

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 25 EAST 4TH ST City or town, state or province, country, and ZIP or foreign postal code HIALEAH, FL 33010	D Employer identification number 59-1715840 E Telephone number (305) 573-8393 G Gross receipts \$ 2,470,830
F Name and address of principal officer HELENA DEL MONTE 25 EAST 4TH STREET HIALEAH, FL 33010		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1973 M State of legal domicile FL
J Website: ▶ WWW.ADEMIAMI.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO PROVIDE SPECIALIZED ACADEMICS, VOCATIONAL TRAINING, AND EMPLOYMENT SERVICES TO ADULTS WITH DEVELOPMENTAL DISABILITIES, FOCUSING ON EACH PARTICIPANT'S ABILITIES AND CHOICES, MAXIMIZING THEIR POTENTIAL WHILE GUIDING THEM TOWARDS A PATH OF ACQUIRED SKILLS, SELF-DETERMINATION AND COMMUNITY INCLUSION		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	99
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	777,449
	9 Program service revenue (Part VIII, line 2g)		823,750
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,733,710
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		382
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,493
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,844
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		1,663,039
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		857,409
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,520,448
19 Revenue less expenses Subtract line 18 from line 12		2,526,982	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	3,586
	21 Total liabilities (Part X, line 26)		-56,152
	22 Net assets or fund balances Subtract line 21 from line 20	End of Year	1,994,806
			1,898,339
			617,457
			577,142
			1,377,349
			1,321,197

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer	2017-05-03 Date
	HELENA DEL MONTE EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name PEDRO DE ARMAS	Preparer's signature PEDRO DE ARMAS	Date 2017-05-08	Check <input type="checkbox"/> if self-employed	PTIN P00440261
	Firm's name ▶ VERDEJA DE ARMAS & TRUJILLO LLP			Firm's EIN ▶ 20-4989621	
	Firm's address ▶ 255 ALHAMBRA CIR STE 560 CORAL GABLES, FL 331347417			Phone no (305) 446-3177	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

TO PROVIDE SPECIALIZED ACADEMICS, VOCATIONAL TRAINING, AND EMPLOYMENT SERVICES TO ADULTS WITH DEVELOPMENTAL DISABILITIES, FOCUSING ON EACH PARTICIPANT'S ABILITIES AND CHOICES, MAXIMIZING THEIR POTENTIAL WHILE GUIDING THEM TOWARDS A PATH OF ACQUIRED SKILLS, SELF-DETERMINATION AND COMMUNITY INCLUSION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code) (Expenses \$ 2,094,087 including grants of \$) (Revenue \$ 1,644,179)

