| ** | PUBL | .IC | INSP | ECT | ION | COPY | ** |
|----|------|-----|------|-----|-----|------|----|
|----|------|-----|------|-----|-----|------|----|

| Form <b>990</b> |  |
|-----------------|--|
|-----------------|--|

Department of the Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



342,165.

Yes X No

No

10

10

10

40

Ο.

0.

Yes

**Current Year** 

4,543,064.

791,567.

342,165.

100,540.

588,058.

886,854.

1,575,452.

3,766,713.

End of Year

18,157,519

11,271,997.

6,885,522

7.534.

0

0.

0.

5.

and ending A For the 2021 calendar year, or tax year beginning D Employer identification number В Check if applicable C Name of organization Address change AFRICAN DEVELOPMENT CENTER Name 20-0553370 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 1931 5TH STREET SOUTH 612-333-4772 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended MINNEAPOLIS, MN 55454 return H(a) Is this a group return Applica-tion pending F Name and address of principal officer: NASIBU SAREVA for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.ADCMINNESOTA.ORG H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 2002 M State of legal domicile: MN Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: GROW BUSINESSES, BUILD WEALTH 1 Activities & Governance AND INCREASE REINVESTEMENT IN THE AFRICAN COMMUNITIES OF MINNESOTA 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year** 2,983,222. Contributions and grants (Part VIII, line 1h) 8 Revenue 239,609. 9 Program service revenue (Part VIII, line 2g) 7,967. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 3,230,798. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 39,959. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 540,568. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 571,739. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,152,266. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,078,532. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** P 11,261,326. 20 Total assets (Part X, line 16) 7,313,516. 21 Total liabilities (Part X, line 26) let 3. 947,810. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

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

| Sign<br>Here | Signature of officer         NASIBU SAREVA, CEO         Type or print name and title |                                    | Date     | 3                   |                    |       |
|--------------|--|------------------------------------|----------|---------------------|--------------------|-------|
|              | Print/Type preparer's name   | Preparer's signature               | Date     | Check               | PTIN               |       |
| Paid         | DEIRDRE HODGSON  | DEIRDRE HODGSON                    | 11/14/22 | 2 self-employed     | P0148471(          | 0     |
| Preparer     | Firm's name 🕒 CLIFTONLARSONALL   | EN LLP                             | Firm     | ı's EIN ▶ 41        | -0746749           |       |
| Use Only     | Firm's address 🖕 220 S 6TH STREET  | , SUITE 300                        |          |                     |                    |       |
|              | MINNEAPOLIS, MN  | 55402                              | Pho      | ne no. <b>612</b> - | 376-4500           |       |
| May the IF   | RS discuss this return with the preparer shown abo                                   | ve? See instructions               |          |                     | X Yes              | No    |
| 132001 12-0  | 9-21 LHA For Paperwork Reduction Act Notic   | ce, see the separate instructions. |          |                     | Form <b>990</b> (2 | 2021) |

20371114 131839 053-120952

2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

|     | 8  |        |        |                  |
|-----|--|--------|--------|------------------|
| 002 | 12-09-21 SEE SCHEDULE O FOR CONTINUATION (S  | 3)     | Form 9 | <b>90</b> (2021) |
| )   | (Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses > 1, 382, 221.  |        | 1      |                  |
| 1   | Other program services (Describe on Schedule O.)   |        |        |                  |
|     |  |        |        |                  |
|     |  |        |        |                  |
|     |  |        |        |                  |
|     | (Code:) (Expenses \$) (Rever   | nue \$ |        |                  |
|     |  |        |        |                  |
|     |  |        |        |                  |
|     |  |        |        |                  |
|     |  |        |        |                  |
|     | (Code:) (Expenses \$ including grants of \$) (Rever  | nue\$  |        | )                |
|     | BUSINESS LENDERS. IN 2021, ADC MADE 107 PROJECTS; 127 LO<br>\$4,100,484 WITH A TOTAL PROJECT COST OF \$9,614,069, CREA<br>AND RETAINED 265 JOBS (TOTAL JOBS 391).  |        |        |                  |
|     | AFTER THE COMPLETION OF THE WORKSHOP, CLIENTS COMING IN<br>EXISTING BUSINESS ARE READY TO ENGAGE IN ONE-ON-ONE GUID  |        |        | C'S_             |
|     | TO ONGOING TECHNICAL ASSISTANCE, ADC HAS AN ENTREPRENEUR<br>CLASS FOR CLIENTS LOOKING TO START A COMPLETELY NEW BUSI   | IAL TF | -      |                  |
|     | ADC'S CULTURALLY COMPETENT BUSINESS DEVELOPMENT SERVICES<br>PARTNERSHIPS WITH CRUCIAL FUNDING SOURCES HAVE DIRECTLY<br>THE SURGE IN AFRICAN-OWNED BUSINESSES THROUGHOUT MINNESO  | CONTRI |        |                  |
|     | revenue, if any, for each program service reported.<br>(Code:) (Expenses \$1,382,221. including grants of \$100,540. ) (Reven  | nue \$ | 791,   | <u>567.</u> )    |
|     | If "Yes," describe these changes on Schedule O.<br>Describe the organization's program service accomplishments for each of its three largest program services, as<br>Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe |        | •      | nd               |
|     | If "Yes," describe these new services on Schedule O.<br>Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |        |        | X No             |
|     | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   |        |        | XNo              |
|     | GROW BUSINESSES, BUILD WEALTH AND INCREASE REINVESTEMENT<br>AFRICAN COMMUNITIES OF MINNESOTA   | IN TH  | IE     |                  |
|     | Check if Schedule O contains a response or note to any line in this Part III   |        |        | X                |
| _   | t III Statement of Program Service Accomplishments   |        |        |                  |

| Form | aan | (2021) |
|------|-----|--------|
|      |     |        |

Form 990 (2021) AFRICAN DEVELOPMENT CENTER
Part IV Checklist of Required Schedules

|        |  |            | Yes | No          |
|--------|--|------------|-----|-------------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |            |     |             |
|        | If "Yes," complete Schedule A  | 1          | Х   |             |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2          | Х   |             |
| 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   | 3          |     | X           |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |            |     |             |
|        | during the tax year? If "Yes," complete Schedule C, Part II  | 4          |     | X           |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |            |     |             |
|        | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5          |     | _X          |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |            |     |             |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6          |     | <u> </u>    |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |            |     |             |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |     | <u> </u>    |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |            |     |             |
|        | Schedule D, Part III   | 8          |     | _X_         |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |            |     |             |
|        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |            |     | v           |
| 46     | If "Yes," complete Schedule D, Part IV   | 9          |     | <u> </u>    |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |            |     | v           |
|        | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10         |     | X           |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,  |            |     |             |
| _      | as applicable.   |            |     |             |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |            | х   |             |
| Ŀ.     | Part VI  | <u>11a</u> |     |             |
| D      | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   | 4.4%       |     | х           |
| ~      | assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i><br>Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                 | 11b        |     |             |
| C      | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |     | х           |
| Ь      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |            |     |             |
| u      | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d        |     | х           |
| e      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e        | Х   |             |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  | 1.10       |     |             |
| •      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f        | х   |             |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |            |     |             |
|        | Schedule D, Parts XI and XII   | 12a        |     | х           |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?  |            |     |             |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b        | х   |             |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>  | 13         |     | Х           |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |     | Х           |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |            |     |             |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |            |     |             |
|        | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b        |     | X           |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |            |     |             |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         |     | <u>X</u>    |
| 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         |     | <u>X</u>    |
| 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. See instructions   | 17         |     | _X          |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |            |     | 37          |
|        | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         |     | <u> </u>    |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |            |     | v           |
| ~~     | complete Schedule G, Part III  | 19         |     | X           |
|        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        |     | X           |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |     | <u> </u>    |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, (f IV/column (A), line 12, (f IV/column (A), line 12, (f IV/column)) | 04         | х   |             |
| 120000 | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>  | 21         |     | (2021)      |
| 132003 | 12-09-21   |            |     | <u>CUCI</u> |

