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Form	33	U

# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

AI	or τη	a 2014 calendar year, or tax year beginning and	enaing	_								
B	Check if applicab	C Name of organization		D Employer identifie	cation number							
	Addre											
		Aange Doing business as 20-055										
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite									
	Final returr			612-333-4772								
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	801,343.							
	Amer	ded MINNEAPOLIS, MN 55454		H(a) Is this a group re	eturn							
	Appli tion				? Yes 🗶 No							
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates ir								
Τ.	Tax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) c	or 527		list. (see instructions)							
٦١	Websi	te: NWW.ADCMINNESOTA.ORG		H(c) Group exemption	n number 🕨							
ΚF	<sup>=</sup> orm o	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2002 N	State of legal domicile: MN							
Pa	art I	Summary										
e	1	Briefly describe the organization's mission or most significant activities: THE 1	MISSIO	N OF ADC IS	TO GROW							
Activities & Governance		BUSINESSES, BUILD WEALTH AND INCREASE RE.			E AFRICAN							
ern (	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as								
Ň	3	Number of voting members of the governing body (Part VI, line 1a)		3	6							
യ യ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6							
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			6							
iviti	6	Total number of volunteers (estimate if necessary)		6	25							
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.							
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.							
				Prior Year	Current Year							
P	8	Contributions and grants (Part VIII, line 1h)		1,024,100.	693,593.							
Revenue	9	Program service revenue (Part VIII, line 2g)		98,874.	93,331.							
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		560.	1,479.							
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-12,287.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,123,534.	776,116.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		425.	1,029.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		531,832.	335,680.							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	9,293.							
ц.		Total fundraising expenses (Part IX, column (D), line 25) 36,80		421 020	215 (00							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		431,239.	315,622.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		963,496.	661,624.							
	19	Revenue less expenses. Subtract line 18 from line 12		160,038.	114,492.							
ts ol				ginning of Current Year	End of Year							
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,432,037.	3,851,584.							
et A Ind	21	Total liabilities (Part X, line 26)		2,935,398.	2,607,803.							
		Net assets or fund balances. Subtract line 21 from line 20		1,496,639.	1,243,781.							
		Signature Block	o and state	anto and to the bast of	Unourladad and halist it !-							
und	er pen	alties of periury. I declare that I have examined this return, including accompanying schedules	s and statem	enis, and to the dest of m	/ KITOWIEGGE ALLO DELLET, 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 NASIBU SAREVA, EXECUTI	VE DIRECTOR	Date	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	DANIEL J. FLICEK		09/14/15 self-employed P00076	153
Preparer	Firm's name <b>MAHONEY</b> , ULBRICH,	CHRISTIANSEN & RUSS	P.A. Firm's EIN ▶ 20-0553	370
Use Only	Firm's address 10 RIVER PARK PL	AZA, SUITE 800		
	SAINT PAUL, MN 5	5107	Phone no. $(651)227-6$	695
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes	No
432001 11-0	17-14 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	Form <b>9</b>	<b>90</b> (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	AFRICAN DEVELOPMENT CENTER	20-	-0553370	Page <b>2</b>
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			
	THE MISSION OF ADC IS TO GROW BUSINESSES, BUILD WEALTH	I AND	INCREASE	
	REINVESTMENT IN THE AFRICAN COMMUNITIES OF MINNESOTA.			
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	XNo
-	If "Yes," describe these new services on Schedule O.	-		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes	L▲ No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c			
	revenue, if any, for each program service reported.	Juliers, ule	e total expenses, a	
4a	(Code:) (Expenses \$498,778 • including grants of \$1,029 • ) (Re	venue \$	93,	331.)
Ĩ	ADC'S CULTURALLY COMPETENT BUSINESS DEVELOPMENT SERVIC			
	PARTNERSHIPS WITH CRUCIAL FUNDING SOURCES HAVE DIRECTI			то
	THE SURGE IN AFRICAN-OWNED BUSINESSES THROUGHOUT MINNE	SOTA	IN ADDI	TION
	TO ONGOING TECHNICAL ASSISTANCE, ADC OFFERS AT LEAST T	HREE	START-UP	
	BUSINESS WORKSHOPS EACH YEAR IN THE TWIN CITIES AND AT			
	GREATER MINNESOTA IN 2012 (WILLMAR/ST. CLOUD AND ROCHE			-
	MORE THAN 100 BUSINESS CLASS GRADUATES PARTICIPATED IN			
	TWIN CITIES AND GREATER MN. AFTER COMPLETION OF THE WO			TS
	READY TO START THEIR BUSINESSES ENGAGE IN ONE-ON-ONE G			
	ADC'S BUSINESS LENDERS. IN 2014, ADC MADE 15 PROJECTS			
	LEVERAGED OVER \$480K WITH A TOTAL PROJECT COST OF ALMS			ED
	38 JOBS AND RETAINED 78. ADDITIONALLY, ADC HOLDS "HOME			
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Ref	venue \$		)
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4e	Total program service expenses ► 498,778.			
42000			Form 9	<b>90</b> (2014)

Form	990	(2014)

Form 990 (2014) AFRICAN DEVELOPMENT CENTER
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)?		37	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х	
5	during the tax year? If "Yes," complete Schedule C, Part II	4	21	
5	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	5		
Ŭ	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,	-		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c	х	
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		- 23	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate 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 for any			v
	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 assistance to	-		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a conv of its audited financial statements to this return?	20h		i —