THROUGH THE ACTIVITIES PROVIDED IN OUR DAILY PROGRAMMING WE EMPOWER OUR CLIENTS TO ACHIEVE OUR POWERFUL MISSION STATEMENT ADE HAS MULTIPLE CHOICES OF PROGRAMMING TO BETTER SERVE THE MANY NEEDS, AND LEVELS OF FUNCTIONING OF OUR 275+ CONSUMERS THE ULTIMATE GOAL IS TO OFFER OUR CONSUMERS AN ARRAY OF SKILLS THAT WILL ALLOW THEM TO FUNCTION INDEPENDENTLY ALSO, TO INTEGRATE THEM IN SOCIAL AND WORK ENVIRONMENTS SO THEY CAN REACH THE HIGHEST POTENTIAL WITHIN THEIR INDIVIDUAL ABILITIES AND TO FORTIFY THEIR VOCATIONAL SKILLS SO THEY MAY HAVE EMPLOYMENT OPPORTUNITIES ADE'S MANAGEMENT APPROACH FAVORS SEQUENTIAL ELEMENTS THAT ARE ESSENTIAL TO RUN OUR EXCELLENT PROGRAM, FOR EXAMPLE 1)CLIENT RECRUITMENT- ADE HAS AN EXCELLENT REPUTATION IN THE COMMUNITY BECAUSE OF THIS AND BECAUSE OF THE VARIETY OF VOCATIONAL TRAINING PROVIDED THE SUPPORT COORDINATORS ARE VERY INCLINED TO REFER CONSUMERS TO OUR AGENCY FOR THE PAST TWO YEARS THE STATE BUDGET FOR AGENCY FOR PERSONS WITH DISABILITIES HAS INCREASED APPROXIMATELY 100,000,000 THESE DOLLARS HAVE BEEN USED TO SERVE CONSUMERS THAT WERE ON THE MEDICAID WAIVER WAITLIST MANY OF THE CONSUMERS THAT WERE MADE A PRIORITY WERE CHILDREN OR CRITICAL CASES, SUBSEQUENTLY WE DID NOT RECEIVE AS MUCH ADDITIONAL EMPLOYMENT AS ANTICIPATED BUT WE DID RECEIVE SOME NEW SLOTS AND WE ARE VERY THANKFUL THAT THESE NEW CONSUMERS ARE NOW ENJOYING WELL DESERVED SERVICES ADE IS ONE OF THE FOREFRONT AGENCIES THAT LOBBIES TALLAHASSEE FOR THESE BUDGET ISSUES, SO WE WERE VERY PROUD WHEN THESE ADDITIONAL FUNDING PASSED HOUSE AND SENATE, SINCE WE HAVE ALWAYS BEEN A KEEPER OF NOT JUST OUR AGENCY BUT CONCERNED ABOUT ALL THE PERSONS WITH DEVELOPMENTAL DISABILITIES IN FLORIDA 2)STAFF RECRUITMENT- UTILIZING THE CAREER BUILDING ADVERTISING TOOL THOUGHT THE MIAMI HERALD, AS WELL AS WORKING WITH AGENCIES SUCH AS SOUTH FLORIDA WORKFORCE-PROFESSIONAL PLACEMENT UNIT, JOBBING COM, AND HAVING A CONSTANT PRESENCE AT JOB/CAREER FAIRS, GIVES US AN ARRAY OF CHOICES TO EMPLOY THE BEST CANDIDATES POSSIBLE WITHIN OUR FIELD THE BETTER THE QUALITY OF THE STAFF THE MORE SUCCESS IN THE DELIVERY OF SERVICES 3) STAFF DEVELOPMENT - ADE CONTINUES TO ENHANCE THE POTENTIAL OF THEIR STAFF THROUGH TRAININGS ESPECIALLY OUR DIRECT CARE STAFF IS GIVEN AN ASSORTMENT OF IN-SERVICE TRAININGS SUCH AS KNOWLEDGE OF DEVELOPMENTAL DISABILITIES, 0 TOLERANCE, CPR, HIV, FIRST AID, BEHAVIOR MANAGEMENT, PAC, AND OTHERS 4)EXCELLENT PROGRAMMING- A PROFICIENT, QUALIFIED STAFF UNDER THE GUIDANCE OF A VIGILANT MANAGEMENT ALLOWS US TO CONDUCT AN EXEMPLARY PROGRAM, WHICH ENHANCES OUR REPUTATION AND ENCOURAGES ADDITIONAL ENROLLMENT AND GROWTH DURING THE 2011FY ADE STARTED ITS "PROFESSIONAL CULINARY, BAKING AND RESTAURANT MAINTENANCE TRAINING PROGRAM" DURING 2013-14 WE EXPANDED OUR CLASSES, MAKING IT AVAILABLE TO ADDITIONAL STUDENTS PER CYCLE, AND EXPANDING