132003 12-09-21

9

| Form  | aan | (2021) |
|-------|-----|--------|
| FUIII | 330 | 120211 |

|          | ·  |            |      |            |
|----------|--|------------|------|------------|
| ~~       |  |            | Yes  | No         |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |            | х    |            |
| 23       | Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i><br>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current                                       | 22         | _A   |            |
| 20       | 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        |      |            |
|          | 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   | 05-        |      | x          |
| h        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |      | _ <u> </u> |
| d        | 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? <i>If</i> "Yes," <i>complete</i> |            |      |            |
|          |  | 25b        |      | x          |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  | 200        |      |            |
|          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |            |      |            |
|          | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         |      | x          |
| 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |            |      |            |
|          | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |            |      |            |
|          | entity (including an employee thereof) 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 the Schedule L, Part IV,   |            |      |            |
|          | instructions for applicable filing thresholds, conditions, and exceptions):  |            |      |            |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |            |      | v          |
| <b>L</b> | "Yes," complete Schedule L, Part IV  | 28a<br>28b |      | X<br>X     |
|          | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>  | 200        |      |            |
| C        | "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  | 34         | х    |            |
| 35 a     | Part V, line 1<br>Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        | - 23 | x          |
|          | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 004        |      |            |
| -        | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |      |            |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |            |      |            |
|          | If "Yes," complete Schedule R, Part V, line 2  | 36         |      | 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 on Schedule O for Part VI, lines 11b and 19?   |            |      |            |
| Par      | Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance  | 38         | Х    |            |
| Fai      |  |            |      |            |
|          | Check if Schedule O contains a response or note to any line in this Part V   |            | Yes  | No         |
| 12       | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 51   |            | 162  |            |
|          | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b   |            |      |            |
| c        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |            |      |            |
|          | (gambling) winnings to prize winners?  | 1c         | Х    |            |
| 132004   | 12-09-21   | Form       | 990  | (2021)     |
|          | 10   |            |      |            |

## 20371114 131839 053-120952

<sup>2021.05000</sup> AFRICAN DEVELOPMENT CENTE 053-1201

| Form   | 990 (2021)         AFRICAN DEVELOPMENT CENTER         20-0553           t V         Statements Regarding Other IRS Filings and Tax Compliance (continued)         20-0553  | 370      | Р   | age <b>5</b> |
|--------|--|----------|-----|--------------|
|        |  |          | Yes | No           |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |          | 100 |              |
|        | filed for the calendar year ending with or within the year covered by this return 2a 10  |          |     |              |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | Х   |              |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.  |          |     |              |
|        | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |     | X            |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b       |     | <u> </u>     |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |          |     |              |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |     | X            |
| D      | If "Yes," enter the name of the foreign country  |          |     |              |
| 52     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).<br>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a       |     | x            |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?<br>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?    | 5a<br>5b |     | X            |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |     | <u> </u>     |
|        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |          |     |              |
|        | any contributions that were not tax deductible as charitable contributions?  | 6a       |     | x            |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |          |     |              |
|        | were not tax deductible?   | 6b       |     |              |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |          |     |              |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a       |     | <u> </u>     |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |     | <u> </u>     |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |          |     |              |
|        | to file Form 8282?   | 7c       |     | X            |
|        | If "Yes," indicate the number of Forms 8282 filed during the year 7d   | 70       |     | x            |
| e<br>f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e<br>7f |     | X            |
| g      | If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7g       |     | <u> </u>     |
| -      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       |     |              |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |          |     |              |
|        | sponsoring organization have excess business holdings at any time during the year?   | 8        |     |              |
| 9      | Sponsoring organizations maintaining donor advised funds.  |          |     |              |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |     | L            |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       |     |              |
| 10     | Section 501(c)(7) organizations. Enter:  |          |     |              |
|        | Initiation fees and capital contributions included on Part VIII, line 12   |          |     |              |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |          |     |              |
| 11     | Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a   |          |     |              |
|        | Gross income from other sources. (Do not net amounts due or paid to other sources against  |          |     |              |
| D      | amounts due or received from them.)  |          |     |              |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |     |              |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |          |     |              |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |     |              |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |     |              |
|        | Note: See the instructions for additional information the organization must report on Schedule O.  |          |     |              |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the   |          |     |              |
|        | organization is licensed to issue qualified health plans 13b   |          |     |              |
| С      | Enter the amount of reserves on hand 13c   |          |     | 37           |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |     | X            |
|        | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>   | 14b      | 1   | <u> </u>     |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15       |     | x            |
|        | excess parachute payment(s) during the year?   | 13       |     |              |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16       |     | x            |
|        | If "Yes," complete Form 4720, Schedule O.  |          |     |              |
| 17     | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any   |          |     |              |
|        | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17       |     |              |
|        | If "Yes," complete Form 6069.  |          |     |              |
|        | 11 III   | Form     | aan | (2021)       |

<sup>132005</sup> 12-09-21 20371114 131839 053-120952

| Form 990 | (2021) |
|----------|--------|
|----------|--------|

20-0553370 Page 6

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

| Check if Schedule O contains a response or note to any line in this Part VI |  |
|---|--|
| Section A. Governing Body and Management                                    |  |