Form 990 (2014)

 
 Form 990 (2014)
 AFRICAN
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 Part IV
 Checklist of Required Schedules (continued)
 AFRICAN DEVELOPMENT CENTER

			Yes	No
21	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			v
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لم	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
254	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
<b>.</b>	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	

Form **990** (2014)

Form	990 (2014) AFRICAN DEVELOPMENT CENTER 20-0553	370	Р	age 5
Pa				uge e
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	/	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-		
а		13a		
	<b>Note.</b> 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 13b	-		
	Enter the amount of reserves on hand 13c	44-		x
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
<u>u</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		L

#### AFRICAN DEVELOPMENT CENTER

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did 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's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{MN}$			
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)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       X       Own request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			
	1931 5TH STREET SOUTH, MINNEAPOLIS, MN 55454			

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization is former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos heck	ition	than (	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/		from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or c	stee			nsated		(W-2/1099-MISC)	(1033-10100)	organization
	organizations	truste	al tru:		yee	nper		(		and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High em p	Former			
(1) JO ANN VANO	1.00									
PRESIDENT		Х		X				0.	0.	0.
(2) FELICIA RAVELOMANANTSOA	1.00									
DIRECTOR		X						0.	0.	0.
(3) LEAH MTEGHA	1.00								0	0
SECRETARY	1 00	X		X				0.	0.	0.
(4) ABDIKAFAR ADEN	1.00							0	0	0
	1 00	X		X				0.	0.	0.
(5) CHRISTINE NSAJJA	1.00	v						0.	0	0
DIRECTOR	1.00	Х						0.	0.	0.
(6) UBAH ALI JAMA	1.00	x						0.	0.	0
DIRECTOR	40.00	~						0.	0.	0.
(7) NASIBU SAREVA	40.00			x				87,257.	0.	6,912.
EXECUTIVE DIRECTOR				^				07,237.	0.	0,912.
		1								

Form 990 (2014) AFRICAN	DEVELOPN	1E1	T	CE	EN'	ΓEF	٤		20-05	553	370	Pa	ige <b>8</b>						
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)										
(A) Name and title	<b>(B)</b> Average hours per week	Pos (do not check box, unless pe			(do not chect box, unless p			(C) Position (do not check more than box, unless person is bo officer and a director/trus			Position t check more than one nless person is both an compe			(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	Est am	(F) imate ount c other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga and	pensation om the nization relate nization	e on ed						
								07.057				- 0.	1.0						
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A							87,257. 0. 87,257.		0. 0. 0.		5,91 5,91	0.						
2 Total number of individuals (including but n compensation from the organization ►								received more than \$100	),000 of reportabl	le			0						
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				-	·	•		highest compensated e			3	Yes	No X						
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab 0,000? <i>If "Yes,</i>	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	l ot 9 J i	her compensation from for such individual	the organization		4		Х						
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-			-			5		Х						
Section B. Independent Contractors 1 Complete this table for your five highest co	monoctod in	done	nda	nt o	onti	rooto		that received more than	\$100.000 of com			om							
Complete this table for your five highest co the organization. Report compensation for     (A)											(C)								
Name and business	address	NC	ONE	3				Description of s	ervices	C	ompen		1						
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to		se lis )	stec	d above) who received n	nore than										

			Check if Schedule O cont	ains a response	or note to any lin		<b>/D</b> ) I	<u>(0)</u>	
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
2	1	а	Federated campaigns	1a					
			Membership dues						
Ē			Fundraising events		31,000.				
ar			Related organizations						
Ē			Government grants (contribut		298,112.				
2			All other contributions, gifts, gran						
			similar amounts not included abo		364,481.				
5		a	Noncash contributions included in lines		,				
and Other Similar Amounts		-	Total. Add lines 1a-1f	-		693,593.			
-					Business Code				
	2	а	INTEREST INCOME	LOANS	900099	63,256.	63,256.		
	_		PROGRAM SERVICE		900099	28,074.	28,074.		
anu			MISCELLANEOUS I		900099	11,515.	11,515.		
šve			ROOM RENTALS		900099	50.	50.		
ř			LOSS FROM SUBSI	DTARTES	900099	-9,564.	-9,564.		
Revenue			All other program service reve			5,5010	5,5040		
						93,331.			
+	3	y	Total. Add lines 2a-2f			55,551.			
	3		Investment income (including			1,479.			1,47
	4		other similar amounts)			1,1,5.			<u> </u>
	4		Income from investment of tax						
	5		Royalties						
	~	_	O	(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		🕨				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses	-					
			Gain or (loss)						
		d	Net gain or (loss)		·· <u>····· ►</u>				
	8	а	Gross income from fundraisin	g events (not					
			including \$ 31,0	00. of					
			contributions reported on line	1c). See					
			Part IV, line 18	a					
		b	Less: direct expenses	b	25,227.				
		с	Net income or (loss) from fund	draising events	<b>&gt;</b>	-12,287.			-12,28
	9	а	Gross income from gaming ac						
			Part IV, line 19	a					
		b	Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
			and allowances	a					
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
T	11	а							
		b							1
		c							
			All other revenue						1
			Total. Add lines 11a-11d						
1		9	Total revenue. See instructions.			776,116.	93,331.	0	10,808