ITS CURRICULUM THIS YEAR DURING OUR 2014-15 FISCAL YEAR, WE WERE ABLE TO PROCURE ADDITIONAL FUNDING FROM THE FLORIDA DEPARTMENT OF EDUCATION IN TALLAHASSEE, THOUGH A SPECIAL APPROPRIATION, WHICH HAS ALLOWED US TO EXPAND OUR PROGRAM EVEN FURTHER WE HAVE ADDED ON NEW CHEF POSITION, AND ARE SERVING ADDITIONAL CONSUMERS WE HAVE CONTINUED TO ADD A HIGHER LEVEL OF PROFICIENCY AND SOPHISTICATION TO OUR VOCATIONAL SKILLS TRAINING AREAS, AND ALSO PLACED A HIGH PRIORITY ON OUR COMMUNITY INCLUSION COMPONENT OF OUR ADULT DAY TRAINING PROGRAM ADDITIONALLY, WE CONTINUE TO OFFER OUR OTHER VOCATIONAL TRAINING AREAS, SUCH AS ART EXPRESSION, COSMETOLOGY, JEWELRY DESIGN, AN EXERCISE PROGRAM, CAR WASHING AND DETAILING, PACKAGING, BAGGING, COLLATING, CULINARY TRAINING AND BAKING, COMPUTER CLASSES, HORTICULTURE, MONEY BUDGETING, COMMUNITY AWARENESS, COMMUNITY MOBILITY, FIRST AIDE, AND INDEPENDENT LIVING PROFICIENCY, AND MANY OTHER SKILLS 5)FISCAL MANAGEMENT - ADE'S EXECUTIVE DIRECTOR AND TOP MANAGEMENT STAFF CONTINUE TO OPERATE FOCUSING THE PRIORITIES TO CONSERVATION, SUSTAINABILITY, AND COMPARATIVE PROCUREMENT TO ENSURE THE MAXIMUM RESULTS OUT OF EVERY DOLLAR OF FUNDING RECEIVED OUR BILLING SPECIALIST KEEPS A MOST EFFICIENT CONTROL OF OUR COLLECTIONS IN REFERENCE TO OUR GENERAL REVENUE AND MEDICAID WAIVER STATE BILLING AS WELL, AS A COMMUNICATION LINE WITH ALL SUPPORT COORDINATORS TO ENSURE THAT ALL THE PROPER STATE AUTHORIZATIONS ARE CURRENT AND CORRECT TO ENSURE THAT ALL POSSIBLE COLLECTIONS ARE BILLED APPROPRIATELY AND REIMBURSED PROMPTLY 6)BANKING RELATIONSHIPS - DURING THE LAST QUARTER OF 2008, AND EXTENDS TO THE PRESENT, ADE'S BOARD OF DIRECTORS AND MANAGEMENT OPTED TO DIVERSIFY ALL BANK ACCOUNTS, AND ASSETS AMONGST THREE ALTERNATIVE BANKS THIS ENSURED THAT THE REVENUES COLLECTED THROUGH OUR MULTIPLE FUNDING SOURCES BE GUARANTEED BY FDIC WITHIN THEIR GUIDELINES AND LIMITS OUR FISCAL DEPARTMENT MONITORS THE STATUS OF ALL BANKS WE HAVE PROFESSIONAL RELATIONSHIPS WITH ON A MONTHLY BASIS AS WE REALIZED THAT THE HEALTH OF GREAT FLORIDA BANK DETERIORATED, WE MADE THE DECISION TO TRANSFER ALL OUR MAJOR OPERATIONAL ACCOUNTS TO JGGBANK HOWEVER WE STILL HOLDS THE MORTGAGE FINANCING FOR OUR HIALEAH BRANCH AT JGGBANK SUN STATE BANK HOLDS OUR NORTH AND SOUTH MORTGAGE ADE ALSO, HAS AN ACTIVE CREDIT LINE APPROVED UP TO 100,000 WITH SUN STATE BANK ADDITIONALLY, ADE HAS A MONEY MARKET ACCOUNT IN THE SUM OF 100,000 DEPOSITED AT SUNTRUST BANK 7) GUIDING THE AGENCY THROUGH DIFFICULT TIMES - AS REPORTED IN PREVIOUS RECENT YEARS, ADE SUFFERED AN 8% REDUCTION IN MEDICAID WAIVER REIMBURSEMENT RATES ADDITIONALLY, THE AGENCY FOR PERSONS WITH DISABILITIES IMPLEMENTED THE "I BUDGET", WHICH REDUCED THE ANNUAL DAYS OF SERVICES FOR PART OF OUR CLIENTELE THE PROCESS WAS STOPPED FOR A FEW MONTHS BECAUSE OF LITIGATION, BUT THE COURTS