|       |  |                         |                        | Yes          | No      |
|-------|--|-------------------------|------------------------|--------------|---------|
|       | Enter the number of voting members of the governing body at the end of the tax year  | 1a                      | 10                     |              |         |
|       | 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 on Schedule O.                                  |                         |                        |              |         |
| b     | Enter the number of voting members included on line 1a, above, who are independent   | 1b                      | 10                     |              |         |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship                              | with any other          |                        |              |         |
|       | officer, director, trustee, or key employee?   |                         | 2                      |              | X       |
| 3     | Did the organization delegate control over management duties customarily performed by or under the                                     |                         |                        |              |         |
|       | of officers, directors, 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 99                                   |                         |                        |              | X       |
|       | Did the organization become aware during the year of a significant diversion of the organization's asso                                |                         |                        |              | X       |
|       | Did the organization have members or stockholders?   |                         |                        |              | X       |
|       | Did the organization have members, stockholders, or other persons who had the power to elect or ap                                     |                         |                        |              |         |
|       | more members of the governing body?  |                         | 7a                     |              | x       |
|       | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto                                  |                         |                        |              |         |
|       | persons other than the governing body?   |                         | 7b                     |              | x       |
|       | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                        |                         |                        |              |         |
|       | The governing body?  |                         | 8a                     | х            |         |
|       | Each committee with authority to act on behalf of the governing body?  |                         |                        | X            |         |
|       | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read                             |                         | 00                     | +            |         |
|       | • • • • • • • • •  |                         | 9                      |              | x       |
|       | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |                         | 9                      |              | 1 23    |
|       | tion B. Policies (This Section B requests information about policies not required by the Internal Rev                                  | venue Code.)            |                        | Vee          | No      |
| 10-   | Did the exercited in the level shows have been as efflicited.  |                         | 10-                    | Yes          | No<br>X |
|       | Did the organization have local chapters, branches, or affiliates?   |                         | <u>10a</u>             | +            |         |
|       | If "Yes," did the organization have written policies and procedures governing the activities of such cha                               |                         |                        |              |         |
|       |  |                         |                        |              |         |
|       | Has the organization provided a complete copy of this Form 990 to all members of its governing body                                    | before filing the form' | ? <b>11a</b>           | X            |         |
|       | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |                         |                        |              |         |
|       | Did the organization have a written conflict of interest policy? If "No," go to line 13  |                         |                        |              |         |
|       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                  |                         | <b>12b</b>             | X            |         |
|       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                                  | ,                       |                        |              |         |
|       | on Schedule O how this was done  |                         | <b>12c</b>             |              |         |
| 13    | Did the organization have a written whistleblower policy?  |                         | 13                     | Х            |         |
| 14    | Did the organization have a written document retention and destruction policy?   |                         | 14                     | X            |         |
| 15    | Did the process for determining compensation of the following persons include a review and approval                                    | l 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                    | Х            |         |
|       | Other officers or key employees of the organization  |                         | 15b                    | Х            |         |
|       | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |                         |                        |              |         |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem                            | nent with a             |                        |              |         |
|       | taxable entity during the year?  |                         | 16a                    |              | X       |
|       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat                              |                         |                        |              |         |
|       | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi                                 |                         |                        |              |         |
|       | exempt status with respect to such arrangements?   |                         | 16b                    |              |         |
|       | ion C. Disclosure  |                         |                        | -            | -       |
|       | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MN                                    |                         |                        |              |         |
|       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an                                  | nd 990-T (section 501(c | )(3)s only             | availa       | ble     |
|       | for public inspection. Indicate how you made these available. Check all that apply.  | (                       | , ( , · · · <b>)</b> ) |              | -       |
|       |  | on Schedule O)          |                        |              |         |
| 19    | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                                      |                         | and finar              | icial        |         |
|       | statements available to the public during the tax year.  | mot of interest policy, | and ind                | Jiai         |         |
|       |  | ke and records          |                        |              |         |
|       | State the name, address, and telephone number of the person who possesses the organization's boo <b>NASIBU SAREVA</b> $- 612-333-4772$ | ns anu records P        |                        |              |         |
|       | 1931 5TH STREET SOUTH, MINNEAPOLIS, MN 55454   |                         |                        |              |         |
|       | · · · ·  |                         | г                      | n <b>990</b> | /000    |
| 32006 | 12-09-21 <b>1 0</b>  |                         | FOL                    | 11 3 3 0     | (202    |
| 11    | 12<br>14 131839 053-120952 2021.05000 AFRICAN I  | DEVELOPMENT             | CENTI                  | 3 (          | )5      |

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate | ec |
|----------|--|----|
|          | 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                | (B)  |                                |                             | (0      | <b>C)</b><br>ition |                                 |        | (D)<br>Reportable                                   | <b>(E)</b><br>Reportable                      | <b>(F)</b><br>Estimated  |
|--------------------------------------|--|--------------------------------|-----------------------------|---------|--------------------|---------------------------------|--------|---|---|--|
|                                      | Average<br>hours per<br>week   | box                            | not cl<br>, unles<br>cer an | ss per  | rson i             | s both                          | ı an   | compensation  | compensation<br>from related                  | amount of<br>other   |
|                                      | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee      | Officer | Key employee       | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) NASIBU SAREVA<br>CEO             | 50.00  |                                |                             | х       |                    |                                 |        | 128,577.  | 0.  | 11,498.  |
| (2) JO ANN VANO                      | 1.00   |                                |                             |         |                    |                                 |        | 120,577.  |   | 11,1900  |
| BOARD PRESIDENT                      |  | x                              |                             | х       |                    |                                 |        | 0.  | 0.  | 0.   |
| (3) FELICIA RAVELOMANATSOA           | 1.00   |                                |                             |         |                    |                                 |        |   |   |  |
| BOARD VICE PRESIDENT (THROUGH 12/21) |  | х                              |                             | х       |                    |                                 |        | 0.  | 0.  | 0.   |
| (4) LEAH MTEGHA                      | 1.00   |                                |                             |         |                    |                                 |        |   |   |  |
| BOARD SECRETARY                      |  | х                              |                             | х       |                    |                                 |        | 0.  | 0.  | 0.   |
| (5) ABDIKAFAR ADEN                   | 1.00   |                                |                             |         |                    |                                 |        |   |   |  |
| BOARD TREASURER (THROUGH 12/21)      |  | Х                              |                             | Х       |                    |                                 |        | 0.  | 0.  | 0.   |
| (6) UBAH ALI JAMA                    | 1.00   |                                |                             |         |                    |                                 |        |   |   |  |
| DIRECTOR                             |  | Х                              |                             |         |                    |                                 |        | 0.  | 0.  | 0.   |
| (7) DAIKA ISMALL                     | 1.00   |                                |                             |         |                    |                                 |        |   |   |  |
| DIRECTOR                             |  | Х                              |                             |         |                    |                                 |        | 0.  | 0.  | 0.   |
| (8) MIKE STINSON                     | 1.00   |                                |                             |         |                    |                                 |        |   |   | •  |
| DIRECTOR                             | 1 00   | Х                              |                             |         |                    |                                 |        | 0.  | 0.  | 0.   |
| (9) PAUL FEHRENBACH                  | 1.00   |                                |                             |         |                    |                                 |        |   | 0   | 0  |
| DIRECTOR<br>(10) KAADE WALLACE       | 1 00   | Х                              |                             |         |                    |                                 |        | 0.  | 0.  | 0.   |
| DIRECTOR                             | 1.00   | x                              |                             |         |                    |                                 |        | 0.  | 0.  | 0.   |
| (11) EDWIN MIGIRO                    | 1.00   | ~                              |                             |         |                    |                                 |        | 0.  | 0.  | 0.   |
| DIRECTOR                             | 1.00   | х                              |                             |         |                    |                                 |        | 0.  | 0.  | 0.   |
| (12) BRUCE W. NORDIN                 | 1.00   |                                |                             |         |                    |                                 |        |   |   | <b>.</b>   |
| DIRECTOR                             |  | x                              |                             |         |                    |                                 |        | 0.  | 0.  | 0.   |
| (13) DAMON JENKINS                   | 1.00   |                                |                             |         |                    |                                 |        |   |   |  |
| DIRECTOR                             |  | х                              |                             |         |                    |                                 |        | 0.  | 0.  | 0.   |
|                                      |  |                                |                             |         |                    |                                 |        |   |   |  |
|                                      |  | 1                              |                             |         |                    |                                 |        |   |   |  |
|                                      |  |                                |                             |         |                    |                                 |        |   |   |  |
|                                      |  |                                |                             |         |                    |                                 |        |   |   |  |
|                                      |  |                                |                             |         |                    |                                 |        |   |   |  |
|                                      |  | 1                              |                             |         |                    |                                 |        |   |   |  |
| 132007 12-09-21                      | •  | •                              | -                           |         | •                  | •                               |        |   |   | Form <b>990</b> (2021)   |

13

132007 12-09-21

Form 990 (2021)

