Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

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. m 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

partment	of the Tr	reasury	▶ Information al	bout Form 990 and its instructions	is at www.irs	.gov/for	m990.		, 20	<u> </u>
ernal Rev	enue Se		an tax year beginning		, 2015, an	d ending	g		Employer ident	rification no.
			C Name of organization Institu	te of the Black World 2	1st C				0-016689	
1	if applic		Doing business as				50		Telephone num	
i	ss chang		Number and street (or P.O. box if ma	ail is not delivered to street address)		Roo	om/suite		718) 429 -	
-	change		31-35 95th Street					- 1	178,	
Initial			City or town, state or province, coun	and ZIP or foreign postal code						
Final	return/tei	rminated	East Elmhurst, NY	11369-1745				G	Gross receipts	ò
Amen	ded retu	ırn					U(a) le this a	aroup return	for \Box	TZ]
Applic	cation pe	ending	F Name and address of principal office	er. Kon Ban-0/			H(a) Is this a subordii	nates?	Π,	Yes X No
			Same as C above	(insert no.) 4947(a)(1) or	527		H(b) Are all s	subordinates	included?	Yes No
Tax-e	exempt s		301(0)(3)	(insert no.) 4947(a)(1) or			H(c) Group	exemption nu	mber >	
	site: 🕨		w.ibw21.org		L Year of formation	on: 200'	7 M St	tate of legal d	domicile: NY	
Form	of organ	nization: X	Corporation Trust Associate	tion other p		60				
Part I		Summa	rv	The	institut	e of t	the Blac	ck Worl	d 21st (Century
	1 B	riefly desc	ribe the organization's mission	o,	i- the II	g to	work fo	or the	social,	
	i	s comm:	itted to the capacit	ry of Black communities	III the o.	t of	the glo	bal Bla	ack comm	unity
Activities & Governance		7 1 1 2	-1 oconomic and cul	tural upilitment, the	TC. CT. F	it or	one gara			
nar										
Ver	2	heck this	hox ▶ ☐ if the organization dis	scontinued its operations of disposed	of more areas	25% 0110	S Het asset	. 3		14
9				body (Dort VI line 13)	the court of the court of the court of					14
ంర				f the governing hody (Part VI, IIIIE IV)			5		0
ies	4 1	Tatal sumb	or of individuals employed in Ca	alendar year 2015 (Part V, IIIIe 2a)		50 30 UNA 99		10000		10
Ξ			/ 1: -1- !f ====			\$1, 12 OU 20				0
Act	6 7	Total numb	er of volunteers (estimate in rice	art VIII, column (C), line 12				. 7a		
	7a T	Total unrel	ated business revenue from that ted business taxable income fro	om Form 990-T. line 34				7b		
	b N	Net unrelat	ted business taxable income no	Sill I Olli GGC 1, sara			Prior Ye	ear	Currer	
			- 12 AU Par 4h					242,753	\$	178,668
	8 (Contributio	ons and grants (Part VIII, line In	1)						0
ne	9	Program s	ervice revenue (Part VIII, line 2	2g)				29	3	37
Revenue	10	Investmen	t income (Part VIII, column (A),	, lines 3, 4, and 7d)						0
Re	11	Other reve	enue (Part VIII, column (A), lines	s 5, 6d, 8c, 9c, 10c, and 11e)	12)			242,783	2	178,705
			and lines 8 through 11 (m	nust equal Part VIII, column (A), line	12)					0
11	1		1 ' Ilar amounto paid (Part IX	column (A), lines 1-3) · · · · ·						0
	2000		is to as for mombers (Part IX	column (A), line 4)						0
	10000		War assessment employee	benefits (Part IX, column (A), lines of	-10)					0
es	162	Profession	nal fundraising fees (Part IX, co	olumn (A), line 11e)						
Expenses	9		Line avanced (Part IX colu	ımn (1)), line 25) 🕨	100	- 2000		203,85	a	269,037
χĎ	4-7	Otherove	conses (Part IX, column (A), line	es 11a-11d, 11f-24e)		· · ·				269,037
ш		The second second	Add lines 13-17 (must e	egual Part IX, column (A), line 23)				203,85		(90,332
	18	Davis	loss expenses Subtract line 1	8 from line 12				38,92		of Year
	19	Revenue	less expenses. Cabildot			E	Beginning of C		-	66,868
Net Assets or Fund Balances	r conscious		(Det Viling 16)					154,36		5,000
ssets	20	Total ass	ets (Part X, line 10)					5,00		
nd E	21	Total liab	ilities (Part X, line 20)	ine 21 from line 20				149,36	55	61,868
	22									
Pa	rt II	Signa	ature Block	n, including accompanying schedules and state er) is based on all information of which prepare	ments, and to the b	est of my k	nowledge and	belief, it is		
Under	penaltie	es of perjury,	I declare that I have examined this return Declaration of preparer (other than offic-	n, including accompanying schedules and state er) is based on all information of which prepare	r has any knowledg	ge.				
true, c	orrect, a	T Complete.	Decidiation of property							
			onald Daniels, PHD					Da	ate	
Sig	n	Sig	gnature of officer							
Her	e	Ro	onald Daniels, PHD,	Exective Director						
		Ту	pe or print name and title		Data		01-	eck X if	PTIN	
200	100	P	pe preparer's name	Preparer's signature	Date			100	P0064	7709
De:	d	1000	or L Arce		02-02-	2017	T	-employed	10001	
Pai			ATT ADOTE	CPA & CO			Firm's EIN	•		
	pare	3//	00 F	klin Street			Phone no.		<u> </u>	•
Us	e Onl	IY Firm's a		lle NJ 07109				973-	-751-707	
	Chron									Yes X No
May	the IF	RS discuss	s this return with the preparer sh	nown above: (see instructions)					F	orm 990 (2015