AFRICAN DEVELOPMENT CENTER

 Form 990 (2014)
 AFRICAN

 Part VIII
 Statement of Revenue

AFRICAN DEVELOPMENT CENTER

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

	eck if Schedule O contains a respons ounts reported on lines 6b,	<b>(A)</b> Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	er assistance to domestic organizations		expenses	general expenses	expenses
	governments. See Part IV, line 21	1,029.	1,029.		
	ther assistance to domestic				
	ee Part IV, line 22				
	ther assistance to foreign				
	s, foreign governments, and foreign				
	ee Part IV, lines 15 and 16				
	to or for members				
-	on of current officers, directors,				
	key employees	94,169.	35,784.	44,259.	14,126
	not included above, to disqualified				,
-	fined under section 4958(f)(1)) and				
	bed in section $4958(c)(3)(B)$				
	s and wages	188,716.	172,942.	5,842.	9,932
	ccruals and contributions (include	,	_,	- ,	- , - • -
	and 403(b) employer contributions)				
	vee benefits	26,614.	23,262.	2,210.	1,142
		26,181.	19,225.	4,589.	1,142 2,367
	ices (non-employees):		-, -	,	,
	· · · · · · · · · · · · · · · · · · ·	2,367.	2,367.		
		22,587.	11,000.	11,587.	
		<b>,</b>	,	,	
	Indraising services. See Part IV, line 17	9,293.			9,293
	nanagement fees				
	11g amount exceeds 10% of line 25,				
	ount, list line 11g expenses on Sch O.)	37,490.	16,946.	20,544.	
	nd promotion	37,490. 1,462.	1,293.	20,544. 169.	
	ses	30,976.	25,837.	5,139.	
	echnology	2,593.	1,355.	1,238.	
		<b>,</b>	,	,	
		118,081.	99,878.	18,203.	
		8,724.	5,451.	3,273.	
	travel or entertainment expenses	• • • = = = :			
	al, state, or local public officials				
	, conventions, and meetings	8,924.	7,219.	1,705.	
		32,954.	32,101.	853.	
	affiliates				
	depletion, and amortization	24,936.	21,196.	3,740.	
Insurance		12,620.	12,620.		
	s. Itemize expenses not covered	,	,		
above. (List mi	scellaneous expenses in line 24e. If line				
24e amount ex amount list lin	ceeds 10% of line 25, column (A) e 24e expenses on Schedule 0.)				
	ON FOR LOAN LOSS	4,808.	4,808.		
	DAN-RELATED EXPEN	4,260.	4,260.		
c MISCELI		2,840.	205.	2,635.	
d		_,			
e All other expe					
•	al expenses. Add lines 1 through 24e	661,624.	498,778.	125,986.	36,860
	omplete this line only if the organization				
	umn (B) joint costs from a combined				
-	mpaign and fundraising solicitation.				
	if following SOP 98-2 (ASC 958-720)				

For

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Schedule D

Liabilities

Net Assets or Fund Balances

**Total assets.** Add lines 1 through 15 (must equal line 34)

Accounts payable and accrued expenses

Grants payable

Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and

Unrestricted net assets

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Permanently restricted net assets

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

Total liabilities. Add lines 17 through 25 ....

and complete lines 30 through 34.

complete lines 27 through 29, and lines 33 and 34.

Deferred revenue

	<u>1990 (</u> rt X	2014) AFRICAN DEVELC	PMENI	CENTER		20-	0553370 Page <b>11</b>
1 4		Check if Schedule O contains a response or not					
		oneok il ochedule o contains a response of hol	e to any n		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	200,045.	1	160,797.		
	2	Savings and temporary cash investments			1,024,632.		1,206,978.
	3	Pledges and grants receivable, net	757,350.		305,000.		
	4	Accounts receivable, net		120,997.	4	128,387.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L			5		
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ţs		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		1,749,311.	7	1,499,267.	
◄	8	Inventories for sale or use		·····		8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		233,042. 189,098.	<u> </u>		
	b	Less: accumulated depreciation	67,717.		43,944.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line -			E11 00E	12	
	13	Investments - program-related. See Part IV, line	11	·····	511,985.		507,211.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			

3,851,584. Form **990** (2014)

1,243,781.

3,851,584.

1,614,569.

954,977.

898,781.

345,000.

2,607,803.

38,257.

4,432,037.

1,621,984.

1,236,824.

2,935,398.

569,289

927,350.

1,496,639.

4,432,037.

76,590.

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Form	990 (2014) AFRICAN DEVELOPMENT CENTER	20-05	53370	Pag	ge <b>12</b>	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	776			
2	Total expenses (must equal Part IX, column (A), line 25)	2	661			
3	Revenue less expenses. Subtract line 2 from line 1	3	114			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,496	5,6	39.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-367	7,3	50.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,243	3,7	81.	
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				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	О.				
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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			x		
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2014)

SCHEDULE /	Α
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(Form	990	or	990-EZ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

	2014
	Open to Public Inspection
r	identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	of the	organization

oyer	ide	ntifi	cati	on	num	be
~	~	~ -		~ -		

Nam	lame of the organization Employer identification number								
				OPMENT CENTER			20-0553370		
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The	organ	ization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E.)					
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Χ	An organization that norma	lly receives a substa	intial part of its support f	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma	Ily receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, ai	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of	its support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization a	after June 30, 1975.
		See section 509(a)(2). (Complete Part III.)							
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See s	section 50	09(a)(4).		
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or								
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in							
		lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.							
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	ees of the si	upporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by hav	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				-	-
с		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
	<b>c I Type III functionally integrated.</b> A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)								
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness								
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
е	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III								
	functionally integrated, or Type III non-functionally integrated supporting organization.								
f	f Enter the number of supported organizations								
q		vide the following informatior							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount or	fmonetary	(vi) Amount of
		organization		(described on lines 1-9 listed in your support				·	other support (see
				above or IRC section (see instructions))	Yes	No	Instruct	ions)	Instructions)
				(					