#### 20371114 131839 053-120952

2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

|            | 990 (2021) AFRICAN D   | DEVELOPM   | IEN                            | T                     | CE      | NT                       | 'ER                             |        |   | 20-05  | 533   | 370                | Pa   | age <b>8</b>  |
|------------|--|--|--------------------------------|-----------------------|---------|--------------------------|---------------------------------|--------|---|--|-------|--------------------|--|---------------|
| Par        | t VII Section A. Officers, Directors, Trust  |  | ploy                           | ees,                  |         |                          | ghes                            | t C    | ompensated Employee                                 | s (continued)  |       |                    |  |               |
|            | <b>(A)</b><br>Name and title   | (B)<br>Average<br>hours per<br>week                                  | box<br>offic                   | not cl<br>, unles     | ss per  | ition<br>more<br>rson is | than c<br>s both<br>r/trust     | an     | (D)<br>Reportable<br>compensation<br>from           | <b>(E)</b><br>Reportable<br>compensation<br>from related |       | am                 | (F)<br>timate<br>ount o<br>other                   | of            |
|            |  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee             | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC<br>1099-NEC)             | 5/    | fro<br>orga<br>anc | oensat<br>om the<br>anizati<br>I relate<br>nizatio | e<br>on<br>ed |
|            |  |  |                                |                       |         |                          |                                 |        |   |  |       |                    |  |               |
|            |  |  |                                |                       |         |                          |                                 |        |   |  |       |                    |  |               |
|            |  |  |                                |                       |         |                          |                                 |        |   |  |       |                    |  |               |
|            |  |  |                                |                       |         |                          |                                 |        |   |  |       |                    |  |               |
|            |  |  |                                |                       |         |                          |                                 |        |   |  |       |                    |  |               |
|            |  |  |                                |                       |         |                          |                                 |        |   |  |       |                    |  |               |
|            |  |  |                                |                       |         |                          |                                 |        |   |  |       |                    |  |               |
| 1h         | Subtotal   |  |                                |                       |         |                          |                                 | _      | 128,577.  |  | 0.    | 11                 | L,49   | 98.           |
| с          | Total from continuation sheets to Part VII   |  |                                |                       |         |                          |                                 |        | <u> </u>  |  | 0.    |                    | L,49   | 0.            |
| 2          | Total number of individuals (including but no compensation from the organization   | ot limited to th   | ose                            | liste                 | d ab    | ove                      | ) wh                            | o re   | eceived more than \$100,                            | 000 of reportable  |       |                    |  | 1             |
| 3          | Did the organization list any <b>former</b> officer,   | -  |                                |                       | •       | •                        |                                 | Ŭ      | • •   | •  |       | 3                  | Yes  | No<br>X       |
| 4          | line 1a? If "Yes," complete Schedule J for su<br>For any individual listed on line 1a, is the su<br>and related organizations greater than \$150 | m of reportabl   | e co                           | mpe                   | ensat   | tion                     | and                             | oth    | ner compensation from t                             | ne organization  |       | 4                  |  | x             |
| 5          | Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>   | ccrue compen   | Isati                          | on fr                 | oma     | any                      | unre                            | late   | ed organization or individ                          | lual for services  |       | 5                  |  | x             |
|            | tion B. Independent Contractors  |  |                                |                       |         |                          |                                 |        |   | 100.000 (  |       | . ,                |  |               |
| 1          | Complete this table for your five highest cor<br>the organization. Report compensation for t   | -  | -                              |                       |         |                          |                                 |        | the organization's tax y                            |  | ensat |                    |  |               |
| DEI        | (A)<br>Name and business<br>NISE FAVORS  | address  |                                |                       |         |                          |                                 | _      | (B)<br>Description of s                             | ervices  | С     | (C<br>omper        |  | า             |
| <u>182</u> | 215 WACO STREET NW, ANO  | KA, MN   | <u>55</u>                      | 30                    | 3       |                          |                                 |        | SBA CA LOANS  |  |       | 143                | 3,15   | 56.           |
|            |  |  |                                |                       |         |                          |                                 |        |   |  |       |                    |  |               |
|            |  |  |                                |                       |         |                          |                                 |        |   |  |       |                    |  |               |
| 2          | Total number of independent contractors (ir  | ncludina but na  | ot lin                         | nitec                 | to t    | thos                     | e lis                           | ted    | above) who received mo                              | ore than   |       |                    |  |               |
| _          | \$100,000 of compensation from the organiz   | •  |                                |                       |         | 1                        |                                 |        | ,e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.                 | •  |       | Form               | <b>290</b> //                                      | 1001          |

132008 12-09-21

|   |      | (2021) AFRICAN DEVELO   | OPMENT CE                                     | ENTER                       |                                 | 20-0553          | 370 Page 9              |
|---|------|---|---|-----------------------------|---------------------------------|------------------|-------------------------|
| Pa  | rt V | II Statement of Revenue   |   |                             |                                 |                  |                         |
|   |      | Check if Schedule O contains a response of                                    | or note to any line                           | 2.2.5                       |                                 | (2)              |                         |
|   |      |   |   | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or exempt | (C)<br>Unrelated | (D)<br>Revenue excluded |
|   |      |   |   | Total revenue               |                                 | business revenue | from tax under          |
|   |      |   |   |                             |                                 |                  | sections 512 - 514      |
| ts ts   | 1 :  | a Federated campaigns 1a  |   |                             |                                 |                  |                         |
| ran<br>un   | I    | Membership dues 1b  |   |                             |                                 |                  |                         |
| ۵, E  |      | Fundraising events  |   |                             |                                 |                  |                         |
| ifts<br>Ir A  |      | B Related organizations 10  |   |                             |                                 |                  |                         |
| nila<br>n   |      |   | 501,579.                                      |                             |                                 |                  |                         |
| Sir   |      | All other contributions, gifts, grants, and                                   |   |                             |                                 |                  |                         |
| utio  |      |   | 041,485.                                      |                             |                                 |                  |                         |
| d±j   |      |   | <u>• • • • • • • • • • • • • • • • • • • </u> |                             |                                 |                  |                         |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      |   |   | 4,543,064.                  |                                 |                  |                         |
| <u>0</u> a  |      | n Total. Add lines 1a-1f  | Business Code                                 | 4,545,004.                  |                                 |                  |                         |
|   | _    | DROODAN GERVICE EEEG  |   | 467 969                     | 167 962                         |                  |                         |
| ice   | 2 8  |   | 900099  | 467,862.                    | 467,862.                        |                  |                         |
| ervi  |      | INTEREST INCOME-LOANS   | 900099  | 281,196.                    | 281,196.                        |                  |                         |
| Sc  | (    | MISCELLANEOUS INCOME  | 900099  | 42,509.                     | 42,509.                         |                  |                         |
| Program Service<br>Revenue                                | (    | t t   |   |                             |                                 |                  |                         |
| <u>Б</u> с  | (    | ·   |   |                             |                                 |                  |                         |
| <u>م</u>  | 1    | All other program service revenue   |   |                             |                                 |                  |                         |
|   | 9    | g Total. Add lines 2a-2f  | ►   | 791,567.                    |                                 |                  |                         |
|   | 3    | Investment income (including dividends, interes                               | st, and                                       |                             |                                 |                  |                         |
|   |      | other similar amounts)  |   | 7,534.                      |                                 |                  | 7,534.                  |
|   | 4    | Income from investment of tax-exempt bond pr                                  |   |                             |                                 |                  |                         |
|   | 5    | Royalties   | · · ·   |                             |                                 |                  |                         |
|   | _    | (i) Real  | (ii) Personal                                 |                             |                                 |                  |                         |
|   | 6 8  |   |   |                             |                                 |                  |                         |
|   |      |   |   |                             |                                 |                  |                         |
|   |      |   |   |                             |                                 |                  |                         |
|   |      | Rental income or (loss)   |   |                             |                                 |                  |                         |
|   |      | Net rental income or (loss)     Gross amount from sales of     (i) Securities | (ii) Other                                    |                             |                                 |                  |                         |
|   | 7 :  |   | (ii) Other                                    |                             |                                 |                  |                         |
|   |      | assets other than inventory <b>7a</b>   |   |                             |                                 |                  |                         |
|   | 1    | b Less: cost or other basis   |   |                             |                                 |                  |                         |
| ne  |      | and sales expenses 7b   |   |                             |                                 |                  |                         |
| evenue  | (    | Gain or (loss) 7c   | L   |                             |                                 |                  |                         |
| ž   | (    | <b>1</b> Net gain or (loss)   | <u> </u>                                      |                             |                                 |                  |                         |
| Other   | 8 8  | a Gross income from fundraising events (not                                   |   |                             |                                 |                  |                         |
| ₹   |      | including \$ of   |   |                             |                                 |                  |                         |
|   |      | contributions reported on line 1c). See                                       |   |                             |                                 |                  |                         |
|   |      | Part IV, line 18 8a   |   |                             |                                 |                  |                         |
|   |      | b Less: direct expenses 8b  |   |                             |                                 |                  |                         |
|   |      | Net income or (loss) from fundraising events                                  |   |                             |                                 |                  |                         |
|   |      | a Gross income from gaming activities. See                                    |   |                             |                                 |                  |                         |
|   | 5.   | Part IV, line 19 9a   |   |                             |                                 |                  |                         |
|   |      |   |   |                             |                                 |                  |                         |
|   |      |   |   |                             |                                 |                  |                         |
|   |      | Net income or (loss) from gaming activities                                   |   |                             |                                 |                  |                         |
|   | 10 : | a Gross sales of inventory, less returns                                      |   |                             |                                 |                  |                         |
|   |      | and allowances 10a  |   |                             |                                 |                  |                         |
|   |      | Less: cost of goods sold 10b  | · · · · · · · · · · · · · · · · · · ·         |                             |                                 |                  |                         |
|   | (    | Net income or (loss) from sales of inventory                                  |   |                             |                                 |                  |                         |
| s   |      |   | Business Code                                 |                             |                                 |                  |                         |
| in e  | 11 ; | a   | ļ]  |                             |                                 |                  |                         |
| scellaneo<br><u>Revenue</u>                               | I    |   |   |                             |                                 |                  |                         |
| eve   |      |   |   |                             |                                 |                  |                         |
| Miscellaneous<br>Revenue                                  |      | All other revenue   |   |                             |                                 |                  |                         |
| ≥   |      | • Total. Add lines 11a-11d  |   |                             |                                 |                  |                         |
|   | 12   | Total revenue. See instructions   |   | 5,342,165.                  | 791,567.                        | 0.               | 7,534.                  |
| 132009  |      |   |   | -                           | -                               |                  | Form <b>990</b> (2021   |