OPTED IN FAVOR OF THE I BUDGET DUE TO ADE HAVING A HEALTHY AMOUNT OF REVENUE IN RESERVE, COUPLED BY AN ARDUOUS AND SKILLFUL JOB IN WORKING WITH STATE AND LOCAL FUNDING SOURCES, WE HAVE BEEN ABLE TO WITHSTAND RECENT CUTS WITHOUT MAJOR HURDLES HOWEVER, IT DID TAKE SOME PAINSTAKING DECISIONS, SUCH AS ELIMINATING OR REDUCING SOME POSITIONS THE LAST SALARY INCREASE WAS GIVEN IN 2012, UNFORTUNATELY WE DID NOT HAVE SUFFICIENT REVENUE THIS YEAR TO APPROVE SALARY INCREASES IT IS OUR GOAL FOR 2015-2016 TO PROVIDE A SALARY INCREASE TO ALL PERSONNEL WE CONTINUE TO A)APPROACHED ALL VENDORS FOR POSSIBLE REDUCTION IN PRICING, AND IMPOSED A STRICTER AND MORE THOROUGH PROCUREMENT PROCESS TO MAKE SURE WE ARE GETTING THE BEST FOR OUR DOLLAR B)WORKED CLOSELY WITH OUR INSURANCE AGENTS, BEING THAT IS ONE OF THE AGENCIES HIGHEST EXPENSES, TO REDUCE THE COST ON POLICIES WHILE KEEPING THE PRUDENT AND REQUIRED COVERAGE C)ALL PERSONNEL WERE ADVISED TO BE FRUGAL IN AREAS FROM OFFICE SUPPLIES, EDUCATIONAL SUPPLIES, JANITORIAL MAINTENANCE SUPPLIES, ETC D)INVOLVING THE STAFF WITH A SENSE OF UNITY DURING HARD TIMES WAS SOMETHING WE APPROACHED WITH A LOT OF DIPLOMACY, AND AVOIDING A SENSE OF UNCERTAINTY AT ALL COST HOWEVER, IT WAS NECESSARY FOR ALL STAFF TO COMPREHEND THE REALITY THAT WE ARE LIVING IN A TIME OF CONSERVATION AND WE HAVE GIVEN THEM THE TOOLS TO BE PART OF THE SOLUTION AND NOT PART OF THE PROBLEM 8)ALTERNATIVE FUNDING SOURCES IN ADDITION, TO THE PREVIOUSLY DESCRIBED FUNDING OPPORTUNITIES ADE HAS ENJOYED FOR MANY YEARS, WHICH HAVE BEEN EXCEPTIONALLY DIFFICULT AND COMPETITIVE TO MAINTAIN AT THE SAME LEVEL OR TO HAND ON TO AT ALL ADE CONTINUES TO PROCURE ALTERNATIVE GRANTS AND FUNDING SOURCES, AS WELL AS PRIVATE DONATIONS 9)MILESTONES 1)ADE RECEIVED A 200,000 SPECIAL APPROPRIATION FROM THE TALLAHASSEE 2015- 16 LEGISLATIVE BUDGET PROCESS TO RUN THE PROFESSIONAL TRAINING KITCHEN PROJECT 2)THE CULINARY TRAINING PROGRAM WAS AUGMENTED, NOW CONSISTING OF ONE HEAD CHEF/INSTRUCTOR, ONE ASSISTANT CHEF/INSTRUCTOR AND ONE VOCATIONAL SKILLS TRAINER 3)TWO ADDITIONAL MIAMI DADE COUNTY INSTRUCTORS WERE ASSIGNED TO ADE MIDTOWN, AT NO COST TO ADE 4)ADE RECEIVED 19,000 FROM MAYOR TOMAS REGALADO, CITY OF MIAMI-POVERTY INITIATIVE 5)THE ORTEGA FOUNDATION DONATED 10,000, AND ACCEPTED ADE AS ONE OF THEIR ANNUAL BENEFACTORS 6)ADE HIALEAH COMPLETED THEIR EXTERIOR RENOVATION PROJECT 7)ADE RECEIVED 97% COMPLIANCE FROM THE AGENCY FOR PERSONS WITH DISABILITIES 8)ADE RECEIVED 100% COMPLIANCE FROM METRO OFFICE OF MANAGEMENT AND BUDGET 9)ADE RECEIVED 100% COMPLIANCE FROM THE CITY OF MIAMI 10)ADE RECEIVED 10,000 FROM METRO CDBG PUBLIC SERVICE ADE'S BOARD OF DIRECTORS AND MANAGEMENT STAFF CONTINUE TO DEMAND ENHANCEMENT IN DEVELOPMENT, GOVERNANCE, AND EDUCATIONAL AREAS SO OUR ACCOMPLISHMENTS DURING THE NEXT YEAR SUPERSEDE THE ACHIEVEMENTS OF TODAY

