

RECEIVED BOARD OF SUPERVISORS SAN FRANCISCO 2017FEB 24 PM 3:04

February 22, 2017

Ms. Angela Calvillo, Clerk of the Board Board of Supervisors City Hall, Room 244 1 Dr. Carlton B: Goodlett Place San Francisco, CA 94102

Dear Ms. Calvillo:

The Bay Area Black United Fund of Oakland, California is pleased to submit this application for inclusion in the 2017 Annual Joint Fundraising Drive in accordance with Section 16.93-2 of the San Francisco Municipal Code.

We are enclosing the information below in accordance with Section 16.93-2 (a) through (e) as follows:

Attachment A (our listing of 54 charitable organizations) as our documentation that we as a federated agency represent 10 or more charitable organizations of which 50 percent are located in the Counties of San Francisco, San Mateo, Santa Clara, Alameda, Contra Costa and Marin in accordance with Section 16-93-2 (a).

We also certify to the Board of Supervisors that the Federal Internal Revenue Service has determined that contributions to all of the represented charitable organizations are tax deductible as evidenced by our 501 (c) (3) exemption letter (Attachment B) in accordance with Section 16-93-2 (b).

We also verify that we have been in existence with 10 or more qualified charities for at least one year prior to the date of application in accordance with Section 16-93-2 (c).

We are also attaching our most recent certified audit (Attachment C) in accordance with Section 16-93-2 (d).

We are including other information that may be relevant (our company brochure) as Attachment D in accordance with Section 16-93-2 (e).

Thank You.

Kirk Hogan, CPA Finance Manager, Bay Area Black United Fund, Inc.

# BAY AREA BLACK UNITED FUND, INC. CITY AND COUNTY OF SAN FRANCISCO 2017 ANNUAL FUNDRAISING DRIVE APPLICATION

Attachment A

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#### Bay Area Black United Fund 2017 Listing of Federation Charity

Code	Agency Name	telephone number	Agency Web Address
100	Bay Area Black United Fund	(510) 763-7270	www.babuf.org
101	A Safe Place	510-986-8600	www.asafeplacedvs.org
105	Asian Women's Shelter	415-751-7110	www.sfaws.org
109	Carl B. Metoyer Center for Family Counseling	510-562-3731	www.cffc.biz
110	Center on Juvenile and Criminal Justice	415-621-5661	www.cjcj.org
117	Free at Last	650-462-6999	www.freeatlast.org
129	Berkeley Youth Alternatives	510-845-9010	www.bayonline.org
134	Wee Poets	510-848-6905	www.weepoets.org
135	Westside Community Services	415-431-9000	www.westside-health.org
136	Whitney Young Child Development Center Inc	415-567-2357	www.facessf.org
144	Rafiki Coalition For Health and Wellness	415-615-9945	www.rafikicoalition.org
145	Boys and Girls Club of Oakland	510-444-8211	www.bgcoakland.org
150	CAL-PEP	510-874-7850	www.calpep.org
165	Flourish Agenda, Inc.	510-282-6909	www.flourishagenda.com
168	Family Builders by Adoption	510-272-0204	www.familybuildersbyadoption.org
178	Aids Project of the Eastbay	510-663-7979	www.apeb.org
182	Lend a Hand Foundation	510-553-1262	www.iendahandfoundation.org
201	Big Brothers Big Sisters of the East Bay	415-503-4047	www.bbbsba.org
202	Big Biothers big States of the East Bay Building Opportunities for Self-Sufficiency (BQSS)	510-649-1930	
202	Center for Elders Independence	510-452-8835	www.self-sufficiency.org
203	Harbor House Ministries		www.elders.org
230		510-534-0165	www.hhrninistries.org
230	Bayview Hunters Point Multipurpose Senior Services, Inc.	415-822-1444	www.bhpmss.org
	Allen Temple Health and Social Service Ministries	510-544-3939	www.allen-temple.org
246	Healthy Communities, Inc.	510-444-9655	www.healthycommunities.us
242	Ariel Outreach & Mission	510-978-5844	www.arielom.org
258	Health and Human Resource Education Center	510-834-5990	www.hhrec.org
277	Hope 4 the Heart	510-688-5011	www.hope4theheart.org
282	YOUTH ALIVE!	510-594-2588	www.youthalive.org
283	FACES SF	415-567-2358	www.facessf.org
284	East Bay Performing Arts / Oakland Symphony	510-444-0800	www.oaklandsymphony.org
285	Motivating Inspiring Supporting and Servicing Sexually Exploiting Youth (MISSSEY)	510-251-2070	www.misssey.org
287	DASH Sports Education	510-982-9006	www.dashcamp.org
288	DADS Club	510-396-7776	www.christassociation.com
289	Black Men Speak	510-415-2098	
301	Bay Area Business Roundtable	510-568-6302	www.babrt.org
302	Omega Boys Club - Alive & Free	415-826-8664	www.stayaliveandfree.org
303	East Oakland Youth Development Center (EOYDC)	510-912-1377	www.eoydc.org
304	Ella Baker Center For Human Rights	510-285-8230	www.ellabakercenter.org
305	Hidden Genius Project, Inc.	415-547-0856	www.hiddengeniusproject.org
306	Outdoor Afro	510-913-6100	www.ouldoorafro.org
307	Peacemakers, Inc.	510-830-5755	www.peacemakersinc.us
308	Student Program for Academic & Athletic Transitioning (SPAAT)	415-378-5871	www.spaat.org
309	Super Stars Literacy	510-777-0870	www.superstarsliteracy.org
310	The Mentoring Center	510-891-0427	www.mentor.org
311	Training Institute for Leadership Enrichment	510-568-5563	
312	Young Scholars Program (YSP)	415-465-2620	www.traininginstituteonline.com
312			www.youngscholarsprogram.org
313	Richmond Main Street Initiative, Inc.	510-236-4049	www.richmondmainstreet.org
	Solar Richmond	510-253-2211	www.solarrichmond.org
315	West Contra Costa Public Education Fund	510-233-1464	www.edfundwest.org
316	Coleman Advocates for Children and Youth	415-239-0161	www.colemanadvocates.org
317	Heallthy Black Families, Inc.	510-285-6689	
318	Ephesian Children's Center	510-658-7118	
319	California Resources and Training	510-451-2545	www.caratnet.org
320	Youth Uprising	510-777-9909	www.youthuprising.org

Internal Revenue Servi District Director

Date: SEP 7 1979

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Bay Area Black United Fund, Inc. 1440 Broadway, Suite 330 Oakland, CA 94612 Department of the Treasury

Attachment B

SF:ED:79-1446

Employer Identification Number:

Applied for Accounting Period Ending:

December 31 Foundation Status Classification: 509(a)(1) & 170(b)(1)(A)(vi) Advance Ruling Period Ends:

December 31, 1980 Person to Contect Profumo Contect Telephone Number:

(510) 763-7270 94-2602958

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(1) & 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 170(b)(1)(A)(vi) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 170(b)(1)(A)(vi) organization.

P.O. Box 36040, San Francisco, Calif. 94102 (over)

Letter 1045(D0) (6-7

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If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

Attachment

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ATTACHMENT C

# FOR TAX YEAR 2015

BAY AREA BLACK UNITED FUND, INC.

CHRISTOPHER CHIME OGBODO, CPA 4225 TELEGRAPH AVENUE OAKLAND, CA 94609 (510)652-6213

Rem 8879-EO	for an Exempt Or	Authorization ganization		3.No 1545-1878
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DUANE T POE, CEO				
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2a Form 990-EZ check h	ere 👂 🗌 b Total revenue, if any (Form 990-EZ, lin	ne 9)		
3a Form 1120-POL chec	k here 🛛 🕨 🚺 b Total tax (Form 1120-POL, line 22	)	3b	
4a Form 990-PF check h	ere 🕨 📄 b Tax based on investment income (Fi	orm 990-PF, Part VI, line 5)		
5a Form 8868 check her	e 🕨 🔲 🛛 b Balance Due (Form 8868, Part I, line 3c or	Part II, line 8c)	5b	
Part II Declaratio	on and Signature Authorization of Officer			
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TAXABLE YE		a e-file Ref		orization	for			FORM
2015	Exempt (	Organizati	ons					8453-EO
Exempt Organizati BAY ARE	on name A BLACK UNI	TED FUND,	INC.		2000 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		ing number - 26029!	58
1 Total gros 2 Total gros	ctronic Return Inform as receipts (Form 199, as income (Form 199, enses and disbursem	line 4)	¢ 2 / 3 * • > > >	 		· · · · · · · ·	· · · 1	764,153
succession and present and party in the second state	ttle Your Account El onic funds withdrawa	child served an announcement of the served and the		20 /	4b Withdrawal	dale (mm/dd	/yyyy)	
Part III Ba	Inking Information (F	lave you verified th	e exempt organiza	ition's banking	nformation?)			
5 Routing n 6 Account r	number				e of account:	] Checking	🗍 Savin	ជួន
للبيانة سبيبين والوف مخاب اللتك حب	eclaration of Officer exempt organization's acc	count to be settled as c	lesignated in Part II. I	I I check Pan II, E	ox 4, I authorize an	electronic fund	ls withdrawal fi	Э.
(ERO), transmit organization's 2 the exempt organiz- exempt organiz- organization ret	► V//	ce provider and the am return. To the best of r e due return, I underst empt organization will chedules and statemer	nounts in Part 1 above my knowledge and be and that if the Franch remain liable for the fr nts be transmitted to 1 s delayed, ( authoriz	agree with the ar likef, the exempt o lise Tax Board (F e itability and all the FTB by the EF the the FTB to dis 8 - 08 - 20	iounts on the corre ganization's return B) does not receiving pplicable interest a O, transmitter, or in close to the ERO	sponding lines i is true, correct, a full and timely nd penalties. I termediate ser or intermediate	of the exempt and complete payment of th authorize the e vice provider.	, lf e xempt f the
	Signature of officer	unic Return Origina		ile ild Preparer. S	Title			######################################
I declare that I r knowledge. (If I however, that for transmitting this followed all other for four years fi available to the return and acco	have reviewed the above am only an intermediate orm FTB 8453-EO accura return to the FTB; I have ar requirements described rom the due date of the ro FTB upon request. If I an ampanying schedules and ormation of which I have I	exempt organization's service provider, I und ately reflects the data of provided the organiz, d in FTB Pub. 1345, 20 eturn four years from i n also the paid prepare statements, and to th	return and that the en- terstand that I am not on the return.) I have of ation officer with a cop 015 e-file Handbook for the date the exempt o a. under penalities of o	ntries on form FTI responsible for re obtained the organ by of all forms and or Authorized e-file reganization return periury. I declare t	I 8453-EO are com viewing the exempt ization officer's sig information that will Providers. I will ke is filed, whichever iat I have examined	organization's nature on form t file with the F1 ep form FTB 84 s later, and I w I the above exe	return. I decla FTB 8453-EO FB, and I have 153-EO on file ill make a copy mpt organizati	re, before // ion's
ERO	ERO's- signature CHR	ISTOPHER C	SGBODO CPA	Date	Check if also paid proparer	Check if self- employs	ed 🛛 P	01440017
Must Sign	Firm's name (or yours it self-employed) and address		IER CHIME EGRAPH AVE CA		CPA			)6926 <sup>Code</sup> 4609
my knowledge	s of perjury, I declare that and belief, they are true,	I have examined the a correct, and complete.	above organization's r	return and accom on based on all in	ormation of which I	have knowledg	je.	
Paid Preparer Must	Paid preparer's signature	nyyynia yw 2127/24gynyynawray yw ardan yw			Date	Check if self- employed	,	i preparer's PTIN
Sign	Firm's name (or yours if self-employed) and address	<b>9</b>					ZIP	Code

For Privacy Notice, get FTB 1131 ENG/SP.

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# **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.

	Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Public Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection								
*********	****		lar year, or tax year begi		, 2015, and	Sec. co. co. co. co. co. co. co. co. co. c		had an age of a second	. 20
B		applicable:	The second s	AREA BLACK UNITED FUND	alexelation and a second and a second se	CINING	****	I.	
errer 5.	Address		Ooing business as		j = === 1, , , , , , , , , , , , , , , ,				Employer identification no. 94-2602958
П	Name ch			If wall is ant delivered to stand address )		Room/su	ito	·····	
П	Initial retu					Telephone number			
H		al return 1.2.1.2 BROADWAY STREET STE 640 al return/terminated City or town, state or province, country, and ZIP or foreign postal code					(510)763-7270		
		1	OAKLAND, CA 946						764,153
Ш	Amendec	ļ.						G	Gross receipts\$
	Application pending F Name and address of principal officer: DUANE T POE H(a) is this a group re SAME AS C ABOVE H(a) is this a group re subordinates?							ap retur	n for T FOR
······									
				) 💐 (insett no.) 📃 4947(a)(1) or	527	H(b)	Are all subc If "No."	dinates attach	s included? Yes No a list, (see instructions)
	Website:		.BABUF.ORG				1		
		organization: X	a a subsection of the second	ciation 🛄 Other 🕨	L Year of formation:	1972	M State o	flegal	domicile: CA
<u>_</u>	irt I	Summary		dan ay marking the set and the set			** <b></b>	****	
	1			ion or most significant activities:		(m)	summer of the second second		
6		ANT	and a second	S IN A UNIFIED EFFORT	and the second se	Chief Laboratory of Contractory		~~~~~	
- Le		Alasta harrow and a statistical Program		G AND INVESTING FINANC			UNITY	ORGI	ANIZATIONS
Activities & Governance				ORGANIZATIONAL CAPACI				<b></b>	
ő	2			discontinued its operations or dis				1	
05	3		· · · · · · · · · · · · · · · · · · ·	erning body (Part VI, line 1a)				3	
ies	4			rs of the governing body (Part VI, I				4	8
Ĭvit	5			n calendar year 2015 (Part V, line			-	5	6
₩ V V	6			necessary)				6	
				Part VIII, column (C), line 12				7a	0
~~···	b	Net unrelated	d business taxable income	from Form 990-T, line 34		<u>,</u>	<u>  </u>	76	0
						Pr	ior Year		Current Year
	8	Contributions	s and grants (Part VIII, line	(1h) • • • • • • • • • • • • • • • • •			629,	. 153	764,049
nue	9	Program ser	vice revenue (Part VIII, line	929)					0
Revenue	10	Investment in	ncome (Part VIII, column (	A), lines 3, 4, and 7d)				22	104
ž	11	Other revenu	Je (Part VIII, column (A), lli	nes 5, 6d, 8c, 9c, 10c, and 11e)					0
	12	Total revenu	e - add lines 8 through 11	(must equal Part VIII, column (A),	line 12)		629,	175	764,153
	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)	* * * * * * * * * * * *				0
	14	Benefits paid	I to or for members (Part I)	K, column (A), line 4)					00
ல்	15	Salaries, oth	er compensation, employe	e benefits (Part IX, column (A), lin	es 5-10)		343,	746	416,491
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e) 👝 👝 👘		·····			0
à	b	Total fundrai	sing expenses (Part IX, co	lumn (D), line 25) 🕨	0				
ŭ	17	Other expen	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)			306,	, 575	324,310
	18	Total expens	ses. Add lines 13-17 (mus	t equal Part IX, column (A), line 25	)		650	,321	740,801
	19	Revenue les	s expenses. Subtract line	18 from line 12			(21,	,146	) 23,352
đ	8	······				Beginning	of Current	/ear	End of Year
Net Assets or	g 20	Total assets	(Part X, line 16)				148.	,475	212,484
ŝ.	8 21	Total liabilitie	s (Part X, line 26)				256	, 548	297,205
Nel	22	Net assets o	r fund balances. Subtract	line 21 from line 20	<b>,</b>		(108	,073	) (84,721)
P	art II	Signatu	re Block						
Und	er penaltie	es of perjury, I deci	are that I have examined this return	n, including accompanying schedules and sta er) is based on all information of which prepa	tements, and to the best of m	y knowledge	and belief, it	İS	
true.	correct. e	T Complete, Deci	aration of preparer (other than one	eri is based on an incomatori or which prepa	ei nes silk kuomiedäar			<u> </u>	۵٬۵۹۱٬۱۱۰٬۱۹۹۹٬۱۹۹۹٬۱۹۹۹٬۱۹۹۹٬۱۹۹۹٬۱۹۹۹٬
		DUAN	E T POE						
Si	yn						Date		
He	re	DUAN.	E T POE, CEO					_	
Type or print name and title									
		Print/Type ore	eparer's name	Preparer's signature	Date	T	Check X	If P	TIN
Pa	id		pher Ogbodo CPA		08-08-2016		self-employe	8	P01440017
Pr	epare		e Charles and a second s	HER CHIME OGBODO, CPA		Firm's E	IN 🕨		
	e Onl	5		EGRAPH AVENUE		Phone n	ø.		
		•		CA 94609			51	0-65	52-6213
Ма	y the IR	S discuss this	Annual Contraction of the second s	hown above? (see instructions) .		<b>X J / </b>			Yes 🕅 No
-			on Act Notice, see the se	il (1999), a an is the State of the second and the state of the second	alianan an				Form <b>990</b> (2015)

Par	rt III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III	, Ľ				
1	Briefly describe the organization's mission:	<u>, m</u>				
	OUR MISSION IS TO LEAD THE BAY AREA BLACK COMMUNITY AND OUR PARTNERS IN A UNIFIED EFFORT TO					
	RESTORE VITALITY TO OUR PEOPLE AND NEIGHBORHOODS, BY SECURING AND INVESTING FINANCIAL	<u></u>				
	RESOURCES IN COMMUNITY ORGANIZATIONS THAT BUILD INDIVIDUAL AND ORGANIZATIONAL CAPACITY FOR					
	SUCCESS,					
2	Did the organization undertake any significant program services during the year which were not listed on the					
	prior Form 990 or 990-EZ?	3				
	If "Yes," describe these new services on Schedule O.	•				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program					
	services?					
	If "Yes," describe these changes on Schedule O.					
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by					
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.					
	the total expenses, and revenue, if any, for each program service reported.					
	ine lotal expenses, and revenue, if any, or each program service reported.					
4a	(Code: ) (Expenses \$ 628,500 including grants of \$ ) (Revenue \$	·····				
-761	THE CRITICAL MASS HEALTH CONDUCTORS (HC) PROGRAM IS THE PREEMINENT BEHAVIORAL HEALTH	, )				
	MODIFICATION STRATEGY CREATED BY AND FOR THE BLACK COMMUNITY. BEGUN IN 2005, HC RECRUITS,					
	EDUCATES AND TRAINS VOLUNTEERS DURING & FOUR MONTH "CLASS" UTILIZING AN AFRO-CENTRIC					
	CURRICULUM. DURING THE PROCESS, PARTICIPANTS BECOME EMPOWERED THROUGH SELF-AWARENESS, GROUP SUPPORT AND GUIDANCE FROM A TRAINED "CONDUCTOR" TO EMBRACE A PERSONALIZED BEHAVIORAL HEALTH					
	SUPPORT AND GUIDANCE FROM A TRAINED "CONDUCTOR" TO EMBRACE A PERSONALIZED BEHAVIORAL HEALTH MODIFICATION STRATEGY THAT BECOMES THE FRAMEWORK FOR A LIFE CHANGING EXPERIENCE. UPON					
	GRADUATION, EACH PARTICIPANT RECEIVES A HEALTH CONDUCTOR NUMBER THAT DESIGNATES THEIR					
	"PASSAGE" INTO AN EMPOWERED LIFE OF INDIVIDUAL AND COMMUNITY HEALTH ADVOCACY. OVER 900 BAY	****				
	AREA RESIDENTS ARE HEALTH CONDUCTORS. YOUTH CONDUCTORS 2014 BASED UPON THE HEALTH CONDUCTOR MODEL, THE NEW CURRICULUM WILL FOCUS ON ENGAGING A YOUNG GENERATION, 18-30 YEARS OLD, IN A					
	BEHAVIORAL HEALTH MODIFICATION WITH A HEALTH INTERVENTION AND COMMUNITY LEADERSHIP					
	BEHAVIORAL HEALTH MODIFICATION WITH A HEALTH INTERVENTION AND COMMUNITY LEADERSHIP					
4b		_ )				
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4b 4c	BEHAVIORAL HEALTH MODIFICATION WITH A HEALTH INTERVENTION AND COMMUNITY LEADERSHIP	_ )				
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4c	BEHAVIORAL HEALTH MODIFICATION WITH & HEALTH INTERVENTION AND COMMUNITY LEADERSHIP         (Code:) (Expenses \$including grants of \$) (Revenue \$	_ )				

decision and the later	990 (2015) BAY AREA BLACK UNITED FUND, INC. 94-2602	958	F	age 3
Pa	n 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)? If "Yes,"	-		
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	Common and the	[	(
	candidates for public office? If "Yes," complete Schedule C, Part L	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	P	1	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		İ	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		<u></u>	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		<u> </u>
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a		<u> </u>	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		ł	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		S.2273	
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	- 1000000000000000000000000000000000000	199,604,9	Piter state
	complete Schedule D, Part VI,	11a	x	
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? If "Yes," complete Schedule D, Part VI	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	<u></u>	<u> </u>	<u> **</u>
Ť	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u>**</u>
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
p	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	······	X	**
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	
5 An Ci	Schedule D, Parts XI and XII	199	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1 444	<u>                                     </u>	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	\$*********	•	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		†	<u> </u>
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			**
19	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		<u> </u>	<u></u>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		<u> </u>	<u> </u>
* 8	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
19	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	11	<u> </u>	<u> </u>
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	. 18	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		+	<u></u>
19	If "Yes," complete Schedule G, Part III.	19		x
EEA	η εφη συηματο συηθούο Ο, Εσιτητικόν το του του του του του του του του του		1 990 /	2015)
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Par	1990 (2015)         BAY AREA BLACK UNITED FUND, INC.         94-2602           TW         Checklist of Required Schedules (continued)         94-2602			age
			Yes	No
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II .	21		Х
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	Ax fer		
-	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	0.0		v
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
<b>T 54</b>	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
¥.	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I,,,,,,,,	25b		χ
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Σ
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		200 G	
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a	States.	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	208		4)
b		701		v
		28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			3
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280		<u></u> X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
Ď	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part 1	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
м	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
c	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
6		36		X
-	related organization? If "Yes," complete Schedule R, Part V, line 2	30		2
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		>
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

	990 (2015) BAY AREA BLACK UNITED FUND, INC. 94-260	2958	Page 5
Par	t 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	• 2 • •	, <u> </u>
		AV.000	Yes No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	15	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	d	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		
	reportable gaming (gambling) winnings to prize winners?	. 1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	6	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<ul> <li>Kentrik (1)</li> </ul>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	X
· b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	. 4a	X
b	If "Yes," enter the name of the foreign country: >		
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
	(FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
	and services provided to the payor?	7a	X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	. 7c	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year		
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 70	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 71	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?	. 8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	. <u>9a</u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. <u>9b</u>	TT
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		1
b	Gross income from other sources (Do not net amounts due or paid to other sources		and the second sec
	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	97 (Marine and a state of the s
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	. <u>13a</u>	
	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 organization is licensed to issue qualified health plans		
.Ç.	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b	