132009 12-09-21

15

2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

AFRICAN DEVELOPMENT CENTER Part IX Statement of Functional Expenses

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

| (2), 00, 00, and 10 of Part VII.         expenses         general expenses   | Do i     | Check if Schedule O contains a respons<br>not include amounts reported on lines 6b,                        | (A)            | (B)<br>Program service      | (C)<br>Management and | (D)                     |
|--|----------|--|----------------|-----------------------------|-----------------------|-------------------------|
| and domesic governments. See Part IV, line 21       78,540.       78,540.         2 Grants and other assistance to domesic<br>individuals. See Part IV, line 22       22,000.       22,000.         3 Grants and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individuals. See Part IV, lines 15 and 15       22,000.       22,000.         4 Benetis paid to or formations       140,075.       112,060.       28,015.         5 Compensation of current officers, directors,<br>trustees, and feed under scelen 4958(r) (1) and<br>persons (seefind under scelen 4958(r) (1) and<br>per  | 7b,      | 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service<br>expenses | general expenses      | Fundraising<br>expenses |
| 2       Grants and other assistance to domestic<br>individuals. See Part V, lines 21       22,000.       22,000.         3       Grants and other assistance to foreign<br>organizations, foreign goverments, and foreign<br>individuals. See Part V, lines 15 and 16       22,000.       22,000.         4       Benefits paid to or for members.       5       140,075.       112,060.       28,015.         5       Compensation of current offices, directors,<br>trustees, and key employees       140,075.       112,060.       28,015.         6       Compensation of current offices, directors,<br>trustees, and key employees       377,794.       287,957.       35,277.       54,56         6       Persion plan accruits and contributions (include<br>section 410,040 4030) employees):       377,037.       28,581.       4,467.       3.98         9       Other employee benefits       37,037.       28,581.       4,467.       3.98         11       Feaf or services (nonemployees):       37,037.       28,581.       4,467.       3.98         14       Sector and promotion       12,543.       10,895.       648.       3.2         11       Feaf or services (insemployees):       3       143,156.       140,443.       2,713.         14       Sector and promotion       12,066.       2662.       320.       3.767.       3.767. <td>1</td> <td>-</td> <td>78 540</td> <td>78 540</td> <td></td> <td></td>   | 1        | -  | 78 540         | 78 540                      |                       |                         |
| individuals. See Part IV, line 22       22,000.       22,000.         3 Grants and other assistance to foreign organizations, toreign governments, and toreign individuals. See Part IV, line 15 and 15       20,000.       22,000.         4 Benefits paid to or for mombox       5       5       5       5         5 Compensation of current officers, directors, trustees, and wages       140,075.       112,060.       28,015.         6 Compensation of individuals and contributions (include section 401(k) and 402(k) enployer contributions)       3377,794.       287,957.       35,277.       54,566         9 Other statistics and vages       337,037.       28,581.       4,467.       3,981         1 Fees for services (nonemployees):       33,152.       30,652.       2,208.       29         9 Other statistics and promotion       11,543.       10,895.       648.       62,985.       53,796.       8,862.       32         9 Other. (If thig amount casofs (0% of line 25, contring (Company)       11,006.       426.       580.       1443,156.       140,443.       2,713.         12 Adventising and promotion       131,929.       111,587.       20,342.       767.       767.         9 Other. (If thig amount casofs (0% of line 25, contring.       131,929.       11,587.       20,342.       767.         19 Conferences, conventions, a   | ~        |  | 10,540.        | 70,5101                     |                       |                         |
| 3       Grants and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individual. See Part M, ines 15 and 16       Image: Compensation of Current of There, circletors,<br>trustees, and key employees         4       Benefits paid to or for members<br>compensation individual advow to disqualified<br>persons (as defined under section 4958(r)(1) and<br>persons (as defined under as defined under section 4958(r)(1) and<br>persons (as d | 2        |  | 22 000         | 22 000                      |                       |                         |
| organizations, foreign governments, and foreign<br>individuals. See Part V, lines 15 and 16<br>Benefits paid to of for members         Image: Construction of Construle of Construle of Construction of Construction of Construction   | 2        |  | 22,000.        | 22,000.                     |                       |                         |
| in diriculasi. See Part Vi, lines 15 and 16  | 3        | Ũ  |                |                             |                       |                         |
| 4         Benefits paid to or for members         Image: Compensation of current officers, directors, trustees, and key employees           5         Compensation of current officers, directors, trustees, and key employees         140,075.         112,060.         28,015.           6         Compensation not include above to disqualified persons (as defined under section 4950(1)) and persons described in section 4950(1) and persons (as defined under se   |          |  |                |                             |                       |                         |
| 5         Compensation of current officers, directors, trustees, and key employees         140,075.         112,060.         28,015.           Compensation not included above to disqualified persons described in section 4586(1/1) and persons described in the section 4  | 4        |  |                |                             |                       |                         |
| trustes, and key employees       140,075.       112,060.       28,015.         6 Compensation not incluided above to disqualified persons (as chine and wages)       377,794.       287,957.       35,277.       54,56         6 Pension plan accruals and contributions (include section 498(0)(30) employer contributions)       33,152.       30,652.       2,208.       29         9 Other employee benefits       37,037.       28,581.       4,467.       3,98         1 Fees for services (nonemployees):       a Management       62,985.       53,796.       8,862.       32         a Management       62,985.       53,796.       8,862.       32         e Protessional fundraising services. See Part IV, line 17       investment management fees       9       143,156.       140,443.       2,713.         9 Other employees       18,765.       16,501.       2,264.       11,006.       426.       580.         30 Office expenses       18,765.       16,501.       2,264.       117,866.       114,732.       1,720.       1,41         9 Odeferences, conventions, and meetings       0       6,929.       6,106.       106.       106.         9 Conferences, conventions, and meetings       0       13,153.       11,637.       945.       57         9 Joto5.       8,207.<   |          |  |                |                             |                       |                         |
| 6         Compensation not included above to disqualified<br>persons (ax defined under section 4980(r)(1)) and<br>persons discribed in section 4980(r)(3)(8)         377,794.         287,957.         35,277.         54,56           7         Other salaries and wages         37,037.         28,581.         4,467.         3,98           9         Other employee benefits         37,037.         28,581.         4,467.         3,98           9         Paroit taxes         37,037.         28,581.         4,467.         3,98           1         Fees for services (nonemployees):         37,037.         28,581.         4,467.         3,98           1         Legal         11,543.         10,895.         648.         -           9         Other management         -         -         -         -           9         Other staining and promotion         143,156.         140,443.         2,713.         -           9         Other expenses         -         -         -         -         -           9         Other expenses         11,006.         426.         580.         -           9         Other expenses         -         -         -         -           9         Otherexpenses, family expenses in Sch 0.         11  | 5        |  | 140 075.       | 112 060                     | 28 015                |                         |