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,094,087

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38, covering topics like grants, tax-exempt bonds, excess benefit transactions, and controlled entities. The final row (38) includes a 'Note' and a 'Yes' answer.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (FL) 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records (DIANA CRUZ 25 EAST 4TH ST HIALEAH, FL 33010 (786) 363-3100)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	Former			
(1) MANUEL ALONSO-POUCH PRESIDENT	1 00	X							0	0	0
(2) JOSIE RAMIREZ BOARD OF DIR	1 00	X							0	0	0
(3) WILLIAM PERRY III VICE PRESIDE	1 00	X							0	0	0
(4) SEAN SHEA MD SECRETARY	1 00	X							0	0	0
(5) PIEDAD BARROS BOARD OF DIR	1 00	X							0	0	0
(6) HELENA DEL MONTE EXECUTIVE DI	40 00			X					136,074	0	0
(7) MARIA CHRIS PEREZ ASSISTANT DI	40 00			X					68,589	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								204,663		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____ 793,185					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 30,565					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		823,750			
Program Service Revenue	2a MEDICAL WAIVER INCOME/FEES _____		1,638,054	1,638,054		
	b TUITION _____		6,125	6,125		
	c _____					
	d _____					
	e _____					
	f All other program service revenue _____					
	g Total. Add lines 2a-2f ▶		1,644,179			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		57		57	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
		c Net income or (loss) from fundraising events ▶				
	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 ▶						
Miscellaneous Revenue	Business Code					
11a OTHER INCOME _____		2,844			2,844	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		2,844				
12 Total revenue. See Instructions ▶		2,470,830	1,644,179		2,901	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	215,118	172,095	43,023	
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	Other salaries and wages	1,159,392	927,513	231,879	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	172,721	138,177	34,544	
10	Payroll taxes	102,139	81,711	20,428	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,900		21,900	
12	Advertising and promotion				
13	Office expenses	128,310	115,479	12,831	
14	Information technology				
15	Royalties				
16	Occupancy	41,368	37,231	4,137	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	35,442		35,442	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	86,680	73,678	13,002	
23	Insurance	116,685	110,851	5,834	
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)				
a	TRANSPORTATION	273,395	273,395		
b	REPAIRS AND MAINTENANCE	60,600	54,540	6,060	
c	VEHICLE EXPENSE	54,287	54,287		
d	EDUCATIONAL SUPPLIES	33,511	33,511		
e	All other expenses	25,434	21,619	3,815	
25	Total functional expenses. Add lines 1 through 24e	2,526,982	2,094,087	432,895	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	203,708	1	192,090
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	294,778	4	242,002
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,035	9	9,795
	10a Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	10a 2,769,565		
	b Less accumulated depreciation	10b 1,315,173	1,487,225	10c 1,454,392
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	60	15	60
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,994,806	16	1,898,339	
Liabilities	17 Accounts payable and accrued expenses	106,248	17	83,519
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	511,209	23	493,623
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	617,457	26	577,142
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,377,349	27	1,321,197
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,377,349	33	1,321,197	
34 Total liabilities and net assets/fund balances	1,994,806	34	1,898,339	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,470,830
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,526,982
3	Revenue less expenses Subtract line 2 from line 1	3	-56,152
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,377,349
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,321,197

Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED

Employer identification number

59-1715840

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11	Has the organization accepted a gift or contribution from any of the following persons?		
11a	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?		
11b	A family member of a person described in (a) above?		
11c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED
Employer identification number
59-1715840

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
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)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II 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) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		214,200		214,200
b Buildings		1,834,617	899,523	935,094
c Leasehold improvements				
d Equipment		271,481	257,938	13,543
e Other		449,267	157,712	291,555
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ▶				1,454,392

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,470,830
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,470,830
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
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	2,470,830

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,526,982
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,526,982
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,526,982

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND THEREFORE, HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE CENTER QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 (B) (1) (A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509 (A) (2). THERE ARE NO RESERVES HELD FOR UNCERTAIN TAX POSITIONS AT JUNE 30, 2016. TAX YEARS THAT ARE OPEN UNDER THE STATUTE OF LIMITATIONS REMAIN SUBJECT TO EXAMINATION BY THE IRS. THE CENTER IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2013.

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED	Employer identification number 59-1715840
---	--

Part I

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	YES	NO
1	Yes	

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

2	Yes	
----------	-----	--

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.

3	Yes	
----------	-----	--

4 Does the organization maintain the following?

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

5 Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

6a Does the organization receive any financial aid or assistance from a governmental agency?

6a	Yes	
-----------	-----	--

b Has the organization's right to such aid ever been revoked or suspended?

6b		No
-----------	--	----

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.

7	Yes	
----------	-----	--

Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
SCHEDULE E, LINE 6	THE ORGANIZATION RECEIVES FINANCIAL AID FROM SEVERAL GOVERNMENTAL AGENCIES TO HELP PEOPLE WITH DISABILITIES