Part UI       Governance, Management, and Disciosure For each "ver" resonances to fine 3: through To below, and the a "ver" resonance to fine 3: the ortho below developments, moreases, or change in Schedule O. See instructions. Check 6 Schedule O. See instructions.         Section A. Governing Body and Management.       M         a Enter the number of volte members of the governing body at the end of the tax year.       1a         a Enter the number of volte members of the governing body at the end of the tax year.       1a         b Enter the number of voltements included in line 1a, above, who are independent.       1b         c Enter the number of voltements included in line 1a, above, who are independent.       1b         a Det any officer, director, tustes, or key employees have a family residenship of a burning worth of a three are independent.       1b         a Det any officer, director, tustes, or key employees to an anagement cumper yor officer presen?       3       X         b Det de organization to exerce outries or tab governing body?       5       X         b Det de organization naver dump be year of a significant doversing body?       5       X         b Det de organization to are members of the governing body?       5       X         b Det de organization to are members of the governing body?       5       X         b Det horganization nave members of the doverning body?       5       X         b Det hor organization hare members of the doverdore singe body?	Form	1990 (2015) BAY AREA BLACK UNITED FUND, INC. 94-2602	958	F	age 6
Interprete bine 8a. Bit, or 10b belaw, describe the draumstances, processes, or changes in Schedule O. See instructions.         Section A. Governing Body and Management       Image: Status of the status	Pa				
Check if Structure Q contains a response or note to any line in this Part VI.         Station A. Governing Body and Management           Section A. Governing Body and Management         Imagement         Imagement<					
Section A. Governing Body and Management       1a       Image and material differences in volting rybs among mentions of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule 0.       1a       Image and material differences in volting rybs among mentions of the governing body, or if the governing body encylated bread authority to an executive committee or similar committee, explain in Schedule 0.       1b       0         2       Did noy officer, director, ittable, or key amployee have a family islationation of a business relationship with any officer director, ittable, or key amployee?       3       X         3       Did the organization bades aver during the year of a significant diversion of the organization have methers so to stocholdes?       3       X         4       Did the organization have methers so to stocholdes?       4       X         5       Did the organization have methers so to stocholdes?       5       X         6       Did the organization have methers so to stocholdes?       6       X         7       Did the organization have methers so to stocholdes?       7       X         8       Did the organization have methers so to stocholdes?       6       X         9       Did the organization have methers of the governing body?       7       X         9       Did the organization have methers of the governing body?       8       X       8		Check If Schedule O contains a response or note to any line in this Part VI			$\overline{\mathbf{X}}$
1a       Enter the number of volting members of the governing body at time and of the tax year.       1a       b       b         11 there are matterial differences in volting rights among members of the governing body, or if the governing body deligated broad authority to an executive connellise or annial.       1a       b       b         2       Did any officing differences in volting rights among members of the governing body, or if the governing body deligated broad authority to an executive connellise or annial.       1b       a       a         2       Did any officing differences in volting rights attrangement dubts customarily performed by or under the direct auspervision of officer, directors, or trustees, or key employees to a management company or other person?       3       X         3       Did the organization hear embers or stocholders?       6       X         4       Did the organization hear embers or stocholders?       6       X         7a       Did the organization hear embers or stocholders?       6       X         7b       Did the organization hear embers or stocholders?       7a       X         8b       As any operative of the organization teerwish bed or written actions undertaken during the year by the following:       7b       X         8c       Did the organization netwer embers or stocholders?       7b       X         8b       X       Did the organization netwere members or stocholders? <td< td=""><td>Sec</td><td>tion A. Governing Body and Management</td><td></td><td><u> </u></td><td>· Fred</td></td<>	Sec	tion A. Governing Body and Management		<u> </u>	· Fred
1a         Enter the number of volting members of the governing body, or if the governing body, detegated by root adjusted by an under the direct discontant or a business or similar committee, equilarin is Schedule 0.         1a         g           2         Define the number of volting members included in line 1a above, who are independent.         1b         a           2         Define of Governing body and the governing body is an anagement down by or under the direct supervision of officers, director, trustes, or key employees the anagement down by or under the direct supervision of officers, director, trustes, or key employees the anagement down by or under the direct supervision of officers, director, trustes, or key employees the anagement down of members or stocholders?         3         X           3         Did the organization hower members is botholders?         6         X         X           4         Did the organization hower members is choholders?         6         X         X           4         Did the organization hower members, schoholders?         6         X         X           5         Did the organization hower members, schoholders?         7         X           6         Did the organization hower members, schoholders?         7         X           7         Did the organization hower members of the governing body?         8         8         X				Var	-
If the governing body degraded broad authority to an executive committee or similar committee, explain in Schedule 0.       Image: the schedule 0.         Ib Enter the number of voting members included in line 1a, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year	0000	105	au Au
if the governing body delegated broat subortly to an executive committee or similar       1b       8         committee, or spain in Schedulab O.       1b       8         2 Did any officer, director, instee, or key employee have a family relationship or a business relationship with any other officer, director, uses, or key employee to an anagement of the organization delegate control over management duies sustaining performed by or under the direct       2       X         3 Did the organization delegate control over management duies sustaining performed by or under the direct       3       X         4 Did the organization holes may significant changes to its governing documents since the point Form 990 was Blad?       4       X         4 Did the organization holes may significant changes to its governing documents since the point Form 990 was Blad?       5       X         4 Did the organization holes members or stockholders?       8       X         5 Did the organization holes members or stockholders?       7       8       X         6 Did the organization holes members or stockholders?       7       7       X         7 Did the organization holes members or stockholders?       7       7       X         8 Did the organization holes members of stockholders?       7       7       X         9 Is there any officer, director, trustee, or key amployee listed in Fart VII. Section A, who cannot be reached at the organization mowener theity operating body?       8a			-		
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b       Eiter the number of volking members included in line 1a, above, who are adapendent				문학들의 동안은 문화	
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arry other officer, director, trustee, or key employee?     2     X       3     Did the organization delegate control over management duffes customarily performed by or under the direct     3     X       4     Did the organization calegate control over management duffes customarily performed by or under the direct     3     X       4     Did the organization contenses, or key employees to a management company or other person?     3     X       4     Did the organization have members are stockholders?     6     X       6     Did the organization have members are stockholders?     6     X       7a     Did the organization contemporaneously document the meatings held or written actions undertaken during the year of a significant diversion	2			00/#\$	
3       Did the organization delegate control over management duties custemany performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       3       X         Did the organization make any significant charges to its governing documents since the prior Form 900 was field?       4       X         Did the organization have members subckholders?       6       X         7a       Did the organization have members subckholders?       6       X         7a       Did the organization have members subckholders?       6       X         7a       Did the organization have members subckholders?       6       X         7a       Did the organization have members subckholders?       7a       X         8       Did the organization charge members subckholders?       7b       X         9       Did the organization charge members subckholders?       7b       X         9       Did the organization charge members and subckholders?       7b       X         9       Bach committee with subchrity to sch on behalt of the governing body?       8a       X         9       Bach committee with subchrity to sch on behalt of the governing body?       8a       X         9       Bach committee with subchrity to sch on behalt of the governing body?       8a       X         9 <td>×~</td> <td></td> <td></td> <td></td> <td></td>	×~				
a bit the organization make any significant changes to its governing documents since the prior Form 990 was like?       3       X         4 Did the organization make any significant changes to its governing documents since the prior Form 990 was like?       5       X         4 Did the organization have members or stackholders?       6       X         5 Did the organization have members or stackholders?       6       X         7 Did the organization have members or stackholders?       7       7       X         7 Did the organization have members or stackholders?       7       7       X         9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stackholders, or persons other than the governing body?       7       X         8 Did the organization have members, stackholders?       7       X       X         9 Each committee with authority to act on behalf of the governing body?       8a       X         9 Each committee with authority to act on behalf of the governing body?       8a       X         9 Stater any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization row written policies and procedures governing the duty.       9       X         9 Did the organization row written policies and procedures governing the activities of such chapters, affiltates, affiltates, and branches to ensure their operations are consistent with eorganization row written policies and procedures			2		X
<ul> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 980 was field?</li> <li>4 X</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 X</li> <li>7a Did the organization have members or totachtolders?</li> <li>7a Did the organization nave members, stockholders, or other persons who had the power to elect or appoint one or members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>7b Ar any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8a X</li> <li>8b Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or Key employee listed in Part VII. Section A, who cannot be reached at the organization's maling address? If "Yes," provide the rames and addresses in Schedule 0.</li> <li>9 X</li> </ul> Section B. Policies (This Section B requests information about policies net required by the internal Revenue Code.) The about character or trustees, and key employees required to disclose annually interests that could alve ne to conflict? <ul> <li>10 bit the organization nave a written conflict of interest policy? If "No," go to line 13</li> <li>12 Did the organization nave a written conflict of interest policy? If "No," go to line 13</li> <li>12 Did the organization nave a written conflict of interest policy? If "No," go to line 13</li> <li>12 Did the organization nave a written conflict of interest policy? If</li></ul>	\$				
<ul> <li>b) b) the organization become award during the year of a significant diversion of the organization's assets?</li> <li>b) the organization have members or stockholders?</li> <li>c) b) the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>c) Are any governance decisions of the organization results on results of the governing body?</li> <li>c) Are any governance decisions of the organization results of the governing body?</li> <li>c) Are any governance decisions of the organization results of the governing body?</li> <li>c) Are any governance decisions of the organization results of the governing body?</li> <li>c) B Each committee with authority to act on behalf of the governing body?</li> <li>c) B Each committee with authority to act on behalf of the governing body?</li> <li>c) B Each committee with authority to act on behalf of the governing body?</li> <li>c) B Each committee with authority to act on behalf of the governing body?</li> <li>c) B Each committee with authority to act on behalf of the governing body?</li> <li>c) B Each committee with authority to act on behalf of the governing body?</li> <li>c) B Each committee with authority to act on behalf of the governing body behalf at the organization the governing body?</li> <li>c) B Each committee with authority to act on behalf of the governing body behalf at the organization have local chapters, branches, or affiliates?</li> <li>d) If 'Yes,'' (d) the organization have local chapters, branches, or affiliates?</li> <li>f) If 'Yes,'' (d) the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization the activities of such chapters, affiliates, and branches to ensure their operations on the erganization the erganization have a written conflict of interest policy? If 'No', 'go to line 13</li> <li>c) Did the organization have a written</li></ul>					
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c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"       12c       X         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization fave a written document retention and destruction of the deliberation and decision?       15       14       X         16       Did the organization's CEO, Executive Director, or top management official       15a       X       15b       X         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement       15b       X         16a       Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed last apply.       CA <t< td=""><td></td><td></td><td></td><td></td><td><u> </u></td></t<>					<u> </u>
describe in Schedule O how this was done       12c       X         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       X         b       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         5       Section C. Disclosure       16b       16b       16b       16b         18       Section 6104 requires an organization to make its Forms 1023 (o			120	<u>Å</u>	
13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       X       16a       X         b       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶ CA       16b       16b         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	¢				
14       Did the organization have a written document retention and destruction policy?       14       X         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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       X         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶       CA         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Own website       Other (explain in Schedule O)					
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?         a       The organization's CEO, Executive Director, or top management official       15a         b       Other officers or key employees of the organization       15b         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed <b>b</b> CA         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         I       Other (explain in Schedule O)	13				ļ
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       15b       X         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         Section C. Disclosure       16b       CA       16a       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed        CA       CA       16b       16b       16b         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       0 ther (explain in Schedule O)	14		14	X	
a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       15b       X         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement       16a       X         b       If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         Section C. Disclosure       16b       CA         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other (explain in Schedule O)	15				
b       Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed        CA         Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         Image: Colspan="2">Other (explain in Schedule O)					
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 with a taxable entity during the year?  16a X  16a X  16a X  16a  16b  16b  16b  16b  16b  16b  16b	8		15a	X	ļ
16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         5       Section C. Disclosure       16b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶ CA       CA       16b       16b         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Own website       Another's website       Upon request       Other (explain in Schedule O)	b	Other officers or key employees of the organization	15b		X
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   organization's exempt status with respect to such arrangements?   16a   X     16a        16a        16a		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶ CA         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         □       Own website       □         ○       Wupon request       □         ○       Other (explain in Schedule O)	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶       CA         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         □       Own website       □         Own website       □       Other (explain in Schedule O)		with a taxable entity during the year?	16a		X
organization's exempt status with respect to such arrangements?       16b         Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed ▶ CA         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)         available for public inspection. Indicate how you made these available. Check all that apply.         Image: Own website       Image: Another's website       Image: Upon request       Other (explain in Schedule O)	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
organization's exempt status with respect to such arrangements?       16b         Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed ▶ CA         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)         available for public inspection. Indicate how you made these available. Check all that apply.       Own website         Image: Own website       Another's website       Upon request         Image: Other (explain in Schedule O)       Other (explain in Schedule O)		participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed        CA         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)         available for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website         X       Upon request       Other (explain in Schedule O)			16b		10 10 101
17       List the states with which a copy of this Form 990 is required to be filed ▶ CA         18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)         available for public inspection. Indicate how you made these available. Check all that apply.         □       Own website       □         Another's website       ☑       Upon request       □         ○       Other (explain in Schedule O)	Sec			literriterrenterrenterrenterre	<b>(</b> 2)200000000000000000000000000000000000
18       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)         available for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website         X       Upon request         Other (explain in Schedule O)			<u> </u>	on 100-10-	<u></u>
available for public inspection. Indicate how you made these available. Check all that apply.					
🗋 Own website 🔲 Another's website 🖾 Upon request 🗌 Other (explain in Schedule O)					
	10				
financial statements available to the public during the tax year.	1.9				
	20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	20	State the name, address, and telephone number of the person who possesses the organization's books and records: 🕨			

BAY AREA BLACK UNITED FUN INC (510)763-7270, 1212 BROADWAY STREET STE 640, CA 94612

Form 990 (20	15) BAY AREA BLACK UNITED FUND, INC.	94-2602958	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employed	es, 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 organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with tax year.	or within the	
• List all compensation	of the organization's current officers, directors, trustees (whether individuals or organizations), regard n. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	lless of amount of	
<ul> <li>List all of</li> </ul>	of the organization's current key employees, if any. See instructions for definition of "key employee."		
who received	organization's five current highest compensated employees (other than an officer, director, trustee, reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,c and any related organizations.	or key employee) 100 from the	
	of the organization's former officers, key employees, and highest compensated employees who receil eportable compensation from the organization and any related organizations.	ved more than	