| persons (as defined under section 4958(c)(3)(8)       377,794.       287,957.       35,277.       54,56         Persion plan actruits and vages       377,794.       287,957.       35,277.       54,56         Persion plan actruits and vages       33,152.       30,652.       2,208.       29         9 Other employee benefits       33,152.       30,652.       2,208.       29         9 Other employee benefits       33,152.       30,652.       2,208.       29         9 Other services (nonemployees):       33,152.       10,895.       648.       62,985.       53,796.       8,862.       32         1 Legal       11,543.       10,895.       648.       62,985.       53,796.       8,862.       32         9 Other, (fline 11g anount exceeds 10% of line 25, column (A), anount, list line 11g expenses on Sch0.       143,156.       140,443.       2,713.         1 Information technology       56.16,501.       2,264.       580.        10 Oci.       426.       580.         9 Other expenses       131,929.       111,587.       20,342.         7 Tavel       9,045.       8,278.       767.         9 Other expenses       137,929.       57       33.0.044.       31.1,637.       945.       57         9 Conferen  | 6        |  | 140,0750       | 112,000.                    | 20,013.               |                         |
| persone described in section 4986(c)(3)(8)         377,794.287,957.35,277.54,56           7 Other salaries and wages         377,794.287,957.35,277.54,56           9 Pension plan acruals and contributions (includes section 401(k) and 402(k) employer contributions)         33,152.30,652.2,208.29           9 Other employee benefits         337,037.28,581.44,467.3,98           9 Payroit taxes   | 0        |  |                |                             |                       |                         |
| 7         Other salaries and wages         377,794.         287,957.         35,277.         54,56           8         Pension plan accruis and contributions (include section 401(k) and 402(k) employer contributions)         33,152.         30,652.         2,208.         29           9         Other employee benefits         37,037.         28,581.         4,467.         3,98           9         Person taxes         37,037.         28,581.         4,467.         3,98           9         Person taxes         37,037.         28,581.         4,467.         3,98           9         Portescional fundraising services. See Part IV, line 17         Investment management fees         9  |          |  |                |                             |                       |                         |
| 8         Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         33,152.         30,652.         2,208.         29           0         Payrolt taxes         37,037.         28,581.         4,467.         3,98           1         Fees for services (nonemployees):         a   | 7        |  | 377 794        | 287 957                     | 35 277.               | 54 560                  |
| section 401(k) and 403(b) employer contributions)         33,152.         30,652.         2,208.         29           9 Other employee benefits         37,037.         28,581.         4,467.         3,98           9 Payroll taxes         37,037.         28,581.         4,467.         3,98           9 Agrond taxes         37,037.         28,581.         4,467.         3,98           9 Agrond taxes         37,037.         28,581.         4,467.         3,98           9 Agrond taxes         11,543.         10,895.         648.         62,985.         53,796.         8,862.         32           9 Other. (If line 11g amount excees 10% of line 25, column (A), amount, list 11g expenses on Sch 0.         143,156.         140,443.         2,713.         10,006.         426.         580.         30.         31.929.         111,587.         20,342.         50.  |          |  | 5,1,1,540      | 201,551.                    | 55,211•               | 54,500                  |
| a) Other employee benefits       33,152.       30,652.       2,208.       29         b) Payroll taxes       37,037.       28,581.       4,467.       3,98         c) Fees for services (nonemployees):       a) Management       11,543.       10,895.       648.         c) Legal       11,543.       10,895.       648.       32         c) Accounting       62,985.       53,796.       8,862.       32         c) Accounting       62,985.       53,796.       8,862.       32         c) Accounting       62,985.       53,796.       8,862.       32         c) Accounting (A) amount exceeds 10% of line 25, column (A), amount, list line 10g expenses on Sch.0.)       143,156.       140,443.       2,713.         c) Advertising and promotion       18,765.       16,501.       2,264.       4         1 Information exchology       131,929.       111,587.       20,342.       5         S Royalties       0       0.455.       8,278.       767.       5         S Ocopancy       131,929.       111,587.       20,342.       5       5         S Coupancy       131,153.       11,637.       945.       57         S marries expenses and covered above, (List miscellaneous expentes) on loo 24e. III (A), AB       3   |          |  |                |                             |                       |                         |
| b       Payroll taxes       37,037.28,581.4,467.3,98         1       Fees for services (nonemployees):       37,037.28,581.4,467.3,98         a Management       11,543.10,895.648.         b Legal       62,985.53,796.8,862.32         c Accounting       62,985.53,796.8,862.32         d Lobbying       90 ther, (II in 11 gamout excels 10% of line 25, column (A), amount, list line 11 gexpenses on Sch 0.2       143,156.140,443.2,713.         c Advertsing and promotion       13,156.140,443.2,713.       143,156.16,501.2,264.         a Information technology       131,929.111,587.20,342.       580.3         c Occupancy       131,929.111,587.20,342.       56.929.6,106.806.1         c Orderances, conventions, and meetings       6,929.6,106.806.1       143,153.11,637.945.577         a Interest       117,866.1144,732.1,720.1,441       117,866.38,207.1,046.31         a Other expenses. Itemize expenses on Schedule 0.1       33,044.29,637.3777.33       32,637.20,898.2,726.13         b ISCELLANEOUS       23,637.20,898.2,726.11       1,575,452.1,382,221.131,706.61,52       131,706.61,52         a Joint cests. Complet this line only of the reganization reported in columit (b) point cests from a combined educational expanses. Add lines 1 through 24e.48,70.33,222.1.131,706.61,52       1,575,452.1,382,221.131,706.61,52   | <b>a</b> |  | 33 152         | 30 652                      | 2 208                 | 293                     |
| 1       Fees for services (nonemployees):         a Management   |          |  | 37 037         |                             |                       |                         |
| a Management       11,543.       10,895.       648.         b Legal       11,543.       10,895.       648.         c Accounting       62,985.       53,796.       8,862.       32         d Lobbying       9       62,985.       53,796.       8,862.       32         e Professional fundrating services. See Part IV, line 17       62,985.       143,156.       140,443.       2,713.         f Investment management fees       9       0ther. (filine 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       1,43,156.       140,443.       2,713.         Advertising and promotion       13,765.       166,501.       2,264.       167.         information technology       131,929.       111,587.       20,342.       9,045.         6 Occupancy       131,929.       111,587.       20,342.       9,045.         7 Travel       9,045.       8,278.       767.         3 Payments of travel or entertainment expenses for any federal, state, or local public officials       9,565.       8,207.       1,41.         Payments to affiliates       117,866.       114,732.       1,720.       1,41.         9,565.       8,207.       1,046.       31         10ther expenses. Itemize expenses on Ince 24. If line 24 exponess   |          |  | 57,057.        | 20,301.                     |                       | 5,502                   |
| b Legal       11,543.       10,895.       648.         c Accounting       62,985.       53,796.       8,862.       32         d Lobbying       62,985.       53,796.       8,862.       32         e Protessional fundralsing services. See Part IV, line 17       6       143,156.       140,443.       2,713.         g Other, (If line 11g arount exceds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.0.       1,006.       426.       580.         3 Office expenses       131,929.       111,587.       20,342.       9         4 Information technology       9,045.       8,278.       767.         3 Payments of travel or entertainment expenses for any federal, state, or local public officials       9,045.       8,278.       767.         3 Payments of travel or entertainment expenses for any federal, state, or local public officials       9,565.       8,207.       1,441.         Payments to affiliates       9,565.       8,207.       1,046.       31         1117,866.       114,732.       1,720.       1,41         120 Payments to affiliates       9,565.       8,207.       1,046.       31         1110 Responses. Individe Very Responses on Incovered above, (List miscelaneous expenses on Ischedule 0.)       267,192.       267,192.       267,192.       1,046.  |          |  |                |                             |                       |                         |
| c Accounting       62,985. 53,796. 8,862. 32         d Lobbying  |          |  | 11 543         | 10 895                      | 648                   |                         |
| d Lobbying       Professional fundraising services. See Part IV, line 17         f Investment management fees       9         g Other, (If line 11g amount, list line 11g expenses on Sch 0.)       1,006.       426.         2 Advertising and promotion       1,006.       426.         3 Office expenses       18,765.       16,501.       2,264.         1 Information technology       131,929.       111,587.       20,342.         7 Travel       9,045.       8,278.       767.         3 Payments of travel or entertainment expenses for any federal, state, or local public officials       6,929.       6,106.       806.       1         2 Depreciation, depletion, and amortization       13,153.       11,637.       945.       57         3 Insurance       9,565.       8,207.       1,046.       31         9 DBAD DEBT       267,192.       267,192.       5         9 MISCELLANEOUS       23,637.       27.76.       1         1 All other expenses.       11,575,452.       1,382,221.       131,706.       1         23,637.       20,898.       2,726.       1       1       5,575,452.       1,382,221.       131,706.       1         9 S65.       8,207.       1,046.       31       30,044.       29,637.   |          |  |                | 53 796                      |                       | 325                     |
| e       Professional fundraising services. See Part IV, line 17         f       Investment management fees   |          |  | 02,505.        | 55,750.                     | 0,002.                | 54                      |
| f       Investment management fees       g         g       Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       143,156.       140,443.       2,713.         Advertising and promotion       1,006.       426.       580.       18,765.       16,501.       2,264.         Information technology       131,929.       111,587.       20,342.       131,929.       111,587.       20,342.         7       Travel       9,045.       8,278.       767.       342.         9       0.45.       8,278.       767.       342.         9       0.012.       0.143,153.       11,637.       945.       57         9       0.55.       8,207.       1,046.       31         10       Interest       117,866.       114,732.       1,046.       31         11       Payments to affiliates       9,565.       8,207.       1,046.       31         11       Payments to affiliates       130,044.       29,637.       377.       3       30,044.       29,637.       377.       3         13       DEBT       22,376.       13,984.       8,392.       1,575.452.       1,382,221.       131,706.       61,52         3  |          |  |                |                             |                       |                         |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       143,156.       140,443.       2,713.         2 Advertising and promotion       1,006.       426.       580.         2 Advertising and promotion       1,006.       426.       580.         3 Office expenses       18,765.       16,501.       2,264.         4 Information technology       9,045.       8,278.       767.         5 Occupancy       131,929.       111,587.       20,342.         7 Travel       9,045.       8,278.       767.         8 Payments of travel or entertainment expenses for any federal, state, or local public officials       6,929.       6,106.       806.       1         9 Conferences, conventions, and meetings       117,866.       114,732.       1,720.       1,41         1 Payments to affiliates       117,866.       114,732.       1,046.       31         2 Depreciation, delpetion, and amortization       9,565.       8,207.       1,046.       31         3 Insurance       267,192.       267,192.       57       32.       30,044.       29,637.       377.       3         4 DOAN RELATED EXPENSES       17,663.       8,112.       9,551.       1,575,452.       1,382,221.       131,706.       61,522   | -        |  |                |                             |                       |                         |
| column (A), amount, list line 11g expenses on Sch 0.)       143,156.       140,443.       2,713.         2 Advertising and promotion       1,006.       426.       580.         3 Office expenses       18,765.       16,501.       2,264.         Information technology       131,929.       111,587.       20,342.         8 Royatties       9,045.       8,278.       767.         9 Payments of travel or entertainment expenses<br>for any federal, state, or local public officials       6,929.       6,106.       806.       1         9 Orderences, conventions, and meetings       6,929.       6,106.       806.       1         117,866.       114,732.       1,720.       1,41         Payments to affiliates       9,565.       8,207.       1,046.       31         9 Depreciation, depletion, and amortization<br>dabow. (List miscellaneous expenses on tocwered<br>dabow. (List miscellaneous expenses on tine 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.)       30,044.       29,637.       377.       3         9 AD DEBT       22,376.       13,984.       8,392.       0       4       2,726.       1         4 LOAN RELATED EXPENSES       23,637.       20,898.       2,726.       1       1,575,452.       1,382,221.       131,706.       61,522   |          |  |                |                             |                       |                         |
| 2       Advertising and promotion       1,006.       426.       580.         3       Office expenses       18,765.       16,501.       2,264.         4       Information technology       131,929.       111,587.       20,342.         5       Royatties       9,045.       8,278.       767.         8       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials       9,045.       8,278.       767.         9       Conferences, conventions, and meetings       6,929.       6,106.       806.       1         1       Payments to affiliates       117,866.       114,732.       1,720.       1,41         1       Payments to affiliates       13,153.       11,637.       945.       57         2       Depreciation, depletion, and amortization       13,153.       11,637.       945.       57         3       Insurance       9,565.       8,207.       1,046.       31         4       Other expenses on Schedule 0.)       30,044.       29,637.       377.       3         a BAD       DEBT       22,376.       13,984.       8,392.       4         4       Other expenses       23,637.       20,898.       2,726.       1   | g        |  | 1/3 156        | 140 443                     | 2 713                 |                         |
| 33       Office expenses       18,765.       16,501.       2,264.         4       Information technology       131,929.       111,587.       20,342.         6       Occupancy       9,045.       8,278.       767.         7       Travel       9,045.       8,278.       767.         8       Payments of travel or entertainment expenses for any federal, state, or local public officials       6,929.       6,106.       806.       1         9       Conterences, conventions, and meetings       6,929.       6,106.       806.       1         10       Interest       117,866.       114,732.       1,720.       1,41         12       Payments to affiliates       1       117,866.       114,637.       945.       57         3       Insurance       13,153.       11,637.       945.       57         4       Other expenses not covered above, (List miscellaneous expenses on line 24. If line 24 expenses on Schedule 0.)       267,192.       267,192.       57         3       BAD DEBT       267,192.       267,192.       51.       6         4       LOAN RELATED EXPENSES       17,663.       8,112.       9,551.       6         5       Iotat functional expenses. Add lines 1 through 24e       1,   | ~        |  |                | 126                         | 580                   |                         |