Total

#### Schedule A (Form 990 or 990 EZ) 2014 AFRICAN DEVELOPMENT CENTER Part II Support Schedule for Organizations Described in Sections 1

20-0553370 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 III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	1,345,554.	1,000,686.	589,813.	1,024,100.	693,593.	4,653,746.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3 1,345,554. 1,000,686. 589,813. 1,024,100. 693,593. 4,653,746											
	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						1,387,525.					
6												
	6 Public support. Subtract line 5 from line 4. 3,266,221.											
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total					
	Amounts from line 4	1,345,554.	1,000,686.	(c) 2012 589,813.	1,024,100.	(e) 2014 693, 593.	4,653,746.					
	Gross income from interest,	, ,	, ,		, ,	,	, ,					
Ŭ	dividends, payments received on											
	securities loans, rents, royalties and income from similar sources 7,578. 8,248. 3,148. 560. 1,45											
٩	Net income from unrelated business	.,	• / = = • •	• / = = • •		_,	21,013.					
5	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
10	or loss from the sale of capital											
	assets (Explain in Part VI.)											
44	Total support. Add lines 7 through 10						4,674,759.					
			nc)			12	608,008.					
	2 Gross receipts from related activities, etc. (see instructions)       12       608,008         3 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)											
10	organization, check this box and stop	-			an year as a sectio	11001(0)(0)						
Sec	ction C. Computation of Publ	ic Support Per	centage									
	Public support percentage for 2014 (I			olumn (f))		14	69.87 %					
	Public support percentage from 2013					15	67.06 %					
100	I6a 33 1/3% support test - 2014. 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											
h	33 1/3% support test - 2013. If the c		•									
~	and stop here. The organization qual											
17a	10% -facts-and-circumstances tes						or more					
	and if the organization meets the "fac											
	meets the "facts-and-circumstances"			-	-	-						
Ь	10% -facts-and-circumstances tes											
N.	more, and if the organization meets the											
	•				• •							
10	organization meets the "facts-and-circ											
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 🕨											

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. P	ublic Support								
Calendar year (or	fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	((	<b>e)</b> 2014	(f) Total	
1 Gifts, grant	s, contributions, and						-		
membershi	p fees received. (Do not	I							
include any	, "unusual grants.")	ſ							
2 Gross rece merchandis formed, or any activity	ipts from admissions, se sold or services per- facilities furnished in that is related to the n's tax-exempt purpose								
3 Gross rece	ipts from activities that								
	unrelated trade or bus-								
	r section 513	ſ							
	es levied for the organ-								
	enefit and either paid to	ſ							
	d on its behalf								
-	of services or facilities								
	y a governmental unit to	ſ							
	ation without charge								
-	lines 1 through 5								
	icluded on lines 1, 2, and								
	from disgualified persons								
<b>b</b> Amounts inclue from other than exceed the gre	ded on lines 2 and 3 received a disqualified persons that ater of \$5,000 or 1% of the								
	13 for the year								
	a and 7b								
8 Public sup	port (Subtract line 7c from line 6.)								
		( ) 0010	(1) 0011	() 0010	( 1) 0010		10011	(0 T ) )	
	fiscal year beginning in)	<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	((	<b>e)</b> 2014	(f) Total	
<b>10a</b> Gross inco dividends, securities la	om line 6 me from interest, payments received on pans, rents, royalties e from similar sources								
	siness taxable income								
	511 taxes) from businesses er June 30, 1975								
c Add lines 1	0a and 10b								
11 Net income activities ne	e from unrelated business ot included in line 10b, not the business is								
12 Other incor or loss from	ne. Do not include gain n the sale of capital blain in Part VI.)								
	<b>It.</b> (Add lines 9, 10c, 11, and 12.)								
14 First five y	ears. If the Form 990 is for t	he organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(	(c)(3) organiz	ation,	
check this	box and <b>stop here</b>							►	
Section C. C	computation of Public	Support Pe	rcentage						
15 Public sup	port percentage for 2014 (lin	e 8, column (f) d	ivided by line 13, o	column (f))		15			%
16 Public sup	port percentage from 2013 S	Schedule A, Part	III, line 15			16			%
Section D. C	computation of Invest	ment Incom	e Percentage						
17 Investment	income percentage for 201	4 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17			%
	income percentage from 20					18			%
	upport tests - 2014. If the o						%, and line 1	7 is not	
	33 1/3%, check this box and	-					,	· •	
	upport tests - 2013. If the o						un 33 1/3%	and	
	ot more than 33 1/3%, check								
	Indation. If the organization								
		u		,, 51, 51, 66, 71					

#### Schedule A (Form 990 or 990-EZ) 2014 AFRICAN DEVELOPMENT CENTER

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **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 qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
•		
6		
7		
8		
0		
9a		
9b		
50		
9c		
10a		
10b		

# Schedule A (Form 990 or 990-EZ) 2014 AFRICAN DEVELOPMENT CENTER Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction			
a	The organization satisfied the Activities Test. Complete line 2 below.	15).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions	;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
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			
u	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ou		
	of its supported organizations? If "Yes," describe in $P_{art} y_I$ the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014

### Schedule A (Form 990 or 990 EZ) 2014 AFRICAN DEVELOPMENT CENTER

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on 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		
Secti	on B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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,			
	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		
Secti	on 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 current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

1

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	. ,		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
b				
<u> </u>				
d	E 0010			
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
i	Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions)			
<u>+</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
-	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
с				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).


Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
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# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

# 2014

Employer identification number

20-0553370	)
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#### AFRICAN DEVELOPMENT CENTER

<b>0</b>	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

#### Name of organization

Employer identification number

20-0553370

#### AFRICAN DEVELOPMENT CENTER

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>    1</u>		\$ 140,000.       Person       X         Payroll       Noncash       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		*     180,000.       Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 75,500.       Person X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$20,000.     Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$22,000.       Person X         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$65,000.       Person X         Payroll       Noncash         (Complete Part II for noncash contributions.)

#### Name of organization

Employer identification number

20-0553370

#### AFRICAN DEVELOPMENT CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$141,011.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

AFRICAN DEVELOPMENT CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
			00 000_E7 or 000_DE\ /2

20-0553370

Name of orga	anization		Employer identification number
AFRICA	N DEVELOPMENT CENTER		20-0553370
Part III	<i>Exclusively</i> religious, charitable, etc., con the year from any one contributor. Complete	<b>tributions to organizations describe</b> columns <b>(a)</b> through <b>(e) and</b> the follo	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 c	or less for the year. (Enter this info. once.) 🕨 \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Γ		(e) Transfer of gi	ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gi	 ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
1			

SCHEDULE C (Form 990 or 990-EZ)	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	527 990-EZ. 990.	<b>ZU14</b> Open to Public Inspection	
If the organization ans	wered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Camp	aign Activ	 ities), then
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations: Complete Parts I-A and B. Do not complete Part I-C.		
<ul> <li>Section 501(c) (other</li> </ul>	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Pa	ırt I-B.	
<ul> <li>Section 527 organiz</li> </ul>	ations: Complete Part I-A only.		
If the organization ans	wered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Act	ivities), the	n
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do	not comple	ete Part II-B.
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-	3. Do not co	omplete Part II-A.
If the organization ans	wered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form	1 990-EZ, F	art V, line 35c (Proxy
Tax) (see separate inst	ructions), then		
<ul> <li>Section 501(c)(4), (5</li> </ul>	), or (6) organizations: Complete Part III.		
Name of organization			identification number
	AFRICAN DEVELOPMENT CENTER		0-0553370
Part I-A Compl	ete if the organization is exempt under section 501(c) or is a section 5	527 orgai	nization.
2 Political expenditur	on of the organization's direct and indirect political campaign activities in Part IV. es	<b>▶</b> \$	
Part I-B Compl	ete if the organization is exempt under section 501(c)(3).		
1 Enter the amount of	f any excise tax incurred by the organization under section 4955	▶\$	
2 Enter the amount of	f any excise tax incurred by organization managers under section 4955	▶\$	
3 If the organization i	ncurred a section 4955 tax, did it file Form 4720 for this year?		
4a Was a correction m	nade?		Yes No
<b>b</b> If "Yes," describe in	n Part IV.		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3)	
--	--

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶\$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527		
	exempt function activities	- \$	

	line 17b		
4	Did the filing organization file Form 1120-POL for this year?	Yes	No
E	Enter the neuron addresses and evenles a identification number (EN) of all costion EOZ political eventions to which t		- ati a a

5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political
	contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a
	political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2014 AFRIC	AN DEV	ELOPMENT CE	NTER	20-0	)553370 Page 2
Part II-A Complete if the organizati	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768(	election under
section 501(h)).					
A Check 🕨 🛄 if the filing organization belor	ngs to an aff	iliated group (and list ir	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of exce	, ,	• •			
B Check ► if the filing organization chec	ked box A a	nd "limited control" pro	ovisions apply.		
Limits on Lob (The term "expenditures" n			)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence put	olic opinion (	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a le					
c Total lobbying expenditures (add lines 1a ar					
e Total exempt purpose expenditures (add line					
f Lobbying nontaxable amount. Enter the amo					
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc	. ,		
Over \$1,500,000 but not over \$17,000,000		00 plus 5% of the exce	. , ,		
Over \$17,000,000	\$1,000,	1	. , ,		
	<b></b> ,,				
g Grassroots nontaxable amount (enter 25% of	of line 1f)				
<b>h</b> Subtract line 1g from line 1a. If zero or less,	enter -0-				
i Subtract line 1f from line 1c. If zero or less, e	enter -0-				
j If there is an amount other than zero on eith					•
reporting section 4911 tax for this year?					Yes No
	4-Year Av	eraging Period Under	section 501(h)		
(Some organizations that made		• •	•	of the five columns	below.
Se	e the separ	ate instructions for li	nes 2a through 2f.)		
Lob	bying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (a) (or fiscal year beginning in)	2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

# Schedule C (Form 990 or 990 EZ) 2014 AFRICAN DEVELOPMENT CENTER 20-0553370 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?		Х			
f b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?	X			),000.	
j Total. Add lines 1c through 1i			10	),000.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)	(5), or se	ction		
501(c)(6).			Yes	No	
			res	No	
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			- 12	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), section	• •			• • •	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			t III-A, IIr	1e 3, IS	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal				
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
<b>b</b> Carryover from last year					
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II	-A, lines 1 a	and 2 (see		
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:					
THE AFRICAN DEVELOPMENT CENTER PAID \$10,000 TO ALMEID	A PUBL	IC AF	FAIRS		
FOR LOBBYING THAT RESULTED IN \$2.8 MILLION ON THE GOV	'ERNOR '	S BUD	GET IN	1	
2013 AND THIS YEAR FOR BUSINESS DEVELOPMENT THROUGH D	EED.				

