** 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)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

AF	or tne	2017 calendar year, or tax year beginning and	enaing				
B c	heck if pplicable	C Name of organization		D Employer identific	cation number		
	Addres change	AFRICAN DEVELOPMENT CENTER					
	Name change	Doing business as		20-0	553370		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 1931 5TH STREET SOUTH	Room/suite	E Telephone numbe	r 333-4772		
	⊒return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	999,211.		
	Amend return			H(a) Is this a group re			
	Application			for subordinates			
	pending			H(b) Are all subordinates in	—		
	- - - - - - - - - - - - - - - - - - -	mpt status: X 501(c)(3)	or 527	1	list. (see instructions)		
		E: ► WWW.ADCMINNESOTA.ORG	51 021	H(c) Group exemptio			
		organization: X Corporation Trust Association Other	I Vear		A State of legal domicile: MN		
		Summary	L 1001	or formation. 2002 N	otate of logal dofficite, 2224		
		Briefly describe the organization's mission or most significant activities: THE 1	MISSIO	N OF ADC IS	TO GROW		
Se		BUSINESSES, BUILD WEALTH AND INCREASE REI			AFRICAN		
nan		Check this box if the organization discontinued its operations or dispose					
ver	l			3	11		
ဗိ	l	Number of independent voting members of the governing body (Part VI, line 1b)			11		
م د		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			7		
iţi		Total number of volunteers (estimate if necessary)			51		
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.		
		······································		Prior Year	Current Year		
Revenue	8 (Contributions and grants (Part VIII, line 1h)		728,798.	972,790.		
	9 1	Program service revenue (Part VIII, line 2g)		20,266.	24,590.		
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,716.	1,831.		
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,794.	0.		
	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		752,574.	999,211.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		319.	2,040.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
G	45 (Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		390,604.	412,167.		
se	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b 1	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30 , 18	32.				
Ě	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		447,112.	471,993.		
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		838,035.	886,200.		
	l .	Revenue less expenses. Subtract line 18 from line 12		-85,461.	113,011.		
or		•		ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,543,536.	4,363,024.		
ASS d Ba	21	Total liabilities (Part X, line 26)		2,195,458.	2,901,935.		
Ret	22 1	Net assets or fund balances. Subtract line 21 from line 20		1,348,078.	1,461,089.		
Pa	art II	Signature Block					
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.			
		\					
Sigr	ո	Signature of officer		Date			
Her	e	NASIBU SAREVA, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		MARC A. KOTSONAS		8/30/18 self-employ			
Prep	arer	Firm's name MAHONEY, ULBRICH, CHRISTIANSEN & R	USS P	A • Firm's EIN ▶	20-0553370		
Use	Only	Firm's address 10 RIVER PARK PLAZA, SUITE 800					
		SAINT PAUL, MN 55107		Phone no. (6	51)227-6695		
Мау	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

. u	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 AND INCREASE	
	REINVESTMENT IN THE AFRICAN COMMUNITIES OF MINNESOTA.	
	THE PROPERTY OF THE PROPERTY O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	, 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
3	If "Yes," describe these changes on Schedule O.	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$751,695 . including grants of \$2,040 .) (Revenue \$\$ 24,590 .	<u> </u>
4a	(Code:) (Expenses \$/51,695. including grants of \$2,040.) (Revenue \$24,590. ADC'S CULTURALLY COMPETENT BUSINESS DEVELOPMENT SERVICES AND ITS	<u>, •</u>)
	PARTNERSHIPS WITH CRUCIAL FUNDING SOURCES HAVE DIRECTLY CONTRIBUTED TO	
	THE SURGE IN AFRICAN-OWNED BUSINESSES THROUGHOUT MINNESOTA. IN ADDITION	т —
	TO ONGOING TECHNICAL ASSISTANCE, ADC OFFERED 4 START-UP BUSINESS	<u>'</u>
	WORKSHOPS IN THE TWIN CITIES IN 2017. IN 2017, MORE THAN 20 BUSINESS	
	CLASS GRADUATES PARTICIPATED IN (SPEED) COACHING SESSIONS IN THE TWIN	
	CITIES. AFTER COMPLETION OF THE TRAININGS/WORKSHOP, CLIENTS READY TO	
	START THEIR BUSINESSES ENGAGE IN ONE-ON-ONE GUIDANCE WITH ADC'S BUSINESS LENDERS. IN 2017, ADC MADE 42 LOANS AS PART OF 32 PROJECTS;	
	BUSINESS LENDERS. IN 2017, ADC MADE 42 LOANS AS PART OF 32 PROJECTS; LEVERAGED OVER \$1,298,166 WITH A TOTAL PROJECT COST OF \$2,594,866,	
	CREATED 179 JOBS AND 149 RETAINED JOBS (TOTAL JOBS 328). ADDITIONALLY,	
	ADC HELD 26 "HOMESTRETCH" WORKSHOPS THE FIRST SATURDAY OF EACH MONTH	
4b	(Code:) (Expenses \$	— ⁾
	·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	— ⁾
	·	
	·	
4 -	Other presume any ineq (Decembe in Calcabula O.)	
4d	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 751,695.	
4e	TOTAL PROGRAMM SELVICE EXPENSES F	