30-0166895

orm 9	90 (2015) Institute of the Black World 21st C			
Part		T	Yes	No
1 1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	X	
	Ista Cabadula A	2		X
	Schedule of Contributors (see Instructions):			
		3		X
	* III rs - 2 If "Vee " complete Schedule (PAIT I			
1	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section of the	4		X
	man the tay year? If "Ves " complete Schedule U, Pall II			
1 <u>00</u> 1	501(c)(4), 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	as a serior or similar amounts as defined in Revenue Procedure 98-19? If Tes, complete conductors,	5		X
	B-4W			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	the sight to provide advice on the distribution or investment of amounts in such furius of accounts in	6		X
	W. Warmelete Schodule D. Part I			
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	bistoric land creas or historic structures? If "Yes," complete Scriedule D, Fait II	-		
8	Bit III association registration projections of works of art, historical treasures, or other similar assets: if 165,	8		X
	LL O-badula D. Bort III			
9	Pi Liti appropriation 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, discinctopally a	9		X
	debt population services? If "Yes." complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		X
	law reachts permanent endowments or quasi-endowments? If "Yes," complete Scriedule D, Fait V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
885	AUL VIII IV or V or applicable		3 0000000	-00000000000000000000000000000000000000
а	Bit the expeniention report an amount for land, buildings, and equipment in Part X, line 10.2 If Yes,	11a		X
	L. O hadde D. Bort VI	Ha		
h	the investments other securities in Part X. line 12 that is 5 % of more	11b		X
	till 1 I I I I I I I I I I I I I I I I I I	110	+	+
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5 % or more	11c		X
·	civil to be a separated in Part Y. line 162 If "Yes," complete Schedule D, Part VIII	110		
d	to other accets in Part X line 15 that is 5% or more of its total assets	11d		X
	LIND AV line 162 If "Voc." complete Schedule D. Part IX	11e		X
	an amount for other liabilities in Part X, line 25? If "Yes, complete schedule 5,1 arx	116		- 21
f	the state of a specificated financial statements for the tax year include a look lote that dudi occur	115		X
	to the billion of the proportion by positions under FIN 48 (ASC 740)? If Test, complete ochoods 5,7 and	11f	-	- 21
12a		42.		X
120	a L. L. D. Deste VI and VII	128	1	21
b		1		X
	"Yes," and if the organization answered "No" to line 12a, then completing Scriedule D, Falts XI and XII to option.	121		X
13	le the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule L	20.00		X
14a	Bid the expanization maintain an office employees, or agents outside of the United States:	14	a	- 21
b	Did the erganization have addredate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the Office States, or aggregate	١,,		X
	two-retained at \$100,000 or more? If "Yes," complete Schedule F, Parts Failury	14	Ю	- 21
45	(A) line 2 more than \$5 (00) of drants of other assistance to of		_	X
15	Complete Schedule F, Parts II and IV	1	5	^_
40	D LIVlump (A) line 3 more than \$5 (IIII) of addregate grants of other	- 1	_	X
16	the er for foreign individuals? If "Yes " complete Schedule F, Parts III and IV	. 1	O	- A
47	total of more than \$15,000 of expenses for professional fundraising services on	- 1	7	X
17	Bart IV, salumn (A) lines 6 and 11e? If "Yes." complete Schedule G, Part I (see instructions)	. 1	/	$ \frac{\lambda}{\lambda}$
	At 000 total of fundraiging avant gross income dilu contributions on			37
18	B. W. W. France 10 and 822 If "Ves." complete Schedule G. Part II	. 1	8	X
44		1		77
19	If "Yes," complete Schedule G, Part III	1	9	X
	IT res, complete schedule 5,1 arm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F	orm 9	90 (2015