					OMB No. 1545-0047				
	HEDULE D		al Financial Statements		<b>901</b>				
(Forı	m 990)	Complete if the org Part IV. line 6, 7, 8, 9, 10	anization answered "Yes" to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2014				
	tment of the Treasury		Attach to Form 990.		Open to Public Inspection				
	al Revenue Service e of the organizati		rm 990) and its instructions is at <sub>www.irs.gov/</sub>		loyer identification number				
		AFRICAN DEVELOPMEN			20-0553370				
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or <i>I</i>	Accou	nts.Complete if the				
	organizatio	on answered "Yes" to Form 990, Part IV, lin							
			(a) Donor advised funds	(b) Fund	ds and other accounts				
1	Total number at e	nd of year							
2		of contributions to (during year)							
3		of grants from (during year)							
4		at end of year							
5	-		writing that the assets held in donor advised fur						
-			exclusive legal control?		Yes II No				
6	e e		advisors in writing that grant funds can be used	•					
			or donor advisor, or for any other purpose confe	-	Yes No				
Pa			ganization answered "Yes" to Form 990, Part IV						
1		servation easements held by the organizat	-	, 1110 7 .					
•		n of land for public use (e.g., recreation or e		v import	ant land area				
		of natural habitat	Preservation of a certified h						
		n of open space							
2		• •	fied conservation contribution in the form of a c	onserva	tion easement on the last				
	day of the tax yea	• •							
	, ,				Held at the End of the Tax Year				
а	Total number of c	onservation easements		2a					
b									
с	Number of conser	vation easements on a certified historic str	ructure included in (a)	2c					
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic structure						
	listed in the Natior	nal Register		2d					
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization	during the tax				
	year 🕨								
4		where property subject to conservation ea							
5	0	tion have a written policy regarding the pe							
	,	forcement of the conservation easements i							
6			and enforcing conservation easements during						
7			enforcing conservation easements during the y						
8			ve satisfy the requirements of section 170(h)(4)(		Yes No				
9			ion easements in its revenue and expense state						
č		•	tion's financial statements that describes the o						
	conservation ease			J					
Pa			f Art, Historical Treasures, or Other	Simila	ar Assets.				
	Complete i	f the organization answered "Yes" to Form	990, Part IV, line 8.						
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and bala	nce sheet works of art,				
	historical treasure	s, or other similar assets held for public exl	hibition, education, or research in furtherance o	f public	service, provide, in Part XIII,				
	the text of the foo	tnote to its financial statements that descr	ibes these items.						
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance	sheet works of art, historical				
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, p	rovide the following amounts				
	relating to these it								
-	.,								
2			asures, or other similar assets for financial gain	, provide	e				
	the following amore	ne following amounts required to be reported under SFAS 116 (ASC 958) relating to these items;							

	the following amounts required to be reported u	
а	Revenue included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

► \$ ► \$

_		DEVELOPME						20-05			ige <b>2</b>
Par	t III   Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	on, and other record	ls, checl	k any of the	following the	at are a s	ignificant	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d			hange progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	-		-	-			ose in Par	t XIII.		
5	During the year, did the organization solicit of		,		,						1
Da	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		No
1 0	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ii trie	organizatio	n answered	res lo	F0111 990	, Part IV, I	ine 9, or		
12	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not	included				
iu	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······			
~			lietting t						Amoun	•	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										]
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	<b>(d)</b> Three y	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the cur		o (lino 1	a oolump (c							
2 a	Board designated or quasi-endowment		2e (iii ie i) %	y, column (a	a)) neiù as.						
	Permanent endowment	%									
	Temporarily restricted endowment	%									
Ũ	The percentages in lines 2a, 2b, and 2c shot										
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for t	he organiz	zation			
	by:								Ι	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the	e organization's endo	wment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" to Form 990	), Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		<b>(b)</b> Cost basis	or other (other)		ccumulate preciation	d	( <b>d)</b> Boo	k value	;
1a	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment			23	3,042.		189,0	98.	4	3,94	<u>44.</u>
	Other								A .	<u> </u>	<u></u>
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)				4	3,94	±4.

Schedule D (Form 990) 2014

Part VII Investments	- Other Securiti	es	
Schedule D (Form 990) 2014	AFRICAN	DEVELOPMENT	CENTER