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED	Employer identification number 59-1715840
---	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	TO PROVIDE SPECIALIZED ACADEMICS, VOCATIONAL TRAINING, AND EMPLOYMENT SERVICES TO ADULTS WITH DEVELOPMENTAL DISABILITIES, FOCUSING ON EACH PARTICIPANT'S ABILITIES AND CHOICES, MAXIMIZING THEIR POTENTIAL WHILE GUIDING THEM TOWARDS A PATH OF ACQUIRED SKILLS, SELF-DETERMINATION AND COMMUNITY INCLUSION
FORM 990, PAGE 2, PART III, LINE 4A	<p>1)CLIENT RECRUITMENT- ADE HAS AN EXCELLENT REPUTATION IN THE COMMUNITY BECAUSE OF THIS AND BECAUSE OF THE VARIETY OF VOCATIONAL TRAINING PROVIDED THE SUPPORT COORDINATORS ARE VERY INCLINED TO REFER CONSUMERS TO OUR AGENCY FOR THE PAST TWO YEARS THE STATE BUDGET FOR AGENCY FOR PERSONS WITH DISABILITIES HAS INCREASED APPROXIMATELY 100,000,000 THESE DOLLARS HAVE BEEN USED TO SERVE CONSUMERS THAT WERE ON THE MEDICAID WAIVER WAITLIST MANY OF THE CONSUMERS THAT WERE MADE A PRIORITY WERE CHILDREN OR CRITICAL CASES, SUBSEQUENTLY WE DID NOT RECEIVE AS MUCH ADDITIONAL EMPLOYMENT AS ANTICIPATED BUT WE DID RECEIVE SOME NEW SLOTS AND WE ARE VERY THANKFUL THAT THESE NEW CONSUMERS ARE NOW ENJOYING WELL DESERVED SERVICES ADE IS ONE OF THE FOREFRONT AGENCIES THAT LOBBIES TALLAHASSEE FOR THESE BUDGET ISSUES, SO WE WERE VERY PROUD WHEN THESE ADDITIONAL FUNDING PASSED HOUSE AND SENATE, SINCE WE HAVE ALWAYS BEEN A KEEPER OF NOT JUST OUR AGENCY BUT CONCERNED ABOUT ALL THE PERSONS WITH DEVELOPMENTAL DISABILITIES IN FLORIDA</p> <p>2)STAFF RECRUITMENT-UTILIZING THE CAREER BUILDING ADVERTISING TOOL THOUGHT THE MIAMI HERALD, AS WELL AS WORKING WITH AGENCIES SUCH AS SOUTH FLORIDA WORKFORCE-PROFESSIONAL PLACEMENT UNIT, JOBBING COM, AND HAVING A CONSTANT PRESENCE AT JOB/CAREER FAIRS, GIVES US AN ARRAY OF CHOICES TO EMPLOY THE BEST CANDIDATES POSSIBLE WITHIN OUR FIELD THE BETTER THE QUALITY OF THE STAFF THE MORE SUCCESS IN THE DELIVERY OF SERVICES</p> <p>3)STAFF DEVELOPMENT - ADE CONTINUES TO ENHANCE THE POTENTIAL OF THEIR STAFF THROUGH TRAININGS ESPECIALLY OUR DIRECT CARE STAFF IS GIVEN AN ASSORTMENT OF IN-SERVICE TRAININGS SUCH AS KNOWLEDGE OF DEVELOPMENTAL DISABILITIES, TOLERANCE, CPR, HIV, FIRST AID, BEHAVIOR MANAGEMENT, PAC, AND OTHERS</p> <p>4)EXCELLENT PROGRAMMING- A PROFICIENT, QUALIFIED STAFF UNDER THE GUIDANCE OF A VIGILANT MANAGEMENT ALLOWS US TO CONDUCT AN EXEMPLARY PROGRAM, WHICH ENHANCES OUR REPUTATION AND ENCOURAGES ADDITIONAL ENROLLMENT AND GROWTH DURING THE 2011FY ADE STARTED ITS "PROFESSIONAL CULINARY, BAKING AND RESTAURANT MAINTENANCE TRAINING PROGRAM" DURING 2013-14 WE EXPANDED OUR CLASSES, MAKING IT AVAILABLE TO ADDITIONAL STUDENTS PER CYCLE, AND EXPANDING ITS CURRICULUM THIS YEAR DURING OUR 2014-15 FISCAL YEAR, WE WERE ABLE TO PROCURE ADDITIONAL FUNDING FROM THE FLORIDA DEPARTMENT OF EDUCATION IN TALLAHASSEE, THOUGH A SPECIAL APPROPRIATION, WHICH HAS ALLOWED US TO EXPAND OUR PROGRAM EVEN FURTHER WE HAVE ADDED