Checklist of Required Schedules (continued) Part IV Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 employees? If "Yes," complete Schedule J X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 38

	90 (2015) Institute of the Black World 21st C	30-0166895	Page 5
	- U. Other IDC Filings and Tay Compliance		
Part	Check if Schedule O contains a response or note to any line in this Part V		· · ·
	Check if Schedule O contains a response of note to any man		Yes No
	1 dia Roy 3 of Form 1006. Enter -0- if not applicable	5	
1a	Enter the number reported in Box 3 of Form 1030. Lines of minor approximation	O O	
b	Cater the number of Forms W-ZG INCHUEU III III to 10. Lincol of 11.11		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a	d	
	ci i (ill- selender voor ending With of Willill IIIE Vedi covered b) and issue	2b	X
b	Statements, filed for the calcular year ending warrior manual required federal employment tax returns? If at least one is reported on line 2a, did the organization file all required to e-file (see instructions)		
	to the sum of lines 1a and 2a is greater than 250, you may be required to e-file (300 inclusions)	3a	X
10000	The state have unrelated husiness gross income of \$1,000 or more during the year.		
	u. ci. i. E 000 T for this year? It "NO" to line 30, provide an explanation in contents		
4a	the adopter year did the organization have an interest in, or a signature or other datasety		
	At any time during the calendar year, all the organization over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	X
	account)?		
b	the second of th		
	If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
	(FDAD)	5.	a X
E	to a substitute tox shelter transaction at any time during the lax year:		37
5a	The standard profit the organization that it was or is a party to a prohibited tax sheller transaction.	5	
b	KINAIII- line 50 or 5h did the organization file Form 8880-1?	50	3
С	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		a X
6a	" 'I was antibutions that were not tax deductible as charitable contributions:	6	a A
-	organization solicit any contributions that were not tak decessary or statement that such contributions or If "Yes," did the organization include with every solicitation an express statement that such contributions or		.
b	gifts were not tax deductible?	6	b
	Organizations that may receive deductible contributions under section 170(c).		
7	Organizations that may receive deductible continuation and partly for goods Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		77
а			'a X
	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b
b	If "Yes," did the organization notify the dorlor of the value of the geode of the personal property for which it was Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
С	Did the organization sell, exchange, or otherwise dispose of tanging parents. required to file Form 8282?		7c X
	required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.		7e X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7f X
f	Did the organization receive any foliation with the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	uired? 7	7g X
g	Did the organization, during the year, pay premiums, directly of indirectly, and the organization file Form 8899 as required the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?		7h X
h	If the organization received a contribution of qualified interior and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		8 X
	sponsoring organization have excess business holdings at any time darmy are years		
9	Sponsoring organizations maintaining donor advised funds.		9a X
а	Bit the engaging organization make any taxable distributions under section 4900:		9b X
b	and a distribution to a donor, donor advisor, or related person:		
10	a (i = 504(a)(7) organizations Enter		
а	with the second contributions included on Part VIII, line 12		
t	individed on Form 900 Part VIII line 12, for public use of club lacilities		
11	o (; F04/a)(42) organizations Enter		
	Gross income from members or shareholders		
ة ا	o in the from other sources (Do not net amounts due or paid to other sources		
,	from thom		40-
	2 40 47(-)(4) non-exempt charitable trusts. Is the organization filing Form 990 in field of Form 1990		12a
12	to the amount of tay exempt interest received or accrued during the year		
	b If "Yes," enter the amount of tax-exempt interest received of decided and of the state of the		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a
	- In the organization licensed to ISSUE Qualified fleatin plans in more than one		
	Note. See the instructions for additional information the organization must report on Schedule O.		
	b Enter the amount of reserves the organization is required to maintain by the states in which the exemplation is licensed to issue qualified health plans		
	the organization is licensed to issue qualified health plans		
	c Enter the amount of reserves on hand		14a
14			14b
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Form 990 (20

orm (990 (2015) Institute of the Black World 21st C	30-016689		Page	<u> </u>
Part	Governance Management and Disclosure For each "Yes" response to lines 2 through 7b below	ow, and for a "N	о"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	ilisu ucuona.		🛚	7
	Check if Schedule O contains a response or note to any line in this Part VI			🗵	<u> </u>
ect	ion A. Governing Body and Management				-
				Yes N	No.
1a	Enter the number of voting members of the governing body at the end of the tax year	14			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	14			900000
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				v
	any other officer, director, trustee, or key employee?	-	2	-	<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct				v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		<u>X</u>
6	Did the organization have members or stockholders?		6		Δ_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_		X
	one or more members of the governing body?		7a		Λ_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		71.	1 3	X
-	stockholders or persons other than the governing body?		7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
ā	the year by the following:		0-	Х	3333333
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Λ	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				Χ
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
			100	res	X
10a	Did the organization have local chapters, branches, or affiliates?		10a		21
b	If "Yes " did the organization have written policies and procedures governing the activities of such chapters,		10b		
	offiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before tilling the	TOTTI ?	IIa	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a		Χ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	conflicts?	12b		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	Cormicis	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? IT Yes,		12c		
	describe in Schedule O how this was done		13		X
13	Did the organization have a written whistleblower policy?		14		X
14	Did the organization have a written document retention and destruction policy?		1-4		
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?		15a	Х	000000000000000000000000000000000000000
a	The organization's CEO, Executive Director, or top management official		15b	X	
b	Other officers or key employees of the organization				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		16a	0 0000000000000000000000000000000000000	Χ
	with a taxable entity during the year?				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		16b		300000000000000000000000000000000000000
	organization's exempt status with respect to such arrangements?		100		
Se	ection C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed DC NY	V3)s only)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (Section 501)	Male of the			
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Uther (explain in Scriedule O)	noliny and			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, and			
	financial statements available to the public during the tax year.				
20	State the name address, and telephone number of the person who possesses the organization's books and records	s: ► v 11369-17	45		
	Mary Francis Daniels (718)429-1415, 31-35 95th Street, East Elmhurst, N	. 11303-17	For	m 990 ((2015)

Institute of the Black World 21st C Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Form 990 (2015) Part VII Independent Contractors

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

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

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

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

Check this box if neither the organization nor any re	elated organization	comp	ensa	tea a	arry	Julien	UII	1001, 4			
Check this box it fieldler the organization has any				(C	()						
	(D)			Posi				(D)	(E)	(F)	
(A)	(B)	(do n	ot che	ck mo	ore tha	an one		Reportable	Reportable	Estimated	
Name and Title	Average	box,	unless	s pers	on is	both an trustee)		compensation	compensation from	amount of other	
	hours per week (list any	OHICE	er ariu	a univ	301017			from	related organizations	compensation	
	hours for	0 =	=	0	7	の エ	77	the organization	(W-2/1099-MISC)	from the	
	related organizations	divi	stitu	Officer	еу е	ghe	Former	(W-2/1099-MISC)		organization and related	
(4)	below dotted	dual	tion		Key employee	st co	7	*		organizations	
	line)	Individual trustee or director	Institutional trus		yee	Highest compensated employee					
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1) Ron Daniels, PHD	10.00_			v					0		0
President				X							
2) Mary Francis Daniels	10.00_			v					d)	0
Secretary			-	X			-				
3) Richard Adams	2.00			v					d		0
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(4) Richard Jones, PHD	10.00			7.7					d	0	0
Treasurer			-	X	-		+				
(5) Kareem Aziz	2.00								1	0	C
Director			+	X	-	-	-		1		
(6) Rev Shirley Gravely Currie	2.00			_	_				d	0	C
Director			+	Σ	_	-	+-				
(7) Rev Afiya Diane Dawson	2.00			١,	,				d	0	(
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(8) Lenard Dunston	2.00			,	,				d	0	(
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(9) Harris Floyd	2.00	-		١,	.,				d	0	
Director			_		X	-	+				
(10)Hulbert James	2.00	-		١.	5.7				d	0	
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(11)Dr Jemadari Kamara	2.00	_			3.7				d	0	
Director		4-	_	-	X		+		<u> </u>		
(12)Yvette Modestin	2.00	_			3.7				d	0	
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(13)Jacdui Patterson	2.00)_			37				d	0	
Director	V 500 HILLS		+	+	X		+		1	4450	
(14)Don Rojas	2.00)_			37				o	0	
Director	1-2				X					Form 990 ((20)

Page 8

Name and title Aperican Aperi	m 990 (2015) Institute of the B	Lack Worl	es ar	d Hi	ahes	t C	ompe	nsa	ted Employees (continued)	
A Name and Bio Name Process	art VII	Section A. Officers, Directors, Trustees,	Key Employe	, co, u		(C)					W1000	(5)
Name and life Authors			(B)			osition		2.000				2028
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individual	4											
individual		organization and related organizations greater t	nan \$ 150,000	: U 1	, C	Jinp						. 4 X
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	_	received more than \$100,000 of compensation	n from the org	anizati	on	>						Form 990 (201

30-0166895 Page 9 Institute of the Black World 21st C Form 990 (2015) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) Revenue excluded from tax under sections 512-514 Unrelated Related or Total revenue business exempt function revenue 1a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b 1c Fundraising events C 1d Related organizations 178,668 1e e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ 178,668 **Business Code** Program Service Revenue 2a b f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 37 Income from investment of tax-exempt bond proceeds (ii) Personal 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . (i) Securities 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8a Gross income from fundraising Other Revenue 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 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

e Total. Add lines 11a-11d

37

178,705

Form 990 (2015) Part IX Statement of Functional Expenses

Part IX	Statement of	Functional Expenses	Lumpa All other organiza	ations must complete column (A).	
Section 501(c)(3) and 501(c)(4) o	rganizations must complete all co	lumins. All other organiza	ations must complete column (A).	
			ny line in this Part IX		_

100	Check if Schedule O contains a response or note to any	(**)	(B) Program service	(C) Management and	(D) Fundraising
o not	include amounts reported on lines 6b, 7b,	Total expenses	expenses	general expenses	expenses
, 9b,	and 10b of Part VIII.				
G	Frants and other assistance to domestic organizations				
а	nd domestic governments. See Factor, mis-				
2	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
C	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16				
4 I	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
1	trustees, and key employees				
6	Compensation not included above, to disqualified				
2	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		-		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		89,008		
a	Management	89,008	89,000		
b	Legal		2 563		
C	Accounting	3,563	3,563		
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				****
e	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25, column		•		
g	(A) amount, list line 11g expenses on Schedule O.)				
40	Advertising and promotion	2,400			
12	Office expenses	12,131	12,13	1.	
13	Information technology				
14	Royalties				
15	Occupancy				
16	Travel	109,653	109,65	3	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	27,65	27,65	0	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	2,65	1 2,6	51	
	Bank Charges	3,16			
i	Donations	96	2	69	
	c Meals and Entertainment	_	, ,	80	
	d Repairs and Maintenance	17 6	,,,	HI COLD II	
	e All other expenses	17,60			0
25	Total functional expenses. Add lines 1 through 24e .	269,0	209,0	31	
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 following SOP 98-2 (ASC 958-720) if if				Form 990 (20

Balance Sheet

Part X Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 66,868 1 154,365 Cash - non-interest-bearing 1 2 2 3 3 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 6 organizations (see instructions). Complete Part II of Schedule L 7 7 8 8 9 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D | 10a 10c 10b Less: accumulated depreciation b 11 11 12 12 13 13 14 14 15 15 66,868 16 154,365 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 5,000 22 5,000 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 5,000 5,000 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 61,868 4,365 27 145,000 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🗌 and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 61,868 149,365 33 33 66,868 34 154,365 Form 990 (2015)

Par	Reconciliation of Net Assets				
P	Check if Schedule O contains a response or note to any line in this Part XI	1	1'	78,7	05
1	Total revenue (must equal Part VIII, column (A), line 12)	2		69,0	(4) (4) (4) (4) (4)
2	Total expenses (must equal Part IX, column (A), line 25)	3		90,3	
3	Revenue less expenses. Subtract line 2 from line 1	4		49,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		17,5	05
5	Net unrealized gains (losses) on investments	6			
6	Donated services and use of facilities	7			
7	Investment expenses	8		2,8	35
8	Prior period adjustments	9		2,0	0
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	40		61,8	60
	33, column (B))	10		01,0	00
Pai	t XII Financial Statements and Reporting				
l	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
				Tes	- NO
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 📗 Other	-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		2a	X	800000000
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Za	22	
	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:				
			26		X
b	Were the organization's financial statements audited by an independent accountant?		2b		
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		20		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	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		0-		
	the Single Audit Act and OMB Circular A-133?		3a		-
Ł	o If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the		61		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			gan (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

		Tide Service					Employer identification	III IIdilibet
		organization					30-0166895	
ıst	iti	rte of the Black World 21s Reason for Public Charity	Status (All orga	nizations must con	nolete th	is part.)	See instructions.	
art		Reason for Public Charity	status (All Orga	through 11 check only	one box.)			
ne or	gar	ization is not a private foundation becau-	se it is: (For lines i	es described in section	170(b)(1)(A)(i).		
		A church, convention of churches, or as	Sociation of Church	redule E (Form 990 or 90	90-FZ).)	-/(/		
2		A school described in section 170(b)(1)	(A)(II). (Attach Sci	parihad in section 170(b)(1)(A)(iii)			
3		A hospital or a cooperative hospital sen A medical research organization operat	rice organization de	ith a bosnital described i	n section	170(b)(1)(A)(iii). Enter the	
1			ed in conjunction w	illi a nospital described i				
	_	hospital's name, city, and state: An organization operated for the benefit	fllego or univ	vorsity owned or operate	d by a gov	ernmental	unit described in	
5		An organization operated for the benefit	of a college of unit	versity owned or operate	a 2) = 3-	C-10000199320191099409		
		section 170(b)(1)(A)(iv). (Complete Pa	IT II.)	described in section 170)(b)(1)(A)(v	/).		
6		A federal, state, or local government or An organization that normally receives	governmental unit	fite support from a gove	rnmental u	nit or from	the general public	
7		An organization that normally receives	a substantiai part II.)	i its support from a gove	Time Treat			
	_	described in section 170(b)(1)(A)(vi).	Complete Part II.)	Complete Part II)				
8	Ц	A community trust described in section An organization that normally receives:	(4) then 22.1	/3% of its sunnort from (contribution	s, membe	rship fees, and gross	
9	X	An organization that normally receives:	(1) more trian 33 1	hiest to certain exception	ns. and (2)	no more th	an 33 1/3% of its	
		receipts from activities related to its existing support from gross investment income	empt juricuons - Su	ness taxable income (les	ss section 5	511 tax) fro	om businesses	
		support from gross investment income	and unrelated busi	tion 509(a)(2). (Comple	te Part III.)	1		
		acquired by the organization after June	30, 1975. See se	et for public safety. See s	section 509	a)(4).		
0	Ц	An organization organized and operate An organization organized and operate	d ovelucively for th	e benefit of, to perform to	ne iuricuori	5 01, 01 10	carry out the purposes	s of
1		An organization organized and operate one or more publicly supported organized	vations described in	section 509(a)(1) or se	ection 509(a)(2). See	section 509(a)(3). C	heck
		the box in lines 11a through 11d that d	oscribes the type o	f supporting organization	and comp	lete lines	11e, 11f, and 11g.	
		Type I. A supporting organization	operated supervise	ed or controlled by its su	ipported or	ganization	(s), typically by giving	
	a	the supported organization(s) the	nower to regularly a	appoint or elect a majorit	y of the dire	ectors or tr	ustees of the supporti	ng
		organization. You must complete	Dart IV Sections	A and B.	•			
	1729	Type II. A supporting organization	supervised or con	trolled in connection with	its suppor	ted organiz	zation(s), by having	
	b	control or management of the sup	nortina organization	vested in the same per	sons that c	ontrol or n	nanage the supported	
		ti(a) Vou must comp	ote Part IV Section	ns A and C.				
		Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	, and funct	ionally integrated with	l,
	С	"	instructions) You	must complete Part IV	, Sections	A, D, and	— •	
		- War functionally intogra	ated A supporting	organization operated in	connection	WILLI ILS SI	apported organization.	(s)
	d	that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution r	equiremer	nt and an attentivenes	S
		Vegetalent (see instructions) Ve	ou must complete	Part IV. Sections A and	d D, and P	art v.		
	_	Objects this boy if the organization	received a written	determination from the II	RS that it is	a Type I,	Type II, Type III	
	е	functionally integrated, or Type III	non-functionally in	tegrated supporting orga	nization.			
		Landaumantal argani						
	f	Deside the following information about						
	9	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of other support (see
		(i) Name of supported organization		(described on lines 1-9	listed in you docum	ur governing nent?	support (see instructions)	instructions)
				above (see instructions))			30.2.5643.37403.4.1632.5770.653.4.7559	
					Yes	No		
-								
(A)								
35								
(B)								
(C)								
-								
(D)							-	
(E)								
1								
To	tel							

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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support			1 1 0010	(4) 2014	(e) 2015	(f) Total
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(6) 2010	(4)
r	Gifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
(Fax revenues levied for the organization's benefit and either paid o or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 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						
	ion B. Total Support				1 1 2 2 2 1	(2) 2015	(f) Total
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(i) rotar
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 aumort Add lines 7 through 10					40	
12	Cross receipts from related activities, etc.	(see instructions)				. 12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	organization's firs	t, second, third, fou	uth or fifth tay VAS	r as a section bull	(3)	▶□
Sec	4: C Computation of Public S	linnon Perce	niage				%
14	Public support percentage for 2015 (line 6	, column (f) divide	d by line 11, colum	п (т))		. 15	%
15	Public support percentage for 2014 Sch	edule A, Part II, lin	e 14		2 1/20/ or more chi		
16a	33 1/3% support test - 2015. If the organ	ization did not che	ck the box on line	13, and line 14 is 3	3 1/3 /0 01 111016, 011		▶ □
	The organization dua	lifies as a publicly	supported organiza	ation			
b	22 1/3% support test - 2014. If the organ	ization did not che	ck a box on line 13	or Toa, and line i	J 1/3 /0 OF THO	c, 	▶ □
	the organ	ization qualifies as	a publicly support	ed organization			
17a	took to the and almountaneous tost - 20	15 If the organizat	ion did not check a	DOX OIT THE 13, TO	od, or rob, and line	in in	
ocoalia.	1 :f the examination mod	te the "facts-and-c	ircumstances" test	t, check this box at	id Stop here. Expid		
		acts and circumsts	ances" test. The Of	danization qualifie	s as a publicly supp	Oitoa	
	10						
b	400/ facts and aircumstances test = 20	14. If the organiza	tion did not check a	a box on line 13, 10	Ja, TOD, OF Tra, and	line	
L		moets the "facts-	and-circumstance	s" test, check this i	Jox and Stop nere.		
		anto the "facte an	d_circumstances 1	est. The organizat	on qualifico do a pa	blicly	. —
	· · · · · · · · · · · · · · · · · · ·					15 N 05 N	
46		lid not check a hox	on line 13, 16a, 1	bb. 17a, or 17b, cm	ECK fills poy and so	O .	_
18	instructions						🕨
	instructions					Schedule A (Fo	rm 990 or 990-EZ) 201