Complete if the organization answered "Yes"			
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1c. See Form 990, Part X, lin	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) INVESTMENT IN			
(2) SUBSIDIARIES	447,537.	END-OF-YEAR 1	MARKET VALUE
(3) INVESTMENT IN			
(4) AFROUNIVERSAL STUDIO, NET	59,674.	END-OF-YEAR 1	MARKET VALUE
(5)			
(6)			
(7)			
(8)			
(9)			
	507,211.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	507,211.		
	to Form 000 Dout IV line 1	1d Cas Farma 000 Davit V liv	15
Complete if the organization answered "Yes"	Description	Tu. See Form 990, Part X, III	(b) Book value
	Description		(b) BOOK value
(1)			
(2)			
(3)			
(3) (4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)	2.15.)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	to Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa <b>b)</b> Book value	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	to Form 990, Part IV, line 1	b) Book value	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS	to Form 990, Part IV, line 1	b) Book value 43,991.	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS (3) LOAN PARTICIPATIONS	to Form 990, Part IV, line 1 (	b) Book value 43,991. 694,644.	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS	to Form 990, Part IV, line 1 (	b) Book value 43,991.	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS (3) LOAN PARTICIPATIONS (4) DUE TO STATE OF MINNESOTA	to Form 990, Part IV, line 1 (	b) Book value 43,991. 694,644.	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS (3) LOAN PARTICIPATIONS (4) DUE TO STATE OF MINNESOTA (5)	to Form 990, Part IV, line 1 (	b) Book value 43,991. 694,644.	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS (3) LOAN PARTICIPATIONS (4) DUE TO STATE OF MINNESOTA (5) (6)	to Form 990, Part IV, line 1 (	b) Book value 43,991. 694,644.	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS (3) LOAN PARTICIPATIONS (4) DUE TO STATE OF MINNESOTA (5) (6) (7)	to Form 990, Part IV, line 1 (	b) Book value 43,991. 694,644.	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS (3) LOAN PARTICIPATIONS (4) DUE TO STATE OF MINNESOTA (5) (6) (7) (8)	to Form 990, Part IV, line 1 (	b) Book value 43,991. 694,644.	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lind Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS (3) LOAN PARTICIPATIONS (4) DUE TO STATE OF MINNESOTA (5) (6) (7) (8) (9)	to Form 990, Part IV, line 1	b) Book value 43,991. 694,644. 216,342.	rt X, line 25.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS (3) LOAN PARTICIPATIONS (4) DUE TO STATE OF MINNESOTA (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	to Form 990, Part IV, line 1 ( 	b) Book value 43,991. 694,644. 216,342. 954,977.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD FOR LOANS (3) LOAN PARTICIPATIONS (4) DUE TO STATE OF MINNESOTA (5) (6) (7) (8)	to Form 990, Part IV, line 1 ( 	b) Book value 43,991. 694,644. 216,342. 954,977. the organization's financial s	statements that reports the

Schedule D (Form 990) 2014 AFRICAN DEVELOPMENT CENT	ER	20-0553370 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	
Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.	
1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)	
Part XIII Supplemental Information.		

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

PART X, LINE 2:

ADC IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER MINNESOTA STATUTE
290.05 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT
FROM PRIVATE FOUNDATION STATUS UNDER SECTION 509(A)(1) OF THE INTERNAL
REVENUE CODE AND IS SUBJECT TO INCOME TAXES ONLY ON NET UNRELATED BUSINESS
INCOME. ADC DID NOT HAVE ANY UNRELATED BUSINESS INCOME IN 2014 OR 2013.
FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE THE
CURRENT AND THREE PREVIOUS YEARS OF INCOME TAX RETURNS. THE COMPANIES ARE
NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

Part XIII Sup	plemental Informa	ation (continued)			

(Form 990 or 990-EZ) Department of the Treasury Department Spraine	ntal Information Regarding organization answered "Yes" to organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 9 5,000 ) or Fo	990, P on Fo rm 99	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ.	or 19,	or if the	OMB No. 1545-0047	
Name of the organization	bout Schedule & (Form 990 or 990-EZ)	anuna	msuu	ctions is at www.irs.c		Employer ic	lentification number	
AFRICAN	DEVELOPMENT CENTE	ER				20-055	3370	
Part I       Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       Indicate solicitations								
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with p viduals or entities (fundraisers) pure	profess	ional f	undraising services?	?	☐ Ye		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (or fu	mount paid retained by undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrik	oution	s or has been notified	d it is e	exempt from	registration	

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	1		-	pts greater than \$5,000.
			(a) Event #1 GALA	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts	43,940.			43,940.
	2	Less: Contributions	31,000.			31,000.
	3	Gross income (line 1 minus line 2)	12,940.			12,940.
	4	Cash prizes				
	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	8,856.			8,856.
-	8	Entertainment	800.			800.
	9	Other direct expenses				15,571.
ŀ	10	Direct expense summary. Add lines 4 through			►	25,227.
		Net income summary. Subtract line 10 from I				-12,287.
Par	rt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ş	2	Cash prizes				
ense		Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_ Yes

7 Direct expense summary. Add lines 2 through 5 in column (d)

\_ No

\_\_\_ No

Sch	nedule G (Form 990 or 990-EZ) 2014 AFRICAN DEVELOPMENT CENTER 20-0	553	370	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆	Yes	No No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party $\triangleright$ \$			
	c If "Yes," enter name and address of the third party:			
-				
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. —	Yes	└── No
Ľ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year <b>s</b> <b>art IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li		0 - 10	
Fa	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nes 9,	9b, It	JD, 15D,

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

EZ 2014 Open to Public Inspection Employer identification number

20-0553370

OMB No 1545-0047

AFRICAN DEVELOPMENT CENTER

#### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES OF MINNESOTA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WORKSHOPS THE FIRST SATURDAY OF EACH MONTH FOR FIRST-TIME HOME BUYERS

IN THE TWIN CITIES AS WELL AS FINANCIALLY CONSULTING. ABOUT 16

WORKSHOPS WERE HELD THROUGHOUT THE YEAR IN MINNESOTA. IN 2013, ALMOST

400 FAMILIES SUCCESSFULLY COMPLETED THESE WORKSHOPS AND FINANCIAL

COUNSELING.