ON NEW CHEF POSITION, AND ARE SERVING ADDITIONAL CONSUMERS WE HAVE CONTINUED TO ADD A HIGHER LEVEL OF PROFICIENCY AND SOPHISTICATION TO OUR VOCATIONAL SKILLS TRAINING AREAS, AND ALSO PLACED A HIGH PRIORITY ON OUR COMMUNITY INCLUSION COMPONENT OF OUR ADULT DAY TRAINING PROGRAM ADDITIONALLY, WE CONTINUE TO OFFER OUR OTHER VOCATIONAL TRAINING AREAS, SUCH AS ART EXPRESSION, COSMETOLOGY, JEWELRY DESIGN, AN EXERCISE PROGRAM, CAR WASHING AND DETAILING, PACKAGING, BAGGING, COLLATING, CULINARY TRAINING AND BAKING, COMPUTER CLASSES, HORTICULTURE, MONEY BUDGETING, COMMUNITY AWARENESS, COMMUNITY MOBILITY, FIRST AIDE, AND INDEPENDENT LIVING PROFICIENCY, AND MANY OTHER SKILLS</p> <p>5)FISCAL MANAGEMENT - ADE'S EXECUTIVE DIRECTOR AND TOP MANAGEMENT STAFF CONTINUE TO OPERATE FOCUSING THE PRIORITIES TO CONSERVATION, SUSTAINABILITY, AND COMPARATIVE PROCUREMENT TO ENSURE THE MAXIMUM RESULTS OUT OF EVERY DOLLAR OF FUNDING RECEIVED OUR BILLING SPECIALIST KEEPS A MOST EFFICIENT CONTROL OF OUR COLLECTIONS IN REFERENCE TO OUR GENERAL REVENUE AND MEDICAID WAIVER STATE BILLING AS WELL, AS A COMMUNICATION LINE WITH ALL SUPPORT COORDINATORS TO ENSURE THAT ALL THE PROPER STATE AUTHORIZATIONS ARE CURRENT AND CORRECT TO ENSURE THAT ALL POSSIBLE COLLECTIONS ARE BILLED APPROPRIATELY AND REIMBURSED PROMPTLY</p> <p>6)BANKING RELATIONSHIPS - DURING THE LAST QUARTER OF 2008, AND EXTENDS TO THE PRESENT, ADE'S BOARD OF DIRECTORS AND MANAGEMENT OPTED TO DIVERSIFY ALL BANK ACCOUNTS, AND ASSETS AMONGST THREE ALTERNATIVE BANKS THIS ENSURED THAT THE REVENUES COLLECTED THROUGH OUR MULTIPLE FUNDING SOURCES BE GUARANTEED BY FDIC WITHIN THEIR GUIDELINES AND LIMITS OUR FISCAL DEPARTMENT MONITORS THE STATUS OF ALL BANKS WE HAVE PROFESSIONAL RELATIONSHIPS WITH ON A MONTHLY BASIS AS WE REALIZED THAT THE HEALTH OF GREAT FLORIDA BANK DETERIORATED, WE MADE THE DECISION TO TRANSFER ALL OUR MAJOR OPERATIONAL ACCOUNTS TO JGBBANK HOWEVER WE STILL HOLDS THE MORTGAGE FINANCING FOR OUR HIALEAH BRANCH AT JGBBANK SUN STATE BANK HOLDS OUR NORTH AND SOUTH MORTGAGE ADE ALSO, HAS AN ACTIVE CREDIT LINE APPROVED UP TO 100,000 WITH SUN STATE BANK ADDITIONALLY, ADE HAS A MONEY MARKET ACCOUNT IN THE SUM OF 100,000 DEPOSITED AT SUNTRUST BANK</p> <p>7) GUIDING THE AGENCY THROUGH DIFFICULT TIMES - AS REPORTED IN PREVIOUS RECENT YEARS, ADE SUFFERED AN 8% REDUCTION IN MEDICAID WAIVER REIMBURSEMENT RATES ADDITIONALLY, THE AGENCY FOR PERSONS WITH DISABILITIES IMPLEMENTED THE "I BUDGET", WHICH REDUCED THE ANNUAL DAYS OF SERVICES FOR PART OF OUR CLIENTELE THE PROCESS WAS STOPPED FOR A FEW MONTHS BECAUSE OF LITIGATION, BUT THE COURTS OPTED IN FAVOR OF THE I BUDGET DUE TO ADE HAVING A HEALTHY AMOUNT OF REVENUE IN RESERVE, COUPLED BY AN ARDUOUS AND SKILLFUL JOB IN WORKING WITH STATE AND LOCAL FUNDING SOURCES, WE HAVE BEEN ABLE TO WITHSTAND RECENT CUTS WITHOUT MAJOR HURDLES HOWEVER, IT DID TAKE SOME PAINS TAKING DECISIONS, SUCH AS ELIMINATING OR REDUCING SOME POSITIONS