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

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

	If the organization falls to qu	ally under the t	.6313 113164 561	ow, picture			
Sect	ion A. Public Support		(h) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(6) 2010	(-)		
1 0	Sifts, grants, contributions, and membership fees	150	300,467	183,714	242,782	178,668	1,137,797
п	eceived. (Do not include any "unusual grants.")	232,166	300,407	103//12			
2 (Gross receipts from admissions, merchandise						
5	old or services performed, or facilities urnished in any activity that is related to the						
(organization's tax-exempt purpose						
	Gross receipts from activities that are not an						
3 (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						
	to of experience on the service						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					150 666	1,137,797
	Total. Add lines 1 through 5	232,166	300,467	183,714	242,782	178,668	1,137,737
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
2	Add lines 7a and 7b						8
C							1 127 707
8	Public support. (Subtract line 7c from line 6.)						1,137,797
500	ction B. Total Support	1					(5) Total
Sec	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		300,46	183,714	242,782	178,66	8 1,137,797
9							
10a	Gross income from interest, dividends,						195
	payments received on securities loans, rents, royalties and income from similar sources	59	3	0 40	29	3	195
	royaliles and income non similar oscioos				20		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						105
	: Add lines 10a and 10b		3	0 40	29	3	195
c							
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	K					
12	Other income. Do not include gain or	110					
	loss from the sale of capital assets (Explain in Part VI.)						
						400000000000000000000000000000000000000	
13	Total support. (Add lines 9, 10c, 11,	232,225	300,49	183,75	4 242,81	1 178,7	05 1,137,99
	and 12.)		I think faire	th or fifth tay year a	s a section 501(c)	(3)	
14	First five years. If the Form 990 is for the organization, check this box and stop here	organization s ilist, s			* 141 * (*) * <u>(*) * (*) * (*) *</u>		<u>▶ □</u>
_	u o o	Sunnort Percen	rade				10 No. 10
	D. I. I'm and percentage for 2015 (line 8	column (f) divided b	by line 13, column	(f))	9 2 2 2 2 4 2 4 2	15	99.98 %
15	1 2011 Scho	edule A. Part III, line	15			16	99.00
16	ection D. Computation of Investm	ent Income Pe	rcentage				0.00
- A-1000		ine 10c, column (f) d	ivided by line 13,	\ //			0.00
17	1 to ant income percentage from 2014	Schedule A. Part III.	, line 1/				0.02
18		and the second s	1. the box on line	14, and line 15 is me	ore than 33 1/3%, a	and line	, K 7l
19	47 : t thon 22 1/3% check this hi	ox and Stop here. I	IIC Organization 9				▶ 🏻
		1500 YEAR TOTAL TOTAL STREET, THE STREET,	I beream line 1/	or line 10a and lin	e in is more man)5 1/5/0, and	,
							· · · · · · • •
		d not check a box or	n line 14, 19a, or 1	19b, check this box	and see instruction	s	
2	J Private foundation. If the organization th					Schedule	A (Form 990 or 990-EZ) 2