLE TO VIEW ON GUIDESTAR	Institute for the Development of African-American	23-2626731
A COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT, AS LONG IS THERE IS A VRITTEN OR EMAILED REQUEST THE 990 IS ALSO AVAILABLE TO VIEW ON GUIDESTAR		
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A COPY OF THE TAX RETURN IS PROVIDED TO ANYONE REQUESTING IT, AS LONG IS THERE IS A VRITTEN OR EMAILED REQUEST THE 990 IS ALSO AVAILABLE TO VIEW ON GUIDESTAR		
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Schedule O (Form 990 or 990-EZ) (2017)