Form 990 (2017) AFRICAN DEVELOPMENT CENTER Part IV Checklist of Required Schedules

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				Yes	No
2 X Did the organization required to complete Schedule <i>B</i> , Schedule of Contributors? 3 Did the organization engage in direct or indeet political engages and active on indeet political engages and index or indeet political engages and index or indeet political engages and several engages in direct or indeet political engages and several engages in direct or indeet political engages in direct or indeet political engages and several engages in direct or indeet political engages and several engages and several engages in direct organization and section 501(c)(3) organizations. Did the organization as ediment on the evenue Procedure 9.18 ½ if "yes," complete Schedule C, Part II is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part II is Did the organization maintain collections of works of art, histones? If "yes," complete Schedule D, Part II is Did the organization receive or hold a conservation assemble. Including assembles to preserve open space, the environment, historic land areas, or historic structures? If "yes," complete Schedule D, Part II is 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, in Part X, line 121, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in Part X, line 121, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 127, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 127, for escrow or custodial account liability, serve as a custodian for amounts or part X, line 127, for escrow or custodial account liability, serve as a custodi	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X X Section 501(p)3 organizations. Did the organization engage in lobbying activities, or have a section 501(p)1 election in effect during the tax year? If "Yes," complete Schedule C, Part II X X X S the organization ascention 501(p)4, 501(c)6, 507(c)6, 607(c)6, 60		If "Yes," complete Schedule A	1_		
public office? // Yes, 'complete Schedule C, Part I	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part If If "Yes," complete Schedule C, Part If If Yes, some standard organization assertion 501(d)(s), 501(c)(g), or 501(c)(g) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part If	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-18? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 III Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization 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 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 If the organization saver to any of the following questions is "Yes," then complete Schedule D, Part VI, It If the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization separate, independent audited financial statements for the tax year? If "Yes," and if the organization and amount for other assets in Part X, line 25?		public office? If "Yes," complete Schedule C, Part I	3_		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99.18? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report 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 III 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 Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, IV, IV, IV, IV, IV, IV, IV, IV, IV,	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IVI 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 VI Did the organization report an amount for lowling questions is "Yes," then complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other lastice in Part X, line 15? If "Yes," complete Schedule D, Part X Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization separate or consolidated, independent audited financial statements for the tax year? If "Yes," comple		during the tax year? If "Yes," complete Schedule C, Part II	4_		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization reasoner 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 III and 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV and the organization report an amount for long a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V as a spilicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments or the tax year include a footnote that addresses the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II To Did the organization report an amount for other liabilities in Part X, line 18? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II To Did the organization report an amount for other liabilities	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 III. Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Bid the organization report an amount in Part X, line 21 for escrow or custodial account tiability, 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 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 VI VIII, IX, or X as applicable. Bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII VIII, IX, or X as applicable. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII VIII VIII, IX VIII,		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
The deriganization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part II	6				
By the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II and the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II and 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 negotiations services? If "Yes," complete Schedule D, Part IV as a spipicable. 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 as a spipicable. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V build the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII build the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII build the organization report an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII build buil		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 10 Did the organization develop or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11b X 11c Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X 11d X	7				
Schedule D, Part III 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 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V III, IVII, IVI, Or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization's separate or consolidated financial statements for the tax year include a tootnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 if X 12 is 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, Part X X I and XII is optional 13 is the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,			7		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 V 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 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part VI, II, VIII, III, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other insetting the part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization's isibility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116 X 11d X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 117 X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 117 X 12b Was 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 15 D	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 10 Did the organization described by Part IV 10 X X X X X X X X X			8		X
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. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 It X 11 It X 12 Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 It X 12 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 It X 12 Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 11 It X 12 Did the organization in part and amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 11 It X 12 Did the organization is paparate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? 11 If "Yes," and if the organization included in consolidated financial statements for the tax year? 12 If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X I and XII is becoming a separate or consolidated financial statements for the tax year? 12 If "Yes," complete Schedule F, Parts I and IV 12 It Yes, "complete Schedule D, Part X IX and XII is becoming a service activities outside the United States, or aggregate foreign investment, and program service activities	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
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foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	15				
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17		X
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1c and 8a? If "Yes," complete Schedule G, Part II	18		X
complete Schedule G. Part III	19				
		complete Schedule G. Part III	19		X

Form 990 (2017) AFRICAN DEVELOPMENT CENTER Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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			
	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
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		X
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		X
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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		<u> </u>
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		X
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	X	

Form 990 (2017) AFRICAN DEVELOPMENT CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance

The Enter the number reported in Box 3 of Form 1098. Enter 0 if not applicable 1 a 7 or 1 b 6 inter the number of Forms W-2C included in line 1a. Enter 0 if not applicable 2 b 1 b 0 or 1 b 1 contribution of the provided in line 1a. Enter 0 if not applicable 2 b 1 b 0 or 1 b 1 contribution of the provided in line 1a. Enter 0 if not applicable 2 b 1 b 1 or 2 b 1 contribution of the provided in line 1a. Enter 0 if not applicable 3 b 1 contribution of the provided in line 1a. Enter 0 if not applicable 3 b 1 contribution of the provided in line 2a, did the organization file all leagured fideral employment tax returns? 2 b 1 b 1 at least one is reported on line 2a, did the organization file all leagured fideral employment tax returns? 2 b 1 v 1 v 2 v 3 b 1 v 2 v 3 b 1 v 2 v 3 b 1 v 3 b 1 v 3 v 4 b 1 v 3 v 4 b 1 v 4 b		Check if Schedule O contains a response or note to any line in this Part V				<u>Ш</u>
be their the number of Forms W2G included in line 1s. Enter 0- if not applicable		,	_		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (granization prize winners) 2 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 3 In It all least one is reported on line 28, did the organization file all required federal employment tax returns? 3 In It all least one is reported on line 28, did the organization file all required federal employment tax returns? 3 In It (1945) 4 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 accountry) 4 In It (1945) 5 In It (1945) 6	1a			-		
Section Strict (1997) Sect	b		10 0	4		
2a Enter the number of employees reported on Form W3, Transmittal of Woge and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	С				77	
tiled for the calendary year ending with or within the year covered by this return 2a 7				1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3	2a	· · · · · · · · · · · · · · · · · · ·				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a					37	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b f1 *Yes, * has it field a Form 990-f1 for this year? f1*No, * to fine 3b, provide an explanation in Schedule O d 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 accounts (FBAR). b f1 *Yes, * there the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization of the properties of the seed of the organization flow as whether transaction at any time during the tax year? 5c M2	b			2b	Λ	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4a X b if "Yes," enter the name of the foreign country: ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," in line Sa or 5b, did the organization file Form 8866-T? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there 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? 7b Organizations that may receive deductible contributions under section 170(c). 8b if "Yes," did the organization notity the donor of the value of the goods or services provided to the payor? 8c If "Yes," did the organization notity the donor of the value of the goods or services provided? 9c Did the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required? 9c If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9c If the organization received a contribution of oats, boasts, airplanes, or other vehicles, did the organization file Form 1084 C? 9c Sponsoring organization have excess business holdings at any time during the year? 9c Sponsoring organization make any taxable distributions under section 4966? 1b dress preceived from them.) 1c Section 501(c)(12) organizations. Enter: a Initiation fees and capital contributions i	0-			0-		~
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial accounts)? b If "Yes," enter the name of the foreign country: \[\] 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5b X if "Yes," to line 5a or 5b, did the organization flee Form 8886-T? 6a Does the organization have annual giross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 7 b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7 b Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 7 c X if Did the organization notity the donor of the value of the goods or services provided? 7 b If "Yes," indicate the number of Forms 8282 flied during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 17 If X X if If the organization received a contribution of the spensor property in the payme		, , , , , , , , , , , , , , , , , , , ,				
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See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 3 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5	h		count)?	44		-25
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization file Form 8886-T? 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? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes,* did the organization notify the donor of the value of the goods or services provided to the payor? 8c If If Yes,* did the organization notify the donor of the value of the goods or services provided? 9c 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? 1a If Yes,* did the organization notify the donor of the value of the goods or services provided? 1b If Yes,* did the organization notify the donor of the value of the goods or services provided? 1c Did the organization receive any funds, directly or indirectly, the payoremiums on a personal benefit contract? 1c Did the organization decrease any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1c Did the organization mate and contribution of qualified intellectual property, did the organization file Form 899 as required? 1b If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 1c If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 1c Formalization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 1c F	b		counts (FRAR)			
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to If "Yes," to line 5a or 5b, did the organization file Form 8886-T7 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization notify the donor of the value of the goods or services provided? 8 Did the organization excelve a payment in excess of stangible personal property for which it was required 1 to file Form 8282? 1 to Fyes," indicate the number of Forms 8282 filed during the year 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 4 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 5 Did the organization received a contribution of cars, boats, apiplanes, or other vehicles, did the organization file a Form 1098-6. 7 Did the sponsoring organization make any taxable distributions under section 4966? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? N/A 9 Did the sponsoring organization make any taxable distributions under section 4966? N/A 9 Did the sponsoring organization make any taxable distribution and partly the property	_					_
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			13b			
717			13c			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b	000	

Form 990 (2017) AFRICAN DEVELOPMENT CENTER 2U-U5533/U Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or charges in Schedule O. See instructions.			77
Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X
000	tion A. doverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11		103	110
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	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		x
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		x
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		x
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		x
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		Х
	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	Х	
b		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	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b		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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶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) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon 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, and	financ	ial	
	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:			
	AFRICAN DEVELOPMENT CENTER - 612-333-4772			
	1931 5TH STREET SOUTH, MINNEAPOLIS, MN 55454			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.			
(A)	(B)		(C)					(D)	(E)	(F)		
Name and Title	Average	(do	not c	Pos heck	itior more) than d	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss per	rson i	s both	an an	compensation	compensation	amount of		
	week	-	T an		II ecto	T II US	(66)	from	from related	other		
	(list any	irecto						the	organizations	compensation		
	hours for related	ord	e e			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	ruste	trust		99	nbeu		(88-2/1099-181130)		and related		
	below	dual t	tiona	١.	nploy	st cor	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.9424.0		
(1) FELICIA RAVELOMANANTSOA	1.00											
DIRECTOR		Х						0.	0.	0.		
(2) UBAH ALI JAMA	1.00]										
DIRECTOR		Х						0.	0.	0.		
(3) STEPHANIE LEE	1.00	1							_	_		
DIRECTOR		Х						0.	0.	0.		
(4) VERNON DOSWELL	1.00											
DIRECTOR	1 00	Х						0.	0.	0.		
(5) MIKE STINSON	1.00	٠,,							0			
DIRECTOR (6) DAIKA ISMAIL	1.00	Х						0.	0.	0.		
(6) DAIKA ISMAIL DIRECTOR	1.00	х						0.	0.	0.		
(7) ANTHONY WATTS	1.00	^						0.	0.	· ·		
DIRECTOR	1.00	Х						0.	0.	0.		
(8) RAVAHERE NEDICH	1.00											
DIRECTOR		Х						0.	0.	0.		
(9) JO ANN VANO	1.00											
PRESIDENT		Х		Х				0.	0.	0.		
(10) LEAH MTEGHA	1.00	1										
SECRETARY		Х		Х				0.	0.	0.		
(11) ABDIKAFAR ADEN	1.00	J										
TREASURER	10.00	Х		Х				0.	0.	0.		
(12) NASIBU SAREVA	40.00	4						05 101	•	0 050		
EXECUTIVE DIRECTOR				Х				97,131.	0.	8,958.		
		1										
		1										
	1											
	+											
	•	•	_		_	_	_					

732007 11-28-17 Form **990** (2017)

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u> Hig</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		ገ than	one	Reportable	Reportable	Estimated			
		hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensation	on	an	nount	of
		week		Cer ar	la a a	recio	or/trus	iee)	from	from related			other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	99			sated		organization	(W-2/1099-MI	SC)		om th	
		organizations	ustee	trust		90	ubeus		(W-2/1099-MISC)				anizat d relat	
		below	lual tr	tional	١.	yold	yee y						anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0,90	ai ii Laci	0110
			-	1		×	1	<u> </u>						
			-											
							-							
	Sub-total		<u> </u>						97,131.		0.		8,9	58.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							•	97,131.		0.		8,9	58.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	—— е			
	compensation from the organization								•	•				0
													Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or I	highest compensated er	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	um of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5	Did any person listed on line 1a receive or a	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
Coo	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch ı	pers	son					5		X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	dene	nde	nt co	ontr	acto	rs th	nat received more than \$	\$100,000 of com	nensa	tion fro	om	
	the organization. Report compensation for													
	(A)								(B)			(C		
	Name and business	address	N	INC	3				Description of s	services		ompe	nsatio	n
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi					()						000	
												_		

20-0553370

Form 990 (2017) AFRICAN
Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ठ ठ	1 :	Federated campaigns	1a					
ran	ı	b Membership dues						
Y,G	(Fundraising events	1c					
ar /	(d Related organizations						
imil	(e Government grants (contribution	ons) 1e	155,329.				
tior S	1	f All other contributions, gifts, grants						
ng #		similar amounts not included abov	e 1f	817,461.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1:	-		070 700			
ğά	l	n Total. Add lines 1a-1f			972,790.			
	_	TAMEDECH TACOME	TONIC	Business Code 900099	01 020	04 020		
ice	2 8	DDOGDAM GEDUITGE		900099	84,839. 64,951.	84,839. 64,951.		
er. ue		DE PROGRAM SERVICE NISCELLANEOUS IN		900099	3,954.	3,954.		
Program Service Revenue	Š	LOSS FROM SUBSII		900099	-129,154.	-129,154.		
gra	Ì	e <u>=022 111011 202211</u>		300033		223,2310		
Pro	1	· ·	nue					
	,				24,590.			
	3	Investment income (including of	dividends, intere	st, and				
		other similar amounts)		>	1,831.			1,831.
	4	Income from investment of tax	-exempt bond p	roceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	ı	b Less: rental expenses						
	(Rental income or (loss)						
		· · · · · · · · · · · · · · · · · · ·	(') 0 :1:					
	/ 3	a 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)						
ene	8 8	a Gross income from fundraising	events (not	,				
Other Reven		contributions reported on line						
, Re		Part IV, line 18	•					
the	ı	b Less: direct expenses						
0		Net income or (loss) from funda		>				
		a Gross income from gaming act						
		Part IV, line 19	а					
	ı	Less: direct expenses	b					
		Net income or (loss) from gami						
	10 a	a Gross sales of inventory, less r						
		and allowances						
		Less: cost of goods sold						
ŀ		Net income or (loss) from sales						
ŀ	11 :	Miscellaneous Revenue		Business Code				
		a b						
		c						
		d All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			999,211.	24,590.	0.	1,831.

Form 990 (2017) AFRICAN DEVELO Part IX Statement of Functional Expenses

<u>Secti</u>	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	СХРОПОСО
·	and domestic governments. See Part IV, line 21	2,040.	2,040.		
2	Grants and other assistance to domestic	, -	, -		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	106,089.	84,870.	15,914.	5,305.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	253,717.	235,341.	12,097.	6,279.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	18,450. 33,911.	16,123.	933.	1,394.
10	Payroll taxes	33,911.	30,194.	2,685.	1,032.
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,609.		2,609.	
	Accounting	30,590.	15,162.	15,428.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	52,113.	16,755.	19,243.	16,115.
12	Advertising and promotion	5,136.	4,364.	772.	
13	Office expenses	43,773.	37,819.	5,954.	
14	Information technology	7,846.	6,348.	1,498.	
15	Royalties	110 525	100.056	10.000	
16	Occupancy	118,735.	100,956.	17,779.	
17	Travel	14,732.	12,822.	1,910.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	E 0.C1	2 100	2 020	
19	Conferences, conventions, and meetings	5,961. 29,626.	3,122. 28,791.	2,839.	
20	Interest	49,040.	40,/91.	833.	
21	Payments to affiliates	9,829.	8,353.	1,476.	
22	Depreciation, depletion, and amortization	8,968.	8,053.	858.	57.
23	Other expenses. Itemize expenses not covered	0,300.	0,033.	0.50.	J / •
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	101 050	101 000		
а	PROVISION FOR LOAN LOSS	131,079.	131,079.		
b	LOAN/LOAN-RELATED EXPEN	8,813.	8,813.	1 1 1 2 2	
c	MISCELLANEOUS	1,823.	690.	1,133.	
d	GRANTS AND DONATIONS	360.		360.	
	All other expenses	006 200	751 605	104,323.	20 100
25	Total functional expenses. Add lines 1 through 24e	886,200.	751,695.	104,323.	30,182.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2017)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			119,920.	1	264,262.
	2	Savings and temporary cash investments			1,091,110.	2	919,622.
	3	Pledges and grants receivable, net			278,975.	3	364,400.
	4	Accounts receivable, net			116,389.	4	138,159.
	5	Loans and other receivables from current and fo			·		,
		trustees, key employees, and highest compensa		, , , , , , , , , , , , , , , , , , ,			
		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					
"		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			1,414,026.	7	2,085,460.
Ass	8	Inventories for sale or use			8	2,000,1000	
	9	Description of the second state of the second			9		
		Land, buildings, and equipment: cost or other	I				
	104	basis. Complete Part VI of Schedule D	100	267 543.			
	_h		1	267,543. 235,546.	27,801.	10c	31,997.
	11	Investments - publicly traded securities			27,0021	11	3273370
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - other securities. See Fart IV, line		495,315.	13	559,124.	
	14		13373131	14	333,1210		
	15	Intangible assets Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	3,543,536.	16	4 363 024		
	17	Accounts payable and accrued expenses			60,111.	17	4,363,024. 7,926.
	18	Grants payable	00,111	18	,,5200		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
iii		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela			1,531,367.	23	2,096,675.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			603,980.	25	797,334.
	26	Total liabilities. Add lines 17 through 25			2,195,458.	26	797,334. 2,901,935.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
nce	27	Unrestricted net assets			966,778.	27	938,446.
ala	28	Temporarily restricted net assets			381,300.	28	522,643.
В	29	Permanently restricted net assets		<u></u> .		29	
뒫		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
ō		and complete lines 30 through 34.					
əts	30	Capital stock or trust principal, or current funds				30	
1556	31	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, o	or other funds		32	
Ž	33	Total net assets or fund balances			1,348,078.	33	1,461,089.
	34	Total liabilities and net assets/fund balances .			3,543,536.	34	4,363,024.

Form **990** (2017)

				<u> </u>	<u> </u>
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		9,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	11	3,0	<u>11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,34	8,0	78.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,46	1,0	89.
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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	3.37.00010	За		х

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

AFRICAN DEVELOPMENT CENTER

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

га	111	neason for Public C	Jilanty Status (All organizations must co	mpiete th	is part.) Se	e instructions.	
he.	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov						
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental i	unit or from the general إ	oublic described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	: II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(x) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10	Ш	An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	ıfter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).	
12	Ш	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а			nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	ıpporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by have	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information			(i) In the name	-i-dia listad		
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
ota	.i							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1024100.	693,593.	531,208.	728,798.	972,790.	3950489.
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	1024100.	693,593.	531,208.	728,798.	972,790.	3950489.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1162045.
	Public support. Subtract line 5 from line 4.						2788444.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1024100.	693,593.	531,208.	728,798.	972,790.	3950489.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	560.	1,479.	1,691.	1,716.	1,831.	7,277.
9	Net income from unrelated business						
	activities, whether or not the				4 504		4 = 0.4
	business is regularly carried on				1,794.		1,794.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2050560
11	Total support. Add lines 7 through 10						3959560.
12	Gross receipts from related activities,	•	,			12	531,481.
13	· · · · · · · · · · · · · · · · · · ·	~			•		
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				>
14				olumn (f))		14	70.42 %
	Public support percentage for 2017 (III					15	71.00 %
15 16a	33 1/3% support test - 2017. If the c						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2016. If the c						
~	and stop here. The organization qual						. \Box
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				•	-	
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•		•		▶ □
_18	Private foundation. If the organization			•			>

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	•		•	•	. , . ,	·
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
198	. 33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						`
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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		
	3b		
	3c		
	4a		
	та		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
9	90 or 99	0-EZ)	2017

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	v, the governing body of a supported organization?	11a		
b	A fam	nily 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		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	Now providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	suppo tion F	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1 a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. Answer (a) and (b) below.	uctions)	Yes	No
– a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_		upported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgai	nizations	
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction				
		other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E.	
Sect	ion A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net:	short-term capital gain	1		
2	Reco	overies of prior-year distributions	2		
3	Othe	er gross income (see instructions)	3		
4	Add	lines 1 through 3	4		
5	Depi	reciation and depletion	5		
6	Port	ion of operating expenses paid or incurred for production or			
	colle	ection of gross income or for management, conservation, or			
		ntenance of property held for production of income (see instructions)	6		
7	Othe	er expenses (see instructions)	7		
8	Adju	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggı	regate fair market value of all non-exempt-use assets (see			
	instr	uctions for short tax year or assets held for part of year):			
a	Aver	age monthly value of securities	1a		
b	Aver	age monthly cash balances	1b		
С	Fair	market value of other non-exempt-use assets	1c		
		I (add lines 1a, 1b, and 1c)	1d		
е	Disc	count claimed for blockage or other			
	facto	ors (explain in detail in Part VI):			
2	Acqı	uisition indebtedness applicable to non-exempt-use assets	2		
3	Subt	tract line 2 from line 1d	3		
4	Cash	n deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see i	instructions)	4		
5	Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Mult	iply line 5 by .035	6		
7	Reco	overies of prior-year distributions	7		
8	Mini	mum Asset Amount (add line 7 to line 6)	8		
Sect	ion C	- Distributable Amount			Current Year
1	Adju	sted net income for prior year (from Section A, line 8, Column A)	1		
2		r 85% of line 1	2		
3	Mini	mum asset amount for prior year (from Section B, line 8, Column A)	3		
4		r greater of line 2 or line 3	4		
5		me tax imposed in prior year	5		
6		ributable Amount. Subtract line 5 from line 4, unless subject to			
		rgency temporary reduction (see instructions)	6		
7		Check here if the current year is the organization's first as a non-functionally	integrat	ed Type III supporting orga	anization (see
		instructions).	ū		·

Schedule A (Form 990 or 990-EZ) 2017

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amour				
2	Amour				
	organi				
3	Admin	istrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total a	annual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which th	e organization is responsive		
	(provic	de details in Part VI). See instructions.			
9	Distrib	utable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	utable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able ca	ause required- explain in Part VI). See instructions.			
3	Excess	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i	Carryo	over from 2012 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2017 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5	Remai	ning underdistributions for years prior to 2017, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Remai	ning underdistributions for 2017. Subtract lines 3h			
	and 4b	o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions.			
7	Exces	s distributions carryover to 2018. Add lines 3j			
	and 4d	2.			
8	Break	down of line 7:			
а	Excess	s from 2013			
b	Excess	s from 2014			
С	Excess	s from 2015			
d	Excess	s from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 AFRICAN DEVELOPMENT CENTER	20-0553370 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
		_

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2017

20-0553370 AFRICAN DEVELOPMENT CENTER Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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) (2017)

AFRICAN DEVELOPMENT CENTER

20-0553370

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$	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		
3		\$150,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 165,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	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		
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

AFRICAN DEVELOPMENT CENTER

20-0553370

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		- - \$\$19,800.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		- - - - - -	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)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll 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

20-0553370

Part II	Noncash Property (see instructions). Use duplicate copies of Part II 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		
		\$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization **Employer identification number** AFRICAN DEVELOPMENT CENTER 20-0553370 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AFRICAN DEVELOPMENT CENTER

Employer identification number 20-0553370

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	. —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	•	1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annual to be added b	
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nariding of violations, and emorcing con	servation easements during the year
-	Amount of company in a consistency in a constitution in a constitu		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	a action the requirements of acction 170	(b)(4)(D)(i)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	ion 3 inancial statements that describes	the organization's accounting to
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	•	
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	,, ,	•
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:		5
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		

	rt III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(conti	nued)	igo –
3	Using the organization's acquisition, accession								,		
	(check all that apply):										
а	Public exhibition	c	i 🗌	Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explain	n how th	ey further th	e organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be main	ntained as part of t	he orgar	nization's co	lection?				Yes		No
Pai	rt IV Escrow and Custodial Arrang	ements. Compl	ete if the	organizatio	n answered '	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodian	n or other intermed	liary for o	contributions	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f									_		
2a	Did the organization include an amount on For	m 990, Part X, line	21, for 6	escrow or cu	stodial acco	unt liabilit	y?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII. C										
Pai	rt V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo							
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1ç	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c shoul										
3а	Are there endowment funds not in the possess	sion of the organiza	ation tha	t are held ar	nd administer	red for the	organiza	ition	ĺ		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								_3b		
4	Describe in Part XIII the intended uses of the o		wment f	unds.							
Pai	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered										
	Description of property	(a) Cost or o			or other	. ,	cumulate	ed	(d) Boo	k value	Э
		basis (investr	nent)	Basis	(other)	aep	reciation				
	Land										
b	Buildings				1 022		2 00	<u> </u>		<u> </u>	1.0
С.	Leasehold improvements	I			4,933.	2	2,08			2,84	
d	Equipment			∠6	2,610.		33,46	04.		9,1	±0.
е	Other	.									

Schedule D (Form 990) 2017

31,997.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Part VII Investments - Other Securities.
--

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	d-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"				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1) INVESTMENT IN SOCIAL				
(2) VENTURES SUBSIDIARIES	559,1	24. END-OF-	YEAR MARKET	VALUE
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	559,1	24.		
Part IX Other Assets.				
Complete if the organization answered "Yes"		, line 11d. See Form 990	, Part X, line 15.	T
(a)	Description			(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u></u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	<i>,</i>	m 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) FUNDS HELD FOR LOANS		29,476		
(3) LOAN PARTICIPATIONS		541,703		
(4) DUE TO STATE OF MINNESOTA		226,155	•	
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	797,334	•	

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

	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b	Dona	ted services and use of facilities	2b			
С	Reco	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2 d			
е	Add li	nes 2a through 2d			2e	
3		act line 2e from line 1			3	
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b			
C		ines 4a and 4b			4c	
5 D a	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stateme	nte Wi	th Evnances per E	5 Poturn	
га	I L AII		IIIO WI	itti Expelises pei r	etuiii.	
_	T-4-1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1		expenses and losses per audited financial statements			1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a		ted services and use of facilities	2a 2b			
b		year adjustments losses				
c d		(Describe in Part XIII.)	2c 2d			
		ines 2a through 2d			2e	
3		act line 2e from line 1			3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:				
a		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)				
С		ines 4a and 4b			4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	
Pa	rt XIII	Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV $_{\rm I}$; Part X, li	ne 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional inf	ormation.		
ד גים	от v					
PAI	≺'I' ∧	TIME 2.				
		, LINE 2:				
ארו ע			N IIN	DER MINNESOT	a gma	ייוייה:
ADO		CLASSIFIED AS A TAX-EXEMPT ORGANIZATION	N UN	DER MINNESOT	A STA	TUTE
	C IS	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION				
	C IS					
29(C IS	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION	REVE:	NUE CODE AND	IS E	XEMPT
29(C IS	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL 1	REVE:	NUE CODE AND	IS E	XEMPT
290 FRO	C IS	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL 1	REVE:	NUE CODE AND	IS E	XEMPT RNAL
290 FRO	C IS 0.05 OM P	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL INTERN	REVE	NUE CODE AND A)(1) OF THE	IS E INTE ATED	XEMPT RNAL BUSINESS
290 FRO	C IS	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL INTERN	REVE	NUE CODE AND A)(1) OF THE	IS E INTE ATED	XEMPT RNAL BUSINESS
290 FRO	C IS 0.05 OM P	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL INTERN	REVE	NUE CODE AND A)(1) OF THE	IS E INTE ATED	XEMPT RNAL BUSINESS
290 FRO	C IS 0.05 OM P	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL INTERN	REVE	NUE CODE AND A)(1) OF THE	IS E INTE ATED	XEMPT RNAL BUSINESS
290 FRO	C IS 0.05 OM P	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL INTERN	REVE	NUE CODE AND A)(1) OF THE	IS E INTE ATED	XEMPT RNAL BUSINESS
290 FRO	C IS 0.05 OM P	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL INTERN	REVE	NUE CODE AND A)(1) OF THE	IS E INTE ATED	XEMPT RNAL BUSINESS
290 FRO	C IS 0.05 OM P	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL INTERN	REVE	NUE CODE AND A)(1) OF THE	IS E INTE ATED	XEMPT RNAL BUSINESS
290 FRO	C IS 0.05 OM P	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL INTERN	REVE	NUE CODE AND A)(1) OF THE	IS E INTE ATED	XEMPT RNAL BUSINESS
290 FRO	C IS 0.05 OM P	CLASSIFIED AS A TAX-EXEMPT ORGANIZATION AND SECTION 501(C)(3) OF THE INTERNAL INTERN	REVE	NUE CODE AND A)(1) OF THE	IS E INTE ATED	XEMPT RNAL BUSINESS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AFRICAN DEVELOPMENT CENTER

Employer identification number 20-0553370

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITIES OF MINNESOTA. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FOR FIRST-TIME HOME BUYERS. OF THOSE, 13 WERE IN THE TWIN CITIES AND 13 IN GREATER MINNESOTA/ST. CLOUD AREAS; AND WITH A GRAND TOTAL OF 211 IN 2017, 140 CLIENTS WERE SEEN IN RELATION TO PARTICIPANTS. HOMEOWNERSHIP COUNSELING - OF WHOM 50% WERE WOMEN. FINALLY, 75 CLIENTS WERE SEEN IN GROUP SETTING FOR FINANCIAL LITERACY WORKSHOPS - 42 FROM GREATER MINNESOTA AND 33 FROM THE METRO AREA. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE COMMITTEE REVIEWS 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.

Name of the organization AFRICAN DEVELOPMENT CENTER	Employer identification number 20-0553370
ADC HAS ITS FORM 990 PUBLICLY AVAILABLE AND IT IS ALWAYS F	OSTED ON THE
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 POST	ED ON THE
ORGANIZATION'S WEBSITE.	
FORM 990, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Marrie or	AFRICAN DEVELO	PMENT CENTER		20-0553370					
Part I	Identification of Disregarded Entities. Comple	te if the organization answered "Yes	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year	assets	s Direct c	(f) ontrolling ntity)
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one o	or mor	re related tax-exer	npt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dir	(f) rect controlling entity	Section 5 contr ent	olled
		_			501(c)(3))			Yes	No
		_							

Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	n)	(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	alloca		Code V-UBI amount in box 20 of Schedule	Genera manag partne	Percentage ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo		
										Ш			

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Percentage ownership	512(t contr enti	o)(13) folled ity?
		country)		,				Yes	No
ADC FINANCIAL SERVICES, INC 26-0564229	_		AFRICAN						
1808 RIVERSIDE AVENUE, SUITE 206			DEVELOPMENT						
MINNEAPOLIS, MN 55454	MORTGAGE ORIGINATION	MN	CENTER	C CORP	107.	58,571.	100%		X
ADC COMMERCIAL REAL ESTATE, INC			AFRICAN						
26-4165628, 1808 RIVERSIDE AVENUE, SUITE	COMMERCIAL REAL		DEVELOPMENT						
206, MINNEAPOLIS, MN 55454	ESTATE	MN	CENTER	C CORP	207,773.	1,752,305.	100%		X
AFROUNIVERSAL STUDIO			AFRICAN						
1808 RIVERSIDE AVENUE, SUITE 206			DEVELOPMENT						
MINNEAPOLIS, MN 55454	TELEVISION STUDIO	MN	CENTER	C CORP	0.	0.	51.00%		X
JAMBO! DELI & COFFEE LLC - 36-4857916									
1808 RIVERSIDE AVENUE, SUITE 206									
MINNEAPOLIS, MN 55454	RESTAURANT	MN	N/A	C CORP	N/A	N/A	N/A		X
			·						

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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)				1d	Х	
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
Performance of services or membership or fundraising solicitations for related organization.					X	
m Performance of services or membership or fundraising solicitations by related organic						X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х	
					X	
Containing of part on project many oracle organization (c)						
p Reimbursement paid to related organization(s) for expenses				1p		Х
q Reimbursement paid by related organization(s) for expenses					Х	
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered i	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved		
(1) ADC COMMERCIAL REAL ESTATE, INC	K	102,000.	ACTUAL AMOUNT PAID.			
(2) JAMBO! DELI AND COFFEE LLC	D	67,022.	CASH			
(3)						
(4)						
(5)						
(6)				- D /5	000'	004=
732163 09-11-17			Schedul	e K (For	n 990)	2017

Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									