FORM 990, PART VI, SECTION B, LINE 11:

THE EXECUTIVE, FINANCE, AND AUDIT COMMITTEES REVIEW THE FORM 990, AND THEN THE BOARD ACCEPTS THE RECOMMENDATION OF THE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN A DOCUMENT TO DISCLOSE ANNUAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

EMPLOYEES FILL OUT AN EVALUATION FORM THAT WILL BE DISCUSSED BY THE BOARD

OF DIRECTORS FOR THE EXECUTIVE DIRECTOR'S COMPENSATION INCREMENT. THE

EXECUTIVE DIRECTOR EVALUATES EMPLOYEE'S PERFORMANCES AND DETERMINES THE

COMPENSATION BASED ON THEIR PERFORMANCES AND COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 18:

ADC HAS ITS FORM 990 PUBLICLY AVAILABLE AND IT IS ALWAYS POSTED ON THE

Schedule O	(Form 990	or 990-EZ	(2014)
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Name of the organization

AFRICAN DEVELOPMENT CENTER

ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANICAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC AND ARE ALWAYS POSTED ON THE

ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ON OCTOBER 10, 2014 (VIA TELEPHONE MESSAGE), THE PAT AND TOM GROSSMAN

FAMILY FUND ADVISED ADC THEY HAD CANCELLED \$367,500 OF A \$410,000 GRANT

ANNOUNCED ON MAY 15, 2013.

SCH	EDULE R

#### (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2014

**Open to Public** Inspection

Employer identification number

20-0553370

OMB No. 1545-0047

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

AFRICAN DEVELOPMENT CENTER

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				

#### Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
			501(c)(3))				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

#### Schedule R (Form 990) 2014 AFRICAN DEVELOPMENT CENTER

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or aging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	-											
										-		
	1											
	-											
	-											
	1											
	1											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(l contr	( <b>i)</b> ction b)(13) rolled tity?
		country)				455015		Yes	No
ADC FINANCIAL SERVICES, INC 26-0564229									
1808 RIVERSIDE AVENUE, SUITE 206									
MINNEAPOLIS, MN 55454	MORTGAGE ORIGINATION	MN	NA	C CORP	٥.	56,214.	100.00%		Х
ADC COMMERCIAL REAL ESTATE, INC									
26-4165628, 1808 RIVERSIDE AVENUE, SUITE	COMMERCIAL REAL								
206, MINNEAPOLIS, MN 55454	ESTATE	MN	NA	C CORP	268,369.	1,897,536.	100.00%		X
AFROUNIVERSAL STUDIO									
1808 RIVERSIDE AVENUE, SUITE 206									
MINNEAPOLIS, MN 55454	TELEVISION STUDIO	MN	NA	C CORP	0.	0.	51.00%		X
	4								
	-								
	4								

#### Schedule R (Form 990) 2014 AFRICAN DEVELOPMENT CENTER

Part V	Transactions With Related Organizations Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
--------	---	--

ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedu	le.					Ye	es No
During the tax year, did the organization engage in any of the following	transactior	ns with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a cont	rolled entit	у			1a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)					1b	, X	
c Gift, grant, or capital contribution from related organization(s)					1c		X
d Loans or loan guarantees to or for related organization(s)						I X	
e Loans or loan guarantees by related organization(s)						•	2
f Dividends from related organization(s)					1f		2
g Sale of assets to related organization(s)					1g		2
h Purchase of assets from related organization(s)							Σ
i Exchange of assets with related organization(s)					1i		Σ
j Lease of facilities, equipment, or other assets to related organization(s)					1j		2
k Lease of facilities, equipment, or other assets from related organization	(s)				1k		
I Performance of services or membership or fundraising solicitations for i	related orga	anization(s)				X	
m Performance of services or membership or fundraising solicitations by r	elated orga	anization(s)			1m	۱	Σ
n Sharing of facilities, equipment, mailing lists, or other assets with relate						X	:
o Sharing of paid employees with related organization(s)						, X	:
p Reimbursement paid to related organization(s) for expenses					1p	,	2
<b>q</b> Reimbursement paid by related organization(s) for expenses							2
r Other transfer of cash or property to related organization(s)					1r		Σ
s Other transfer of cash or property from related organization(s)							
<ol> <li>If the answer to any of the above is "Yes," see the instructions for information</li> </ol>							
(-)		(1-)	(-)		( <b>-</b> 1)		

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) ADC COMMERCIAL REAL ESTATE, INC	K	102,000.	ACTUAL AMOUNT PAID.
(2)			
(3)			
(4)			
(5)			
<u>(</u> 6)			

#### Schedule R (Form 990) 2014 AFRICAN DEVELOPMENT CENTER

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)		1	(f)	(g)	()	2	(i)	(j)	(k)
		Legal domicile	(U) Prodominant incomo	(e) Are a partners 501(c) orgs.	all	(י) Share of	(9) Share of		יי החרי	Code V LIPI	(J) General o	
Name, address, and EIN of entity	Primary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)	s sec. )(3)	total	end-of-year	tior	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managinç	Percentage
of entity		country)	excluded from tax under	orgs.	.? <sup>′</sup>	income	assets	alloca	tions?	of Schedule K-1	partner?	ownership
		country)	sections 5 12-5 14)	Yes I	No	Income	455615	Yes	No	(Form 1065)	Yes NO	
											1	
											1	
											1	
											1	
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Schedule R (Form 990) 2014