THE LAST SALARY INCREASE WAS GIVEN IN 2012, UNFORTUNATELY WE DID NOT HAVE SUFFICIENT REVENUE THIS YEAR TO APPROVE SALARY INCREASES IT IS OUR GOAL FOR 2015-2016 TO PROVIDE A SALARY INCREASE TO ALL PERSONNEL WE CONTINUE TO APPROACHED ALL VENDORS FOR POSSIBLE REDUCTION IN PRICING, AND IMPOSED A STRICTER AND MORE THOROUGH PROCUREMENT PROCESS TO MAKE SURE WE ARE GETTING THE BEST FOR OUR DOLLAR B)WORKED CLOSELY WITH OUR INSURANCE AGENTS, BEING THAT IS ONE OF THE AGENCIES HIGHEST EXPENSES, TO REDUCE THE COST ON POLICIES WHILE KEEPING THE PRUDENT AND REQUIRED COVERAGE C)ALL PERSONNEL WERE ADVISED TO BE FRUGAL IN AREAS FROM OFFICE SUPPLIES, EDUCATIONAL SUPPLIES, JANITORIAL MAINTENANCE SUPPLIES, ETC D)INVOLVING THE STAFF WITH A SENSE OF UNITY DURING HARD TIMES WAS SOMETHING WE APPROACHED WITH A LOT OF DIPLOMACY, AND AVOIDING A SENSE OF UNCERTAINTY AT ALL COST HOWEVER, IT WAS NECESSARY FOR ALL STAFF TO COMPREHEND THE REALITY THAT WE ARE LIVING IN A TIME OF CONSERVATION AND WE HAVE GIVEN THEM THE TOOLS TO BE PART OF THE SOLUTION AND NOT PART OF THE PROBLEM</p> <p>8)ALTERNATIVE FUNDING SOURCES IN ADDITION, TO THE PREVIOUSLY DESCRIBED FUNDING OPPORTUNITIES ADE HAS ENJOYED FOR MANY YEARS, WHICH HAVE BEEN EXCEPTIONALLY DIFFICULT AND COMPETITIVE TO MAINTAIN AT THE SAME LEVEL OR TO HAND ON TO AT ALL ADE CONTINUES TO PROCURE ALTERNATIVE GRANTS AND FUNDING SOURCES, AS WELL AS PRIVATE DONATIONS</p> <p>9)MILESTONES 1)ADE RECEIVED A 200,000 SPECIAL APPROPRIATION FROM THE TALLAHASSEE 2015- 16 LEGISLATIVE BUDGET PROCESS TO RUN THE PROFESSIONAL TRAINING KITCHEN PROJECT 2)THE CULINARY TRAINING PROGRAM WAS AUGMENTED, NOW CONSISTING OF ONE HEAD CHEF/INSTRUCTOR, ONE ASSISTANT CHEF/INSTRUCTOR AND ONE VOCATIONAL SKILLS TRAINER 3)TWO ADDITIONAL MIAMI DADE COUNTY INSTRUCTORS WERE ASSIGNED TO ADE MIDTOWN, AT NO COST TO ADE 4)ADE RECEIVED 19,000 FROM MAYOR TOMAS REGALADO, CITY OF MIAMI-POVERTY INITIATIVE 5)THE ORTEGA FOUNDATION DONATED 10,000, AND ACCEPTED ADE AS ONE OF THEIR ANNUAL BENEFACTORS 6)ADE HIALEAH COMPLETED THEIR EXTERIOR RENOVATION PROJECT 7)ADE RECEIVED 97% COMPLIANCE FROM THE AGENCY FOR PERSONS WITH DISABILITIES 8)ADE RECEIVED 100% COMPLIANCE FROM METRO OFFICE OF MANAGEMENT AND BUDGET 9)ADE RECEIVED 100% COMPLIANCE FROM THE CITY OF MIAMI 10)ADE RECEIVED 10,000 FROM METRO CDBG PUBLIC SERVICE ADE'S BOARD OF DIRECTORS AND MANAGEMENT STAFF CONTINUE TO DEMAND ENHANCEMENT IN DEVELOPMENT, GOVERNANCE, AND EDUCATIONAL AREAS SO OUR ACCOMPLISHMENTS DURING THE NEXT YEAR SUPERSEDE THE ACHIEVEMENTS OF TODAY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	AN OFFICER OF THE ORGANIZATION WILL EXAMINE THE RETURN AND THE ACCOMPANYING SCHEDULES PRIOR TO FILING THE RETURN
FORM 990, PAGE 6, PART VI, LINE 15A	BOARD OF DIRECTORS REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	BOARD OF DIRECTORS REVIEW AND APPROVE THE OTHER OFFICER OR KEY EMPLOYEE'S COMPENSATION
FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST