



MAHONEY
ULBRICH
CHRISTIANSEN
RUSS, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

30 EAST PLATO BOULEVARD SAINT PAUL, MN 55107-1809
TELEPHONE 651.227.6695 FACSIMILE 651.227.9796

July 13, 2009

Mr. Hussein Samatar
African Development Center
1808 Riverside Avenue, Suite 200
Minneapolis, MN 55454-1267

Dear Hussein:

Enclosed are two copies of the 2008 Federal Form 990, Minnesota Secretary of State Annual Registration, and State of Minnesota Charitable Organization Annual Report for the year ended December 31, 2008. Please review the returns carefully before filing and if you have any questions, please contact us.

FEDERAL FORM 990:

This return has been prepared for electronic filing. Form 8879-EO should be signed and dated by an officer and returned to our office as soon as possible. We will then submit your electronic Form 990 to the IRS by the due date of August 15, 2009. Do not mail the paper copy of the Form 990 to the IRS.

No payment is required.

**MINNESOTA SECRETARY OF STATE ANNUAL REGISTRATION FOR A
MINNESOTA NON-PROFIT CORPORATION:**

This Registration is required to be filed annually with the Office of the Secretary of State. We have electronically filed OR verified that your 2009 Non-Profit Corporation Annual Registration with the Minnesota Secretary of State has been filed. Your corporation is in good standing in Minnesota through December 31, 2009.

No payment is required.

STATE OF MINNESOTA OFFICE OF ATTORNEY GENERAL CHARITABLE ORGANIZATION ANNUAL REPORT:

Page 4 of this report should be signed and dated by two officers, and mailed to the address below on or before November 16, 2009:

State of Minnesota
Attorney General's Office
Charities Unit
1200 Bremer Tower
445 Minnesota Street
Saint Paul, Minnesota 55101-2130

Payment of \$25 is required.

A copy of the 2008 Form 990 and audited financial statements should be sent with the state report.

Please be advised that you are required by law to make your exemption application (Form 1023 or 1024) and your Form 990 for the last three years available for public inspection. You must provide the entire 990, and if applicable, Schedules A and B, and 990-T. However, the names and addresses of the donors may be omitted from the Public Inspection copy. If a copy is requested, you may charge a reasonable fee for reproduction and actual postage costs. The law does not require you to provide copies of public inspection documents that are made widely available, such as by posting them on the internet.

Sincerely,

Daniel J. Flicek

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning _____, 2008, and ending _____, 20____

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

AFRICAN DEVELOPMENT CENTER

20-0553370

Name and title of officer

**HUSSEIN SAMATAR
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	700317
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **41291255107**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **07/16/09**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AFRICAN DEVELOPMENT CENTER Doing Business As		D Employer identification number 20-0553370
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1808 RIVERSIDE AVENUE 200	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55454-1267	E Telephone number 612-333-4772
F Name and address of principal officer: HUSSEIN SAMATAR SAME AS C ABOVE		G Gross receipts \$ 700,317.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶		
J Website: ▶ WWW.ADCMINNESOTA.ORG		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 2002		M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADC WORKS WITHIN THE AFRICAN COMMUNITIES OF MINNESOTA TO START AND SUSTAIN SUCCESSFUL BUSINESSES,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7
	5	Total number of employees (Part V, line 2a)	9
	6	Total number of volunteers (estimate if necessary)	12
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 653,165. Current Year: 533,044.
	9	Program service revenue (Part VIII, line 2g)	111,800. 151,695.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,860. 15,578.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	783,825. 700,317.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	347,742. 495,904.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,754.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	260,288. 352,855.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	608,030. 848,759.	
19	Revenue less expenses. Subtract line 18 from line 12	175,795. -148,442.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 1,026,169. End of Year: 2,634,462.
	21	Total liabilities (Part X, line 26)	297,702. 2,052,407.
	22	Net assets or fund balances. Subtract line 21 from line 20	728,467. 582,055.

Part II Signature Block

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

Sign Here

Signature of officer: **HUSSEIN SAMATAR, EXECUTIVE DIRECTOR** Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: 07/16/09

Check if self-employed: Preparer's identifying number (see instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.**
30 EAST PLATO BOULEVARD
SAINT PAUL, MN 55107-1809

EIN: _____ Phone no.: (651) 227-6695

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

Part II Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

ADC'S MISSION IS TO WORK WITHIN AFRICAN COMMUNITIES IN MINNESOTA TO START AND SUSTAIN SUCCESSFUL BUSINESSES, BUILD ASSETS, AND PROMOTE COMMUNITY REINVESTMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ...

Yes No

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? ...

Yes No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 658,339. Including grants of \$) (Revenue \$ 151,695.)

ADC'S CULTURALLY-COMPETENT BUSINESS DEVELOPMENT SERVICES AND ITS PARTNERSHIPS WITH CRUCIAL FUNDING SOURCES HAVE DIRECTLY CONTRIBUTED TO THE SURGE IN AFRICAN-OWNED BUSINESSES IN MINNEAPOLIS AND ST. PAUL. IN ADDITION TO ONGOING TECHNICAL ASSISTANCE, ADC OFFERS SIX START-UP BUSINESS WORKSHOPS EACH YEAR. AFTER COMPLETION OF THE WORKSHOP, EACH CLIENT ENGAGES IN TEN HOURS OF ONE-ON-ONE TRAINING WITH ADC'S BUSINESS LENDERS. SINCE BEGINNING OPERATIONS, ADC HAS PROVIDED 175 CLIENTS WITH THIS ENTREPRENEURSHIP TRAINING. BETWEEN 2004 AND 2008, ADC LEVERAGED NEARLY \$10 MILLION IN BUSINESS LOANS THROUGH PRIVATE FINANCIAL INSTITUTIONS. ADDITIONALLY, ADC HOLDS "HOMESTRETCH" WORKSHOPS THE FIRST SATURDAY OF EACH MONTH FOR FIRST-TIME HOMEBUYERS IN THE TWIN CITIES. OVER 20 WORKSHOPS ARE HELD THROUGHOUT THE YEAR IN VARIOUS

4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses \$ 658,339. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	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?		
24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