• 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 in heimer the organization nor any rela	Teu viganizai		uihe			any cu	11.61	it officer, director,		
					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Tille	Average					han one is both a		Reportable	Reportable	Estimated
	hours per					r/trustee		compensation	compensation from	amount of
	week (list any hours for					·····		from the	related organizations	other compensation
	related	ord	ไทรป	Officer	Key	enit MH	Forme	organization	(W-2/1099-MISC)	from the
,	organizations below dotted	rech	lutico	ğ	\$ue	lest	ner	(W-2/1099-MISC)		organization and related
	line)	Individual stustee or director	Institutional trustee		Key employee	e Com		***		organizations
		stee	niste		×.	pers				-
			õ			Highest compensated employse				
		)								
1										
(1) LJ JENNINGS	2.00									
BOARD CHAIRMAN		X						LC	0	0
(2) KEITH M SPEARS	2.00									
CO-CHAIRMAN		X			L			ļ(	0	0
(3) TAMARA L MOORE	2.00									
SECRETARY		X						L (	0	0
(4) DONNA M HANKINS	2.00									
TREASURER		X						(	0	0
(5) ALYS C HERRING	2.00									
DIRECTOR		X						C	Ö	0
(6) ROBERT PHILLIPS SR	2.00									
DIRECTOR		X						( <u></u>	0	0
(7) BERNIDA M REAGAN JR.	2.00									
DIRECTOR		X						(	0	0
(8) JULIUS ROBINSON	2.00									
DIRECTOR		X				X		(	0	0
(9) ELLEY MATTHEWS	2.00									
DIRECTOR		X			L			(	0	0
(10)DUANE T POE	40.00									
CEO				X				150,000	0	0
(11)										
		]								
(12)					[	]				
(13)							[			
									1	
(14)		T								
		2			1		2	***************************************		#

	90 (2015) BAY AREA BLACK UNI					ántan				94-260	)2958	Page 8
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees	, and			t Com	ipen	sated Employee	s (continued)		
	(A) Name and title	(B) Average hours per	box.	unies	s pers	ition ore th on is	ian che both an trustee)		(D) Reportable compensation	(E) Reportable compensation from	n	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	or deector	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	rðlated organizations (W-2/1099-MISC)		other empensation from the organization and related organizations
(15)	. ແລະ ເດີຍ ສະຫະ										<u> </u>	
(16)	οματροτικό του του του του του του του του του του											
(17)		67 .777 .799 .444 .444 .444				********						
(18)	1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	52 est bei see des en										******
(19)												
(20)	www.weature.com.com.com.com.com.com.com.com.com.com											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(21)												
(22)												
(23)	******											
****												
(25)												1991119311189911199111191111191111911191
1Ь с	Sub-total	on A	• : •									
d 2	Total (add lines 1b and 1c)								150,000 re than \$100,000		0   1	0
3	Did the organization list any former officer, director									<u> </u>		Yes No
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of re organization and related organizations greater than individual	portable con n \$150,000?	npens ' If "Ye	atior s," c	n an :omp	d oti slete	her co Sche	mpei dule	sation from the	• • • • • • • • • •	3	
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"	compensatio	on fror	n an	y un	rela	ted org	ganiz				X
Secti	on B. Independent Contractors	uorriproto o					P.51.5 5			· · · · · · · · · · · · · · · · · · ·		
1	Complete this table for your five highest compensa compensation from the organization. Report comport year.	• •										
	(A) Name and business address								(B) Description of	services	Co	(C) npensalion
2	Total number of independent contractors (including received more than \$100,000 of compensation from				e lis	ted	above	) wh	>			

anti	<u>(111</u> )	Statement of Revenu						58 Pag
		Check if Schedule O contai	ns a response oi	note to any line in	this Part VIII			* * * * * * * *
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
4	1a	Federated campaigns	<b> </b> 1a	44,449		revenue		512-514
and Other Similar Amounts	b	Membership dues			-			
ê	c	Fundraising events	prover sugar		-			
× ×	d	Related organizations	£		-			
e u	e	Government grants (contribut						
ŝ	ŕ	All other contributions, gifts, g						
her	•	and similar amounts not inclu	· · · · · · · · · · · · · · · · · · ·	43,803				
õ	a	Noncash contributions include	h	and an an an an an an an an an an an an an				
anc	ĥ	Total. Add lines 1a-1f			764,049			
				Business Code				
a	2a	27 000000000000000000000000000000000000			1_			and and a starting of the second
годгат зегисе кекелце	b							
82	c							
100	d			1				
	8			{				
Š	f	All other program service reve						
r I	9	Total. Add lines 2a-2f	· · · · · · · · · · · · · · · · · · ·					
	3	Investment income (including	divídends, interes	st,				
		and other similar amounts)			104	104		
		Income from investment of tax						
	5	Royalties	* * * * * * * *					
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<u> </u>	L			
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory			1			
	b	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)						
2		Net gain or (loss)		· <u>· · · · · · P</u>				
5	8a	Gross income from fundraising	)				10	
i a		events (not including \$						
2		of contributions reported on lin						
uner keven	×.	See Part IV, line 18 Less: direct expenses						
		Net income or (loss) from fund		Contraction of the second second second second second second second second second second second second second s				29999448 5699 . ( <sub>201</sub> )
		Gross income from gaming ac						
	29	See Part IV, line 19						
	h	Less: direct expenses			-			
		Net income or (loss) from gam				and the second second second second second second second second second second second second second second second	possegaratatina a 20000 no m 222. S	possent, see 185013 (Cr
		• • • •	a manifestation of					
	iua	Gross sales of inventory, less returns and allowances .		E E				
	ь	Less: cost of goods sold			1			
		Net income or (loss) from sale						
		Miscellaneous Ravenue		Business Code				1
	11a							
	b							
	c							
		All other revenue	*******			L	<u> </u>	
		Total. Add lines 11a-11d					1	
	e							

Form 990 (2015)

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 a	ny line in this Part IX	· • • • • • • • • • •		
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(8) Program service	(0)	(D)
8b, 9	b, and 10b of Part VIII.	total expenses	expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				1
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			11.80	
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	150,000	150,000		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	194,611	142,919	51,692	
8	Pension plan accruals and contributions (include				
*	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	45,969	39,074	6,895	
10	Payroll taxes	25,911	22,024	3,887	
11	Fees for services (non-employees):	aut 144. g . 46 . 114 . 115			
a	Management				
b	Legal				<u> </u>
c	Accounting	1.3,100	11,135	1,965	
d 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.)				
12	Advertising and promotion	5,123	4,096	1.027	
13	Office expenses	لايلاط ولا			
14	Information technology				
15	Royalties	39,238	33,352	5,886	
16 17	Occupancy	14,977	12,731	2,246	
	Payments of travel or entertainment expenses				
18	-				
40	for any federal, state, or local public officials	1,713	1,456	257	
19	Conferences, conventions, and meetings	13,770	1,430	2,056	+
20	Payments to affiliates	13,17V	·····	a,020	
21	Depreciation, depletion, and amortization	2,215	1,881	334	
22		8,756	6,638	2,118	
23	Insurance		0,000	an y an ar of	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	X.			
	line 24e amount exceeds 10% of line 25, column			1997 - J	NA 05.
	(A) amount, list line 24e expenses on Schedule O.)	185,042	157,286	27,756	
a	CONSULTANTS	and a second sec	3,559		
b	BOARD DEVELOPMENT AND STUDY	4,187	7,417	628	
c	TELEPHONE	8,726	4,637	818	
d	REPAIRS AND MAINTENANCE	5,455	18,581	3,427	·
ē	All other expenses	22,008			0
25	Total functional expenses. Add lines 1 through 24e	740,801	628,500	112,301	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 📙 if				
-	following SOP 98-2 (ASC 958-720)		L	1	Eorm 990 (2015)

art X		Balance Sheet					
•,•••,••••••,••••		Check if Schedule O contains a response or note to ar	ny line in this Part	Χ		<u></u>	<i></i> [
					(A)		(B)
					Beginning of year		End of year
1		Cash - non-interest-bearing			39,409	1	39,752
2		Savings and temporary cash investments	******			2	
3		Pledges and grants receivable, net		r .	75,989	3	114,935
4		Accounts receivable, net			26,655	4	46,849
5		Loans and other receivables from current and former of	officers, directors,				
		trustees, key employees, and highest compensated er	mployees.				
LODGELAW VE		Complete Part II of Schedule L				5	
6	1	Loans and other receivables from other disqualified persons (a	s defined under sec	ion			
		4958(f)(1)), persons described in section 4958(c)(3)(8), and co	untributing employen	and			
		sponsoring organizations of section 501(c)(9) voluntary employ					
		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	
10		Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	69.247			
		Less: accumulated depreciation.		58,299	6,422	10c	10,948
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.				15	
					148,475	16	212,484
		Total assets. Add lines 1 through 15 (must equal line			54,986	17	70,593
17		Accounts payable and accrued expenses		18	10,393		
18		Grants payable		19			
19	-	Deferred revenue			20		
20		Tax-exempt bond liabilities				21	
21		Escrow or custodial account liability. Complete Part IV					
22	2	Loans and other payables to current and former office					
		trustees, key employees, highest compensated emplo				1602000 22	1997 (n. 1996) <b>622</b> (1997) (n. 1994) 1997 - July Amerika (1997) (n. 1994)
22		disqualified persons. Complete Part II of Schedule L				23	
23		Secured mortgages and notes payable to unrelated th			115,035	24	121,111
24		Unsecured notes and loans payable to unrelated third			00,014.	<u> </u>	ىلدىك ئەرىكەنلە.
25	5	Other liabilities (including federal income tax, payables		V	are and a second and a second and a second and a second and a second and a second and a second and a second and		
		parties, and other liabilities not included on lines 17-24			86,527	25	105,501
		of Schedule D			256,548	26	297,205
2{	6	Total liabilities. Add lines 17 through 25			200,070	20	237,203
		Organizations that follow SFAS 117 (ASC 958), che		ill'			
		complete lines 27 through 29, and lines 33 and 34.			(108,073)	27	(292,606
27		Unrestricted net assets			1700,0131	28	207,885
§   2(		Temporarily restricted net assets				29	207,000
29	9	Permanently restricted net assets	errer er				
		Organizations that do not follow SFAS 117 (ASC 96	58), check here	▶ [_] and			
0		complete lines 30 through 34.			10.882	<b>2</b> 0	
ត្ត៍ 31		Capital stock or trust principal, or current funds				30	
2 3 <sup>.</sup>		Paid-in or capital surplus, or land, building, or equipment				31	
22 24 25 26 26 29 26 29 20 20 20 20 20 20 20 20 20 20 20 20 20		Retained earnings, endowment, accumulated income			الشيعية المتعادة الأليا	32	2 A 8 20 M 4
3:		Total net assets or fund balances				a farman and	(84,721
1	4	Total liabilities and net assets/fund balances			148,475	34	212,484

Form		94-260295	8	Pa	ige 12
Pai	t XI Reconciliation of Net Assets				and an an an an an an an an an an an an an
	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	*	764,	153
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	740,	801
3	Revenue less expenses. Subtract line 2 from line 1	3		23,	352
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	()	108,	073)
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	6	1		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		(84,	721)
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			•••	. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			S. 137.8	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	*******
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	I Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			것옷을	
	of the audit, review, or compliation of its financial statements and selection of an independent accountant?	• • • • • • • •	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
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?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
6.1583.000.000.000.000.000	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
EEA			Form	990 (	2015)

SCH	EDULE A		Public Char	ity Status and	Public	Suppo	ort	OMB No. 1545-0047
(Form	990 or 990-EZ)	Comp		ation is a section 501(( (a)(1) nonexempt char			a section	2015
Departm	ent of the Treasury			ich to Form 990 or For				Open to Public
	Revenue Service	Information a	bout Schedule A (Fo	orm 990 or 990-EZ) and its	instruction	ns is at www	v.irs.gov/form990.	Inspection
	the organization						Employer identifi	callon number
		ITED FUND, IN				11. 2	94-26029	)58
Part				ganizations must c			.) See instruction	18.
17				es 1 through 11, check				
1 L 2 [				urches described in sec				
3 [				Schedule E (Form 990				
				n described in section on with a hospital descri				
~r {		, city, and state:		ni wiur a nospital descri	Dec in sec	aon i /u(i	)(1)(A)(III). Enter the	3
5 [			nefit of a college or	university owned or op	aratad bu	-	Ament and the and the ad	
Ψ L		1)(A)(iv). (Complete		university owned of op	erated by a	a govennn	ental unit described	m
6			•	unit described in section	~ 170/hV/1	WAW.01		
				rt of its support from a g			from the neneral put	sin
. 42		ction 170(b)(1)(A)(v			30 + Girinigi	ILLIN GELLE WI	ilolin allo general pui	289 <b>0</b> ,
8 [	wite			i). (Complete Part II.)				
9 [	444			33 1/3% of its support fro	om contrib	utions. me	mbership fees, and	oross
				subject to certain excer			• • •	we -
				usiness taxable income				
				section 509(a)(2). (Cor				
10 [	An organization	organized and oper	ated exclusively to	test for public safety. S	ee sectior	n 509(a)(4)		
11 [	An organization	organized and oper	ated exclusively fo	r the benefit of, to perfo	rm the fund	ctions of, o	r to carry out the pu	rposes of
	one or more put	plicly supported orga	inizations describe	d in section 509(a)(1) c	r section	509(a)(2).	See section 509(a)	(3). Check
	the box in lines	11a through 11d tha	t describes the typ	e of supporting organiza	ation and c	omplete li	nes 11e, 11f, and 11	g.
â				vised, or controlled by its		+		·
				ly appoint or elect a maj	ority of the	directors	or trustees of the su	pporting
	2	I. You must comple						
£.	· · ·		•	ontrolled in connection v	•	•		~
				tion vested in the same	persons th	at control	or manage the supp	orted
	,	(s). You must com				بالأه أستحمد سلطك	معمدان مستعمل المعاصم مستعمل	5 <b>5</b> 14
c				anization operated in co u must complete Part				wiin,
r	(TTT)			organization operated				tionles
ý.				generally must satisfy a				
				e Part IV, Sections A a				
e	www.			n determination from the			I. Type II. Type III	
				integrated supporting or			· *1 · *** · · ·	
۴	Enter the number	er of supported orga	nizations				* * * * * * * * * *	, , , , , , (
ç	Provide the follo	wing information ab	out the supported (	organization(s).			çovora	
	(i) Name of supported o	rganization	(ii) EIN	(III) Type of organization		vganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above (see instructions))	listed in you docum	ur governing ient?	support (see instructions)	other support (see instructions)
						r		
					Yes	No	<u> </u>	
(A)								
				,				
(B)								
·								······································
(C)			*******		*****			
					1			
(D)					****			***
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(E)						L		
Total					\$ <i>4</i> 7887778	1	4	

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

#### Schedule A (Form 990 or 990-EZ) 2015

#### BAY AREA BLACK UNITED FUND, INC.

94-2602958 Page 2

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.)

Calendar year (or fiscal year beginning in)* (a) 2011 (b) 2012 (c) 2013 (c) 2014 (c) 2013 (c) 2014 (c) 2015 (c) 2015 (c) 2013 (c) 2014 (c) 2015 (c)	Sec	tion A. Public Support						
membership fees received. (Co not.       487.41       299.91       342.94       629.15       764.04       2.523.476         2       Tork recenced levids for the any part line part line of the part line of the part services or facilities through 3       1 <t< td=""><td>Caler</td><td>ndar year (or fiscal year beginning in)≽</td><td>(a) 2011</td><td>(b) 2012</td><td>(c) 2013</td><td>(d) 2014</td><td>(e) 2015</td><td>(f) Total</td></t<>	Caler	ndar year (or fiscal year beginning in)≽	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
organization's benefit and either paid to or operated on its behalf       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	1	membership fees received. (Do not	487,415	299,916	342,943	629,153	764,049	2,523,476
turnished by a governmental unit one organization without charge       487, 41       299,91       342,943       629,153       754,045       2,523,475         5       The portion of total combinitions by each preson (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount show on the 11, oolumn (1)       487,411       299,914       342,943       629,153       754,045       2,523,476         6       Public support       Calendar year (in Fiscal year beginning in )>       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Anounds from line 4       487,415       299,914       342,943       629,153       764,045       2,523,476         3 Gross income from interst, dividends, payments received on securities leare, is regularly carried in the business is regularly carried on securities lea	2	organization's benefit and either paid			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 this exceeds 2% of the emount shown on line 11, column (1)       2, 523, 476         6       Public support. Sources to show here 4.       2, 233, 476         7       Amounts from line 4.       497, 412       299, 916       342, 943       629, 153       764, 045       2, 523, 476         8       Grass finome 6 from unrelated business activities, whether on other business is regularly carried on a starting of the business activities, whether on other business is regularly carried on a starting of the business activities, whether on other business activities, whether on other business activities, whether on other business activities, whether on other business activities, whether on other business activities, whether on other business activities, whether on other business activities, whether on other business activities, whether on other business activities, whether on other business activities, whether on other business activities, whether on other business activities, whether on the business activities, whether on the business activities, whether on the business activities, whether on the business activities, whether on the business activities activitis box and step here.       2, 524, 189	3	furnished by a governmental unit to the						
each person (other than a governmental unit or publicly supported organization) included on line 11 mat exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3	487,415	299,916	342,943	629,153	764,049	2,523,476
governmental unit or publicky supported organization) included on line ( that exceeds 2% of the amount shown on line 11, column (1)	5	The portion of total contributions by						
supported organization) included on line 11 multiple in that exceeds 2% of the amount shown on line 11, column (1)		each person (other than a						
line 1 that exceeds 2% of the amount shown on line 11, column (f)		governmental unit or publicly						
shown on line 11, column (1)       and and and and and and and and and and		supported organization) included on						
§ Public support Subtractine 3 from line 4       2,523,476         Section B. Total Support       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7 Amounts from line 4		line 1 that exceeds 2% of the amount						
Section B. Total Support         Calendar year (or fiscal year beginning in) >       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         A mounts from line 4       487,415       299,916       342,943       629,153       764,049       2,523,476         B Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       365       170       46       22       104       713         9 Net income from unrelated business is regularly carried on similar sources       365       170       46       22       104       713         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V).       2,524,189       2,524,189         12 Gross receipts from related activities, etc. (see instructions)       12       12       12         13 First free years. If the Form 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c(X3)       payment 500,00%       15         29 a 31/3% support test-2015. If the organization din to check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization din ot check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization din ot check a box on line 13, and sine 14 is 31 1/3% or more, check this box and stop here. The organization din ot check a box on line 13, and sine 14 is 31 1/3% or more, check this box and stop here. The organiz		shown on line 11, column (f)						
Calendar year (or fiscal year beginning in) (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4	6	Public support. Subtract line 5 from line 4						2,523,476
7       Amounts from line 4       487,412       299,916       342,943       629,153       764,045       2,523,476         8       Gross income from interest, dividends, payments received on securities loans, renits, royalties and income from similar sources       365       17c       4E       22       104       713         9       Net income from unrelated business activities, whether or not the business is regularly carried on       365       17c       4E       22       104       713         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       2,524,189       2,524,189         12       Gross receipts from related activities, etc. (see instructions)       12       12       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.       14       99.97 %         14       Public support percentage from 2014 Schedule A, Part II, line 14       100.00 %       13       130.00 %       14       99.97 %         15       Public support percentage from 2014 Schedule A, Part II, line 14       100.00 %       14       99.97 %       15       100.00 %       14       100.00 %       14       100.00 %       14       100.00 %       15       100.00 %       15	Sec	tion B. Total Support	q		~~~~~		<u>.</u>	
8       Gross income from interest, dividends, each securities loans, erents, royatiles and income from similar sources       3.65       1.7 c       4.6       2.2       1.0.4       7.1.3         9       Net income from unrelated business activities, whether or not the business is regularly carried on       3.65       1.7 c       4.6       2.2       1.0.4       7.1.3         9       Net income from unrelated business activities, whether or not the business is regularly carried on       1.0       Other income. On ont include gain or loss from the sale of capital assets (cxplain in Part VI.)       2., 524, 189         11       Total support. Add lines 7 through 10       1.2       2., 524, 189         12       Gross receipts from related activities, etc. (see instructions)       1.2       1.2         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)           9       Public support percentage from 2014 Schedule A, Patt II, line 14             14       Public support percentage for 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            15       10% or more, and if the organization qualifies as a publicly supported organization <t< td=""><td>Caler</td><td></td><td>(a) 2011</td><td><b>(b)</b> 2012</td><td>(c) 2013</td><td>(d) 2014</td><td>farman and and an and a second a second as</td><td>(f) Total</td></t<>	Caler		(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	farman and and an and a second a second as	(f) Total
ayments received on securities loans, rents, royalites and income from similar sources       365       17 c       46       22       104       713         9       Net income from unrelated business activities, whether on to the business is regularly carried on       365       17 c       46       22       104       713         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       12       2, 524, 189         11       Total support. Add lines 7 through 10       12       2, 524, 189         12       Gross receipts from related activities, etc. (see instructions)       12       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.       12         14       Public support percentage for 2014 Schedule A, Part II, line 14.       14       99.97       %         14       Public support percentage for 2014 Schedule A, Part II, line 14.       15       100.00       %         16a       31 13% support test - 2014. If the organization did not check a box on line 13, and line 14 is 31 13% or more, check this box and stop here. The organization qualifies as a publicly supported organization       17       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 qualifies as a publicly supporte	7	Amounts from line 4	487,415	299,916	342,943	629,153	764,049	2,523,476
activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties and income from similar	369	170	46	22	104	713
ioss from the sale of capital assets       (Explain in Part VI.)	9	activities, whether or not the business						
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)   5ection C. Computation of Public Support Percentage   14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))   14 99.97 %   15 Public support percentage from 2014 Schedule A, Part II, line 14   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   17a 10%-facts-and-circumstances test - 2015. 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   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 qualifies as a publicly supported organization   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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box a	10	loss from the sale of capital assets						
12       Event 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)         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)         14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       99.97       %         15       Public support percentage for 2014 Schedule A, Part II, line 14       15       100.00       %         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       >       >       >         17a       10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >       >         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, check this box and stop here.       >       >         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	11	Total support. Add lines 7 through 10						2,524,189
organization, check this box and stop here       Image: Computation of Public Support Percentage         Section C. Computation of Public Support Percentage         14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       99.97       %         15       Public support percentage from 2014 Schedule A, Part II, line 14       15       100.00       %         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       Image: Computation qualifies as a publicly supported organization meets the "facts-and-circumstances" test, check this box and stop here.       Image: Computation qualifies as a publicly supported organization qualifies as a publicly supo	12	Gross receipts from related activities, etc.	(see instructions)				12	
14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       99.97       %         15       Public support percentage from 2014 Schedule A, Part II, line 14       15       100.00       %         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       b       33 1/3% support test - 2014. If the organization qualifies as a publicly supported organization       b       Image: Signal Science		organization, check this box and stop her	0					· · · · • 🖻
15       Public support percentage from 2014 Schedule A, Part II, line 14       15       100.00 %         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       Image: Check this box and stop here. The organization qualifies as a publicly supported organization       Image: Check this box and stop here. The organization qualifies as a publicly supported organization       Image: Check this box and stop here. The organization qualifies as a publicly supported organization       Image: Check this box and stop here. The organization qualifies as a publicly supported organization       Image: Check this box and stop here. The organization qualifies as a publicly supported organization       Image: Check this box and stop here. The organization qualifies as a publicly supported organization       Image: Check this box and stop here. The organization qualifies as a publicly supported organization       Image: Check this box and stop here. 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and s	Sec						1	
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<ul> <li>organization</li></ul>		10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances" test	, cneck this box an	a stop nere. Expl	amm	
<ul> <li>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. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>								
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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								<u>к</u> П
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Schedule A	Form	990 or	990-E2)	2015

#### BAY AREA BLACK UNITED FUND, INC.

94-2602958

Page 3

Pà	rt III Support Schedule for Org						
	(Complete only if you check If the organization fails to q						art II.
See	ction A. Public Support	using under the		iow, please co	nipiete raitil.		
·····	endar 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		Louis in an ann an	et and the second second second second second second second second second second second second second second s			
	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 $513^\circ$ .			190 <sup>1</sup>			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		n	,			
5	The value of services or facilities, furnished by a governmental unit to the organization without charge , ,						
6	Total. Add lines 1 through 5	- Anne (1997)	·····				
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.)						
	ction B. Total Support				· •		
	endar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6				h		
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			91117,117,117,117,117,117,117,117,117,11			
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						2011
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 So	First five years. If the Form 990 is for the o organization, check this box and stop here ction C, Computation of Public Su		* * 2 < * * *.				<b>»</b> []]
<u>5e</u> 15	Public support percentage for 2015 (line 8,			(f))	· · · · · · · · · · · · · · · · · · ·	15	%
15	Public support percentage from 2014 Sche						,,, %
	ction D. Computation of Investme				······································	free-one-one-one-one-one-one-one-one-one-o	
17	Investment income percentage for 2015 (lin	ie 10c, column (f)	divided by line 13,			17	%
18	Investment income percentage from 2014 5 33 1/3% support tests - 2015. If the organi					18	%

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

Schedule A (Form 990 or 990-EZ) 2015

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#### Schedule A (Form 990 or 990-EZ) 2015

#### Part IV Supporting Organizations

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

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

Schedule A (Form 990 or 990-EZ) 2015

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1.0			1.	
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and		Yes	No
	below, the governing body of a supported organization? A family member of a person described in (a) above?	<u> 11a</u>  11b	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
c Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail i tion B. Type I Supporting Organizations	in Part VI. 11c	;	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times durin tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervise 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 su organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ng the sed, or		
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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated supervised, or controlled the supporting organization.			
Sec	tion 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 dir or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how c or management of the supporting organization was vested in the same persons that controlled or mat the supported organization(s).	ontrol	Yes	No
Sec	tion D. All Type III Supporting Organizations		sastado to Hold Special Co	(
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month organization's tax year, (i) a written notice describing the type and amount of support provided during year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) cop organization's governing documents in effect on the date of notification, to the extent not previously p	the prior tax	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the sup organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P the organization maintained a close and continuous working relationship with the supported organiza	art VI how		
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 <b>Part VI</b> the role the organization supported organizations played in this regard.			
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1 a	and the second	ie year (see instruc	tions)	*,
b c	nenna i da se se se se se se se se se se se se se	mment entity (see in	istructi	ionsì
2	Activities Test. Answer (a) and (b) below.	The second second second second second second second second second second second second second second second se	Yes	E
a	was e in in an	ntify rposes,		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Par reasons for the organization's position that its supported organization(s) would have engaged in thes activities but for the organization's involvement.	or more tvi the		
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 <b>Part VI</b> .	3a		

trustees of each of the supported organizations? Provide details in Part VI.
Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-E2) 2015 BAY AREA BLACK UNITED FUND, INC.		94-26	02958 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 📋 Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	un den sis an an	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		1	
see instructions).	4		· ·
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the surrent year is the organization's first as a non-functionally	-inter	rated Type III supporting	omanization (see

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

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Schedule A (Form 990 or 990-EZ) 2015

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ourposes of supported of supported organizat organization is respons (i)	ive (ii) Underdistributions	Distributable
of supported organizat organization is respons (i)	ive (ii) Underdistributions	Distributable
organization is respons (i)	ive (ii) Underdistributions	Distributable
organization is respons (i)	ive (ii) Underdistributions	Distributable
(i)	(ii) Underdistributions	Distributable
	Underdistributions	Distributable
		Amount for 2015
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Schedule A (Form 990 or 990-EZ) 2015

	n 990 or 990-EZ) 2015 Page 8
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.)
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34.000000000000000000000000000000000000	· · ·

SCH	EDULE D	Supple	mental Financial Statements	5	OMB No. 1545-0047
	m 990)	▶ Complete if	<ul> <li>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.</li> <li>Attach to Form 990.</li> <li>Attach to Form 990.</li> </ul>		2015
	neni of the Treasury				Open to Public
*****	Revenue Service	► Information about Schedule	J (Form 990) and its instructions is at www	Employer identif	Inspection
		CK UNITED FUND, IN	IC.	94-260	
Par			ed Funds or Other Similar Funds or A		-
*********		if the organization answered "Ye			
			(a) Donor advised funds	(b) Funds and	other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year	Lsors in writing that the assets held in donor at	duicód	
5			rganization's exclusive legal control?		[] Yes [] N
6			donor advisors in writing that grant funds can		
~			the donor or donor advisor, or for any other p		
			· · · · · · · · · · · · · · · · · · ·		
Pai	~~~~	vation Easements.			
****	Complet	e if the organization answered ")	(es" on Form 990, Part IV, line 7.		
1	Purpose(s) of con	servation easements held by the on	ganization (check all that apply).		
	Preservation	of land for public use (e.g., recreatio	n or education)	istorically important land	area
	Protection of	natural habitat	Preservation of a complexity	artified historic structure	
		of open space			
2			a qualified conservation contribution in the fo		
		last day of the tax year.		a a a a a a a a a a a a a a a a a a a	the End of the Tax Yea
a					databahan birtuma arteraturkan materialah di dinamanan kuku di birtuma mananakan pelanakan seper
b	Total acreage res	stricted by conservation easements		<u>2b</u>	
C			oric structure included in (a)	20	ann úna an far an far an far an far an far an far an far an far an far an far an far an far an far an far an fa
d		rvation easements included in (c) ac		2d	
3			rred, released, extinguished, or terminated by	La caso non co esta concerca constructiones	the
3	tax year	I FRIOIT COSCILIO HIDOMON, I GITORS		,	
4		where property subject to conserva	tion easement is located		
5			the periodic monitoring, inspection, handling	of	
	violations, and en	forcement of the conservation ease	ments it holds?		🗌 Yes 🗍 N
6	Staff and volunte	er hours devoted to monitoring, insp	ecting, handling of violations, and enforcing o	conservation easements	during the year
7		uses incurred in monitoring, inspectin	g, handling of violations, and enforcing conse	ervation easements duri	ng the year
	▶ \$				
8	Does each conse		(d) above satisfy the requirements of section		10000 1000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 1000
	and section 170(	h)(4)(B)(ii)?	у л ц к ц к ц к ц к у у у л с с с с с с с с с с с с с с с с	* * * * * * * * * * * * *	Yes N
9	In Part XIII, desci	ribe how the organization reports co	nservation easements in its revenue and exp	ense statement, and	
			ne footnote to the organization's financial stat	tements that describes t	16
(Texa)	and a second second second second second second second second second second second second second second second	counting for conservation easement	tions of Art, Historical Treasures,	or Other Similar A	seis.
്രങ	rt III Organ	nzations manitaling conec	"Yes" on Form 990, Part IV, line 8.	*** *****************************	
1a	Compile If the organization	n elected as permitted under SFAS	116 (ASC 958), not to report in its revenue s	tatement and balance sh	ieet
10	works of art, hist	prical treasures, or other similar asse	ets held for public exhibition, education, or res	search in furtherance of	
			tnote to its financial statements that describe		
b	if the organizatio	n elected, as permitted under SFAS	116 (ASC 958), to report in its revenue state	ment and balance sheel	
	works of art, histe	orical treasures, or other similar asse	ets held for public exhibition, education, or res	search in furtherance of	
	public service, pr	rovide the following amounts relating	to these items:		
	(i) Revenue inc	luded on Form 990, Part VIII, line 1			\$
	(II) Assets includ	ded in Form 990, Part X			\$
2			rical treasures, or other similar assets for fina	ancial gain, provide the	
	following amount	ts required to be reported under SFA	AS 116 (ASC 958) relating to these items:		¢.
					NC
а		ed on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , ,		

	ile D (Form 990) 2015 BAY AREA BLACK (						94-2602	
Par	t III Organizations Maintaining Co	llections of Art	t, Histor	ical Tre	asures, o	r Othei	r Similar Asse	ts (continued)
3	Using the organization's acquisition, accession,	and other records,	check any	of the fol	lowing that a	ire a sígn	ificant use of its	
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loar	) or excha	nge progr	ams			
b	Scholarly research	e 🗌 Othe	яř					
C	Preservation for future generations			***************************************	***************************************			
4	Provide a description of the organization's collect	tions and explain h	ow they fi	urther the	organization	's exemp	t purpose in Part	
	XIII.							
5	During the year, did the organization solicit or re-	ceive donations of a	art, histori	cal treasu	res, or other	símílar		
	assets to be sold to raise funds rather than to be	e maintained as par	t of the or	ganization	's collection'	?		. [] Yes [] No
Pai	TIV Escrow and Custodial Arrange							
	Complete if the organization ans	wered "Yes" on	Form 9	90, Part	IV, line 9,	or repo	orted an amour	nt on Form
	990, Part X, line 21.							
1a	is the organization an agent, trustee, custodian of							
	Included on Form 990, Part X?				* * * * * * *	• • • • • •		. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and	l complete the foliov	wing table	e 5		<b>.</b>		
							Am	ount
C	Beginning balance			, , , <b>, ,</b>	* * * * * *	1c		
d	Additions during the year					1d		
e	Distributions during the year				* * * * * *	1e		
Ť	Ending balance					1f		
2a	Did the organization include an amount on Form	990, Part X, line 2 <sup>,</sup>	1, for escr	ow or cus	todial accour	nt liability	?	Yes No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expl	anation h	as been p	rovided on P	art XIII.		· · · · · · · · · · · · · · · · · · ·
Par	tV Endowment Funds.							
	Complete if the organization ans	wered "Yes" on	Form 9	90, Part	IV, line 10	<b>D</b> .		
		(a) Current year	(b) Pric	or year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						a	
b	Contributions	1999))))))))))))))))))))))))))))))))))		444 -333 (Jan 1997) - 110 (Jan 1997) - 110 (Jan 1997) - 110 (Jan 1997) - 110 (Jan 1997) - 110 (Jan 1997) - 110				· · · · · · · · · · · · · · · · · · ·
c	Net investment earnings, gains, and		12111111111111111111111111111111111111					
**	làmana							
A	Grants or scholarships		****					
<b>u</b>	Other expenditures for facilities and							
<b>1</b> 27								
ż	A SA							
1							·····	
g	End of year balance		ann an n	himm (all	bald an:			
2	· · · · · · · · · · · · · · · · · · ·	year enu balance ( %	jinne ry, u	aunn (a))	now as.			
a	Board designated or quasi-endowment	70						
b	Permanent endowment > %	<u>07</u>						
C	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should			استديد فتقتد بنف	م باسرام آم (مرم	of Sandlan		
3a	Are there endowment funds not in the possession	on of the organization	on that are	e neid and	administere	a for the		Cr. Cas
	organization by:							Yes No
	fag annoine angenneerie i i i i i i i i i					> >, k x 4	* * * * * * * * * *	3a(i)
	(ii) related organizations					* * * * *		3a(ii)
b	If "Yes" on 3a(ii), are the related organizations lit					* * * * *		<u>3b</u>
4	Describe in Part XIII the intended uses of the org		ment fund	<u>s.</u>				
Pa	TVI Land, Buildings, and Equipme						~ ~~~ ~~	× 4.4 13. 2.44
	Complete if the organization ans	wered "Yes" on	I Form 9	}		1	1	
	Description of property	(a) Cost or othe			or other basis	1	Accumulated	(d) Book value
		(investme	nt)	(	olher)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	preciation	
1a	Land	× •						
b	Buildings	· ·				<b>_</b>		
С	Leasehold improvements	· · ·				Į		
d	Equipment		59,247	L			58,299	10,948
e	Other , , , , , , , , , , , , , , , , , , ,					1		
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ial Form 990, Part≯	<, column	(B), line 1	0c.) <u>, , ,</u>		<b>&gt;</b>	10,948
EEA							S	chedula D (Form 990) 2015

94-2602958

Schedule D (Form 990) 2015

Page 3

## 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 , , , , , , , , , , , , , , , , , , ,		
	equity interests		
(3) Other			
_(A)			
<u>(B)</u>			
_(C)		[	
(D)			
<u>(E)</u>			
<u>(F)</u>			
<u>(G)</u>			
<u>(H)</u>	n an		
	must equal Form 990, Pert X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
P-000000000000000000000000000000000000	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11c. See Form 990, Part X, line 13.
A	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)	**************************************		
(3)		ll.	
(4)		ļ	un <sub>onan</sub> anan manangkan yangkan yangkan kanan mananan kanan mananan kanan manan kanan manan kanan
(5)			
(6)			
(7)			999 ya 199
(8)			b nah dana dana mana mana mana mana mana mana
(9)			
search well when a provide the second second should be	must equal Form 990, Part X, col. (B) line 13 )	<u> </u>	
Part IX	Other Assets.	d Stant on Farm 000 Day	the line and can Farm DOD Darky Kan de
		Description	t IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
S	n (b) must equal Form 990, Part X, col. (B) line 1	5)	······································
Part X	Other Llabilities.		
	Complete if the organization answere line 25.	d "Yes" on Form 990, Par	t IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2) AGENC	Y TRANSACTION PAYABLE	98,392	
(3) FISCA	L AGENCY PAYABLE	7,109	
(4)			
(4) (5)			
	***************************************		
(5)			1
(5) (6)			]
(5) (6) (7)			
(5) (6) (7) (8) (9) Total. (Column (b)	i must equal Form 990, Part X, col. (6) Inre 25.) ➤	1.05, 501	
(5) (6) (7) (8) (9) Total. (Column (b) 2. Liability for	I must equal Form 940, Part X, col. (B) line 25.) Uncertain tax positions. In Part XIII, provide the i liability for uncertain tax positions under FIN 48	text of the footnote to the organi	

	sule D (Form 990) 2015 BAY AREA BLACK UNITED FUND, INC.	94-2602958	Page 4
Pa	nt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	and the second second second second second second second second second second second second second second second
, <b>.</b>	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	764,153
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
þ	Donated services and use of facilities		
С	Recoveries of prior year grants,		
d	Other (Describe in Part XIII.)		
0	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	764,153
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	764,153
Pa	rt 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	740,801
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
Ċ	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	740,801
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
d	Other (Describe in Part XIII.)		
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	740,801
Pa	rt XIII Supplemental Information.		
	and a second second second second second second second second second second second second second second second		

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.

An an i ga dhai na an an an an an an an an an an an an			
			100 100
*******			MINISTRATION
		alla a da anna ann ann ann ann ann ann ann	
			2
		1994 - Anna Anna Anna Anna Anna Anna Anna An	
		zan antago nanzan zan Bernara (manya manya pagi angara Chair Santa a Table in dan anangan mangan).	
	a <u>an an u>	ala ak waxaa aayay ahaanaa ah Miliyadhi, taatin Saadin Hagaanaa aa ah ah ahaa ku dugaa	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ) 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.		
Name of the organization		Employer Identification number	
BAY AREA BLACK U	NITED FUND, INC.	94-2602958	
01. Form 990 gov	erning body review (Part VI, line 11)		
The organization	's treasurer receives a preliminary copy of the 990 from t	he finance	
manager. The tr	easurer who is also a member of the finance committee revi	ews the draft	
with the rest of	the finance committee. All changes or edits are given ba	ck to the	
finance manager	who makes any changes and gives back to the treasurer for	presentation to	
the full board.	After presentation to the board the treasurer gives back	the approved	
copy back to the	finance manager who gives to the Executive Director for s	ignature	
	interest policy compliance (Part VI, line 12c) sts of execution of annual written discolsures to each Boa	rd member	
03. CEO, executi	ve director, top management comp (Part VI, line 15a)		
Independent outs	ide search firm used in the initial hiring of the executiv	e director in	
addition to the	human resources committee performing an analysis of salari-	es of comparable	
organizations in	the geographic ares		
******			
04. Governing do	cuments, etc, available to public (Part VI, line 19)		
Documents are av	ailable to the public upon written request		
05. List of othe	r expenses (Part IX, line 24e)		
PROGRAM-			
PAYROLL PROCESSI	NG FEES \$ 1,892		
OTHER TAXES	\$ 404		
BANK CHARGES	\$ 556		
		1997 W 1997 W 1997 W 1997 W 1997 W 1997 W 1997 W 1997 W 1997 W 1997 W 1997 W 1997 W 1997 W 1997 W 1997 W 1997 W	

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization		Page 2 Employer identification number
BAY AREA BLACK UNITED FUN	D, INC.	94-2602958
STIPENDS	\$ 918	
DUES AND SUBSCRIPTIONS	\$ 480	
MEALS AND ENTERTAINMENT	\$ 5,645	
POSTAGE AND DELIVERY	\$ 1,282	
PRINTING	\$ 5,695	
INTERNET AND COMPUTER	\$ 1,089	
MISCELLANEOUS	***************************************	
WEB SITE DEVELOPMENT	\$ 135	
REFUNDS	\$ 307	
MANAGEMENT AND GENERAL -		
PAYROLL PROCESSING FEES	\$ <u>3</u> 34	
OTHER TAXES	\$ .71	
BANK CHARGES	\$ 98	
STIPENDS	\$ 162	
DUES AND SUBSCRIPTIONS	\$ <u>85</u>	
PRINTING	\$ 1,005	
MEALS AND ENTERTAINMENT	\$ 996	
POSTAGE AND DELIVERY	<u>\$</u> 226	
REFUNDS	\$ 54	
INTERNET AND COMPUTER	\$ 192	
MISCELLANEOUS	\$ 180	
WEB SITE DEVELOPMENT	\$ 24	
-Automatical Conference on Automatical Conference on Adda (Conference on Adda (		
<u> 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997</u>	977 / W	

Form <b>8868</b>	Application for Extension of Time To File an Exempt Organization Return				
(Rev. Jenuary 2014)					
Department of the Treasury	File a separate application for each return.	OMB No 1545-1709			
Internal Revenue Service	Information about Form 8868 and its instructions is at www.irs.gov/form8868.				
* If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box					

\* If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete
Part I only

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

#### Enter filer's identifying number, see instructions Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print BAY AREA BLACK UNITED FUND, INC. 94-2602958 Number, street, and room or suite no. If a P.O. box, see instructions, Social security number (SSN) File by the due date for 1212 BROADWAY STREET STE 640 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return, See insinations OAKLAND, CA 94612

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

#### \* The books are in the care of > DUANE T. POE, 1212 BROADWAY STREET STE. 810, OAKLAND, CA 94621

Т	Telephone No. ► 510-763-7270 FAX No. ►		
• 11	If the organization does not have an office or place of business in the United States, check this b	юх	» C
• 11	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is	
	the whole group, check this box		1
a lis	st with the names and EINs of all members the extension is for.		
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) exten	ision of time	
	until 08-15 , 20 16 , to file the exempt organization return for the organization	named above. The exten	sion is
	for the organization's return for:		
	X calendar year 2015 or		
	Nh(17) ······ do ···· arasanantida.		
	tax year beginning, 20, and ending	, 20	
2	If the tax year entered in line 1 is for less than 12 months, check reason: [] Initial return	🗍 Final return	
	Change in accounting period		
38	a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, I	ess any	
	nonrefundable credits. See instructions.	3a	\$
ŧ	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	1	
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
¢	c Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, b	y using	
	EFTPS (Electronic Federal Tax Payment System). See instructions.	30	\$
Cau	ution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868,	see Form 8453-EO and	Form 8879-EO for
	mentingtactione		

EEA

990	Overflow Statement			Page 1
lame(s) as shown on raturn BAY AREA BLACP	UNITED FUND, INC.		EIN 94	4-2602958
		<b>8000</b> 000000000000000000000000000000000		<u> </u>
	OTHER EXPENSES	\$		
Description PAYROLL PROCES	107470 00000			Amount
THER TAXES	SDING PEED		\$	<u>1,892</u> 404
BANK CHARGES				556
STIPENDS	ліі на манала на мара на мара на тара стана на тара стана на тара на тара на тара тара тара т			918
DUES AND SUSCE			-	480
MEALS AND ENTE				5,645
POSTAGE AND DE	SLIVERY			1,282
INTERNET AND C	"OMPITTER			5,695
REFUNDS			a yaanaa ahaa ahaa ahaa ahaa ahaa ahaa a	307
VEB SITE DEVEL	JOPMENT		·	135
<b>MISCELLANEOUS</b>				178
		Total:	\$	18,581
	OTHER EXPENSES			
Description			j	Amount
PAYROLL PROCES	SING FEES	رور المراقع المراجع ال مراجع المراجع ال	\$	334
OTHER TAXES				71
BANK CHARGES				98
STIPENDS DUES AND SUBSC	'PTDTING			<u>162</u> 85
PRINTING			A	1,005
AEALS AND ENTE			* MAXIMA	996
POSTAGE AND DE				226
INTERNET AND ( REFUNDS	COMPUTER EXPENSES			<u>192</u> 54
VEB SITE DEVEL	OPMENT			24
AISCELLANEOUS				<u>180</u> 3,427
gggggggggggg, ; ; ; ; ; ; ; ; ; ; ; ; ;		Total:	\$	3,427
	·			
270.111	East Cakland Youth Development Genter (ECYDC)	Student Program for Academit & Athleto Texts Hontag (SPAAD		
--	--	---		
	Free Services promoting the positive development of youth and lealividuals in need of educational assistance, job scaling and piecement	SPAAT employs a culturally responsive cuniculum that connects with the students familiarity with and passion for sports to increase		
	assistance and cultural and recreational activities Phone: sto-sta-157 www.saydc.org Charity Code: 303	academic achievement and positive social engagement. Phone: a15/378/3071 www.spaet.org Charliy Code: god		
Boys and Girls Club of	Flourish Agenda, Inc.	The Mentaring Center		
Orkland We provide safe place to learn and grow, life enhancing pro- grams, character development experiences, hope, and opgor- turity for over spon Colland gifts and boye each year.	Flourish Agentia partners with schools agencies, and consumality organizations to provide transformative fearing experiences that promote heading, well-seling, and pdvalue social change	We operate mentoring groups and programs for youth aged tacs, provide training and technical assistance to mentoring organizations, and develop policy on youth lastes.		
Phone: 510 444 - 821 www.bgcoakland.org Charity Code: 145	for urban youth. Phone: 510-282-5909 www.flourishagonda.com Charity Códer: 165	Phone: 510-89110427 www.mentor.org Charley Code: 510		
Edycley Homen's Point Bould purpose Sendor Conference and older Alican-Americana pro- older Alican-Americana pro- vided with dightly bonor and respect so that they can age in place and multibal in a strong community presence.	Ministrance and menta black We train and menta black male youble in echnology creation, antropreneuralip, and leadership skills to trans- form their lives and thair community. Phone: 415:447 mkpc. www.hidespeniastropect.org.	With function were provide the provided and develop trading, writing, speaking skills and self-da- term and trades teeragers as television technicales, alternatives to using alcoholi, drugs and gang violence. Prince: pub Bak 6505		
Phone: 415 822/1444 www.bhpriss.org Charity Code: 830	Charity Coder 303	www.weepoets.org Charity Code: 134		
Providing services such as	Lend A Hand Foundation	Young Schollars Program (YOP)		
counterling, employment. opportunities, record ton and a short acroad tutters to you to a solution their families in order to prevent problems from becaming urbas, and to intervene when children become involved with the contained joing system.	emporens youth to succeed fricturg in the programs and services (Edsy in School backpacks, supplies, munthly life skills workshops and basic needs). Phones por 53-1864	The found Scholars Program mission is to increase the number of Young Men of Color who complete high school, are college eligible, and who attain a college degree.		
Phone: sto 845 9010 www.bayonline.org Charity Code: 129	www.lendatandfoundation.org Charity Code: 182	Phone: 415:465:2570 www.coungstrolars.ougram.org Charity Code: 312		
Centrer for Elders	Omegasoya Clob, Alive A.	A CONCLUSION AND		
https://intenses Privides comprehensive, coordinated, community based long term health rate and social services to trail. low-income seniors age sse	Alive & Free works to send kilds to colleges not juli i by changing bellefs, attitudes, values and actions that promote violence	YEI shives to transform East Oakland into a healthy community by developing the leadership of youth and improving the systems that impact them		
in the East Bay area, North- ern California. Phone: suo 492-5835 www.elders.org Charity Codia: 203	Phone: 4:5-8:36-8664 www.stayallveandlive.org Charity Code: 50a	Photo, 50-777-9905 www.youthupricing.org Charity Code: 28g		

# 2016 Local Workplace Campaign

Mission - To advance and invest in policies, practices, partnerships and organizations supporting the Black Community

Vision - BABUF is a recognized leader in an empowered, healthy and thriving Black community.

Values - BABUF pursues its vision and lives out its mission by:

Committing to the COMMUNITY Pursuing social EQUITY Striving for EXCELLENCE Displaying bold, visionary LEADERSHIP Building strong, strategic PARTERSHIPS Engaging in authentic respectful SERVICE Demonstrating integrity that instills TRUST

The Bay Area Black United Fund has been supporting African Americans and other communities of color through employee donations since 1979. Through the contributions of workplace campaigns, BABUF invests in programs that directly and indirectly improve the health and well-being of the Bay Area Black Community. By raising money for community-based organizations, BABUF reduces the threat of hardship for these organizations due to financial challenges.

Supporting the health & wellness of the Bay Area Black community positively uplifts the health of all communities.

BABUF recognizes that dreams without resources remain only dreams. Whatever you give \$5, \$10, \$15 or more, you are the link that creates change. We hope that you will partner with us to make a healthier and more productive community a reality by supporting BABUF and its 45 member agencies.

WE ARE BLACK IN THE BAY! Black in the Bay Since 1979

Overhead Cost 14%



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BAY AREA BLACK UNITED FUND, INC.

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2015

AND

INDEPENDENT AUDITOR'S REPORT

# BAY AREA BLACK UNITED FUND, INC. DECEMBER 31, 2015

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#### Independent Auditor's Report

To the Board of Directors Bay Area Black United Fund, Inc.

I have audited the accompanying financial statements of Bay Area Black United Fund, Inc., (a nonprofit organization), which comprise the statement of financial position as of December 31, 2015, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America and the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

#### Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Bay Area Black United Fund, Inc. as of December 31, 2015, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Report issued in accordance with Government Auditing Standards

In accordance with Government Auditing Standards, I have also issued a report dated August 3, 2016, on my consideration of Bay Area Black United Fund, Inc.'s internal control over financial reporting and my tests of its compliance with certain provisions of laws, regulations, contracts, agreements and other matters. The purpose of that report is to describe the scope of my testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of my audit.

Christopher Chime Ogbodo Certified Public Accountant

Oakland, California August 3, 2016

# BAY AREA BLACK UNITED FUND, INC. STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2015

#### ASSETS

Current Assets	
Cash and Cash Equivalents - Note 2	\$ 39,752
Accounts Receivable	35,375
Promises to Give - Note 3	114,935
Management Fee Receivable	11,474
Prepaid Expenses	 2,341
Total Current Assets	203,877
Fixed Assets	
Computers	19,472
Other Equipment	49,775
Total Fixed Assets	69,247
Accumulated Depreciation	 (58,299)
Total Fixed Assets, Net of Depreciation	10,948
Total Assets	\$ 214,825
LIABILITIES AND NET ASSETS	
Current Liabilities	
Accounts Payable	\$ 30,788
Vacation Accrual	41,211
Line of Credit - Note 4	 121,111

Total Current Liabilities

Other Liabilities Agency Payable - Note 5 98,392 Fiscal Agency Payable - Note 6 7,109 Total Other Liabilities 105,501 Net Assets Unrestricted Net Assets (291, 671)Temporarily Restricted - Note 8 207,885 Total Net Assets (83,786) Total Liabilities and Net Assets \$ 214,825

193,110

See accompanying notes to the financial statements

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CERTIFIED PUBLIC ACCOUNTANT

# BAY AREA BLACK UNITED FUND, INC. STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2015

	Unr	estricted		nporarily stricted	Total
Revenue and Support					
Workplace Campaign	Ş	44,449			\$ 44,449
Grants		467,912	\$	207,885	675,797
Management Revenue		37,286		-	37,286
Donation and Contributions		4,350		-	4,350
Board Gifts		375		-	375
Interest Income		104		-	104
Miscellaneous Income		1,792		_	1,792
Total Revenues and Other Support		556,268		207,885	764,153
Net Assets Released from Restrictions		81,900		(81,900)	
Total Revenue and Other Support		638,168		125,985	764,153
Expenses					
Workplace Campaign		170,066		-	170,066
Community Outreach		162,670		-	162,670
Critical Mass Conductors		273,583		-	273,583
Other		22,181		=	22,181
General and Administrative		111,366		-	111,366
Total Expenses		739,866		_	739,866
Change in Net Assets		(101,698)		125,985	24,287
Net Assets - December 31, 2014		(189,973)		81,900	(108,073)
Net Assets - December 31, 2015	Ş	(291,671)	Ş	207,885	\$ (83,786)

See accompanying notes to the financial statements

# BAY AREA BLACK UNITED FUND, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2015

	PROGRAM SERVICES						
		Community	Critical			General and	
	Workplace	Outreach	Mass	Other	Total	Admin	TOTAL
EXPENSES							
Salaries & Wages	\$ 79,261	\$ 75,814	\$127,506	\$ 10,338	\$292,919	\$ 51,692	\$344,611
Payroll Process	512	490	823	67	1,892	334	\$ 2,226
Payroll Tax	5,960	5,700	9,587	777	22,024	3,887	\$ 25,911
Other Taxes	109	105	176	14	404	71	\$ 475
Bank Charges	150	144	242	20	556	98	\$ 654
Employees Benefits	10,573	10,113	17,009	1,379	39,074	6,895	\$ 45,969
Accounting & Legal	3,013	2,882	4,847	393	11,135	1,965	\$ 13,100
Conference & Meetings	394	377	634	51	1,456	257	\$ 1,713
Consultants	42,560	40,709	68,466	5,551	157,286	27,756	\$185,042
Stipends	248	238	400	32	918	162	\$ 1,080
Depreciation Expense	509	487	819	66	1,881	334	\$ 2,215
Dues & Subscriptions	130	124	209	17	480	85	\$ 565
Interest Expense	3,170	3,032	5,099	413	11,714	2,067	\$ 13,781
Insurance Other	1,796	1,718	2,890	234	6,638	1,172	\$ 7,810
Meals & Entertainment	1,528	1,461	2,457	199	5,645	996	\$ 6,641
Postage & Delivery	347	332	558	45	1,282	226	\$ 1,508
Office Supplies	1,108	1,060	1,783	145	4,096	1,027	\$ 5,123
Printing	1,541	1,474	2,479	201	5,695	1,005	\$ 6,700
Repairs & Maintenance	1,255	1,200	2,018	164	4,637	818	\$ 5,455
Rent	9,025	8,632	14,518	1,177	33,352	5,886	\$ 39,238
Telephone	2,007	1,920	3,228	262	7,417	1,309	\$ 8,726
Internet and Computer Expense	295	282	474	38	1,089	192	\$ 1,281
Travel	3,445	3,295	5,541	450	12,731	2,246	\$ 14,977
Refunds	83	79	134	11	307	54	\$ 361
Miscellaneous Expense	48	46	78	6	178	180	\$ 358
Web Site Development	36	35	59	5	135	24	\$ 159
Board Development and Studies	963	921	1,549	126	3,559	628	\$ 4,187
TOTAL EXPENSES	\$170,066	\$ 162,670	\$273,583	\$ 22,181	\$628,500	\$111,366	\$739,866

See accompanying notes to the financial statements

# BAY AREA BLACK UNITED FUND, INC. STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2015

Cash Flows from Operating Activities Changes in Net Assets Adjustments to reconcile changes in net assets to net cash provided by operating activities:	\$ 24,287
Depreciation (Increase) decrease in assets:	2,215
Accounts Receivable	(25, 375)
Promises to Give	(38,946)
Prepaid Expenses	(2,341)
Management Fee Receivable	5,181
Increase (decrease) in liabilities:	
Accounts payable	7,477
Vacation Accrual	9,536
Agency Payable	45,741
Fiscal Agency Payable	(26,767)
Net cash provided by operating activities	1,008
Cash Flows from Investing Activities Purchase of property and equipment	(6,741)
Net cash flow used by financing activities	(6,741)
Cash Flows from Financing Activities	
Line of Credit	6,076
Net cash flow used by financing activities	6,076
Net Increase (Decrease) in Cash	343
Cash and Cash Equivalents, Beginning of Year	39,409
Cash & Cash Equivalents, End of Year	\$ 39,752
Supplemental disclosure of cash flow information: Cash paid for: Income Taxes Paid	
Interest Paid	<u>\$ 13,781</u>

See accompanying notes to the financial statements

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# BAY AREA BLACK UNITED FUND, INC. NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2015

#### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Organization

Bay Area Black United Fund, Inc. (BABUF) is a not-for-profit organization incorporated under the laws of the State of California in 1976. Through the community outreach program the primary mission of the corporation is to promote and build partnerships between the Bay Area Black United Fund and organizations that, together, maximize our capacity to serve African American people and other communities of color.

In pursuit of its mission, the Bay Area Black United Fund, Inc.'s primary goal is to build self-reliance and self-sufficiency in communities we serve by building institutions that seek solutions to community needs, and will "teach people how to fish" for themselves. While BABUF's initial focus has been on the black community, the institution has, through the years, demonstrated its capability and desire to respond to the changing demographics of its service area.

The BABUF family of assisted agencies, in the future, will include the Latino, Asian, and Native American communities, as well as the homeless population, where race makes little or no difference. We will bring together resources-people, competency, and money - in ways that support human growth and development, and community healing and renewal for African American people and other communities and activities aimed at increasing the quality of life for African American communities.

# Basis of Presentation

The Organization receives various funds one of which is unrestricted, and the rest are permanently restricted. The permanently restricted funds are used to support specific programs within the Organization. The unrestricted funds are used to support general and administrative functions of the Organization as well as additional support of other programs.

The accompanying financial statements have been prepared to focus on the Organization as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classification of net assets and transactions into the following classes of assets:

Temporarily Restricted Net Assets - Net assets subject to donor-imposed stipulations that they be maintained by the organization.

Unrestricted Net Assets - Net assets not subject to donor-imposed stipulations.

Basis of Accounting

The Organization's books are maintained, and the financial statements have been prepared, on the accrual basis of accounting in accordance with generally accepted accounting principles.

# BAY AREA BLACK UNITED FUND, INC. NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2015

#### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### Revenue Recognition

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished) temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Cash and Cash Equivalents

For purposes of the balance sheets and statement of cash flows, the Company considers all highly liquid investments, which are readily convertible into known amounts of cash and have a maturity of three months or less when acquired to be cash equivalents.

Fixed Assets

Furniture and equipment are capitalized using the straight-line method. Donated assets are recorded at fair market value at the time the assets are received. The Organization has established a capitalization policy to capitalize all purchases of \$500 or more of furniture and equipment. Depreciation is provided using the straight-line method over the expected useful lives of the asset. At December 31, 2015, the Organization incurred \$2,215 in depreciation expense.

#### Income Taxes

BABUF has obtained determination letters from the Internal Revenue Service and the California Franchise Tax Board to the effect that BABUF qualifies under Section 501(c)(3) of the Internal Revenue Code (IRC) and Section 23701(d) of the California Tax Code. Accordingly, the primary operations of BABUF are currently considered exempt from federal income and state franchise taxes.

#### Fair Value of Financial Instruments

The carrying amounts of cash and cash equivalents approximate fair values due to the short-term maturities of these instruments.

Use of Estimates

The presentation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclose of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### BAY AREA BLACK UNITED FUND, INC. NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2015

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Promises to give

Pledges receivable consists of amounts due from funding sources, as described in Note 3.

Functional Expense Reporting

The cost of providing the Organization's programs has been summarized on a functional basis in these financial statements. Based on management estimates, costs have been allocated between programs and supporting services.

#### NOTE 2 - CASH AND CASH EQUIVALENTS

As of December 31, 2015, cash balances consis	sted of:
Unrestricted	\$ 39,049
Restricted	703
Total	\$ 39,752

NOTE 3 - PROMISES TO GIVE

As of December 31, 2015, Promises to Give consisted of:

	Unrestricted	Restricted	Total
Promises to Give	\$ 44,449	\$ 70,486	\$ 114,935

NOTE 4 - LINE OF CREDIT

At year ended December 31, 2015, the Organization had an unsecured line of credit with Wells Fargo Bank, in the amount of \$116,000. Advances on the credit line are payable on demand and carry an interest rate of 10.00 %. Amount payable at December 31, 2015 was \$115,158

The Organization has another line of credit with Bank of America in the amount of \$15,000 at an interest rate of 17.99%. Balance due at December 31, 2015, was \$5,953.

#### NOTE 5 - AGENCY PAYABLE

BABUF receives cash and other resources from various sources. In these transactions BABUF is acting as a fiscal agent, trustee, or intermediary for resource providers. These transactions are reported as increases in assets and liabilities. Distributions to third-party recipients are reported as decreases in those accounts. As of December 31, 2015, the amount of \$98,392 represents pledges to third-party agencies to be distributed in the following year.

#### NOTE 6 - FISCAL INTERMEDIARY PAYABLE

At year ended December 31, 2015, BABUF held \$7,109 as fiscal intermediary.

### BAY AREA BLACK UNITED FUND, INC. NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2015

#### NOTE 7 - NET ASSETS RELEASED FROM RESTRICTION

Temporarily restricted net asset released as of December 31, 2015 is as follow:

Kaiser	\$	26,900
San Francisco Foundation		10,000
Y and H Soda Foundation		10,000
Silicon Valley Foundation		5,000
Health Leadership Forum		10,000
The California Endowment	_	20,000
Total	\$_	81,900

#### NOTE 8 - TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets as of December 31, 2015 is \$207,885 for the Brotherhood of Elders Program.

#### NOTE 9 - COMMITMENTS

The Organization is under a lease agreement with FH One Inc. expiring June 30, 2018. As of December 31, 2015, the Organization incurred \$32,039 in rental expense. The future minimum payments under the leases are as follows:

	Office Lease
2016	\$ 61,261
2017	63,094
2018	32,016
Total	\$ 156,371

### NOTE 10 - SUBSEQUENT EVENTS

Subsequent events were evaluated through August 3, 2016 which is the date of the financial statements were available to be issued.



# INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors Bay Area Black United Fund, Inc.

I have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Bay Area Black United Fund, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2015, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated August 3, 2016.

#### Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Bay Area Black United Fund, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Bay Area Black United Fund, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Bay Area Black United Fund, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiency, or a combination of deficiency, or a combination of deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

My consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during my audit I did not identify any deficiencies in internal control that I consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

#### Compliance and Other Matters

As part of obtaining reasonable assurance about whether Bay Area Black United Fund, Inc.'s financial statements are free from material misstatement, I performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of my audit, and accordingly, I do not express such an opinion. The results of my tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

#### Purpose of this Report

The purpose of this report is solely to describe the scope of my testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Bay Area Black United Fund, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Bay Area Black United Fund, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

CHRISTOPHER CHIME OGBODO Certified Public Accountant

Oakland, California August 3, 2016

BAY AREA BLACK UNITED FUND, INC. SUMMARY OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2015

SUMMARY OF AUDIT RESULTS

- 1. The auditor's report expresses an unqualified opinion on the financial statement of Bay Are Black United Fund, Inc.
- 2. No material weaknesses were identified during the audit of the financial statements.
- 3. No instances of noncompliance material to the financial statements of Bay Are Black United Fund, Inc.