| A       Information technology         5       Royatties       131,929.111,587.20,342.         6       Cocupancy       131,929.111,587.20,342.         7       Travel       9,045.8,278.767.         8       Payments of travel or entertainment expenses for any federal, state, or local public officials       9,045.8,278.767.         9       Conferences, conventions, and meetings       6,929.6,106.806.11         9       Conferences, conventions, and meetings       6,929.6,106.806.11         9       Depreciation, depletion, and amortization       13,153.11,637.945.57         9       9,565.8,207.1,046.31       31         10       Other expenses. Itemize expenses on line 24e. If line 24e anount exceeds 10% of line 25, column (A), amount, list line 24e anount exceeds 10% of line 25, column (A), amount, list line 24e anount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.       267,192.267,192.         9       Joint Costs. Complete this line only if the organization reported in column (B) point costs from a combined eductional expenses. Add lines 1 through 24e       1,575,452.1,382,221.131,706.61,52         3       Joint costs. Complete this line only if the organization reported in column (B) point costs from a combined eductional campaign and fundraising solicitation. Check here implement in Column (B) point costs from a combined eductional campaign and fundraising solicitation.       1,575,452.1,382,221.131,706.61,52   |          | -  |                |                             |                       |                         |
| 5       Royalties  |          |  | 10,705.        | 10,501.                     | 2,204.                |                         |
| 6       Occupancy       131,929.       111,587.       20,342.         7       Travel       9,045.       8,278.       767.         8       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials       9,045.       8,278.       767.         9       Conferences, conventions, and meetings       6,929.       6,106.       806.       1         9       Conferences, conventions, and meetings       6,929.       6,106.       806.       1         1       Payments to affiliates       117,866.       114,732.       1,720.       1,41         2       Depreciation, depletion, and amortization       13,153.       11,637.       945.       57         3       Insurance       9,565.       8,207.       1,046.       31         4       Other expenses. Itemize expenses on Schedule 0.)       30,044.       29,637.       377.       3         2       BAD DEBT       22,376.       13,984.       8,392.       1       1,575,452.       1,382,221.       131,706.       61,52         4       Ither expenses       All other expenses.       23,637.       20,898.       2,726.       1         5       Total functional expenses. Add lines 1 through 24e       1,575,452.       1,3   |          |  |                |                             |                       |                         |
| 7       Travel       9,045.       8,278.       767.         8       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials       6,929.       6,106.       806.       1         9       Conferences, conventions, and meetings       6,929.       6,106.       806.       1         9       Interest       117,866.       114,732.       1,720.       1,41         1       Payments to affiliates       9,565.       8,207.       1,046.       31         2       Depreciation, depletion, and amortization       13,153.       11,637.       945.       57         3       Insurance       9,565.       8,207.       1,046.       31         4       Other expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.)       267,192.       267,192.       377.       3         a BAD DEBT       267,192.       267,192.       377.       3       3       22,376.       13,984.       8,392.         d LOAN RELATED EXPENSES       17,663.       8,112.       9,551.       23,637.       20,898.       2,726.       1         5       Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation  |          |  | 131 929        | 111 587                     | 20 3/2                |                         |
| 3       Payments of travel or entertainment expenses for any federal, state, or local public officials       6,929.6,106.806.11         4       Conferences, conventions, and meetings       6,929.6,106.806.11         5       Total functional expenses on covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       13,153.11,637.945.57         9       565.8,207.1,046.31         9       565.8,207.1,046.31         9       565.8,207.1,046.31         9       267,192.267,192.         9       30,044.29,637.377.33         20       2,376.13,984.8,392.         10       1,575,452.1,382,221.131,706.61,52         10       1,575,452.1,382,221.131,706.61,52   |          |  |                |                             |                       |                         |
| for any federal, state, or local public officials       6,929.       6,106.       806.       1         a       Conferences, conventions, and meetings       6,929.       6,106.       806.       1         b       Interest       117,866.       114,732.       1,720.       1,41         a       Payments to affiliates       9,565.       8,207.       1,046.       31         a       Depreciation, depletion, and amortization       9,565.       8,207.       1,046.       31         a       Dther expenses. Itemize expenses on to covered above. (List miscelaneous expenses on line 24e. If line 24e expenses on Schedule 0.)       267,192.       267,192.       267,192.         a       BAD DEBT       267,192.       267,192.       30,044.       29,637.       377.       3         b       MISCELLANEOUS       30,044.       29,637.       377.       3       3       30,044.       29,637.       377.       3         c       EQUIPMENT       22,376.       13,984.       8,392.       4       1,575,452.       1,382,221.       131,706.       61,52         a       All other expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         a       Joint costs from a combined educational campaig   |          | F  | 9,045.         | 0,270.                      | /0/•                  |                         |
| a)       Conferences, conventions, and meetings       6,929.       6,106.       806.       1         b)       Interest       117,866.       114,732.       1,720.       1,41         1       Payments to affiliates       9,565.       8,207.       1,046.       31         2       Depreciation, depletion, and amortization       13,153.       11,637.       945.       57         3       Insurance       9,565.       8,207.       1,046.       31         4       Other expenses. Itemize expenses on toovered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       267,192.       267,192.       57         a       BAD DEBT       267,192.       267,192.       57       377.       3         b       MISCELLANEOUS       30,044.       29,637.       377.       3         c       EQUIPMENT       22,3766.       13,984.       8,392.       57         d       LOAN RELATED EXPENSES       17,663.       8,112.       9,551.       6         e       All other expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         5       Joint costs. Complete this line only if the organization reported in colu   | 5        | ,  |                |                             |                       |                         |
| Interest       117,866.       114,732.       1,720.       1,41         Payments to affiliates       13,153.       11,637.       945.       57         Insurance       9,565.       8,207.       1,046.       31         Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       267,192.       267,192.       267,192.         a BAD DEBT       267,192.       267,192.       377.       3         b MISCELLANEOUS       30,044.       29,637.       377.       3         c EQUIPMENT       22,376.       13,984.       8,392.         d LOAN RELATED EXPENSES       17,663.       8,112.       9,551.         e All other expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         5 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 $\mathbf{re}$ if following SOP 98-2 (ASC 958-720)       1,575,452.       1,382,221.       131,706.       61,52   |          |  | 6 929          | 6 106                       | 806                   | 1 '                     |
| 1       Payments to affiliates   |          |  |                |                             |                       | <u> </u>                |
| 2       Depreciation, depletion, and amortization       13,153.       11,637.       945.       57         3       Insurance       9,565.       8,207.       1,046.       31         4       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       267,192.       267,192.       5         a       BAD       DEBT       267,192.       267,192.       5       5         b       MISCELLANEOUS       30,044.       29,637.       377.       3         c       EQUIPMENT       22,376.       13,984.       8,392.         d       LOAN RELATED EXPENSES       17,663.       8,112.       9,551.         e       All other expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         5       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)       if following SOP 98-2(ASC 958-720)       if following SOP 98-2(ASC 958-720)       if solicitation.       if s  |          | F  | ±±7,000•       | ,/J4•                       | ±,140•                | 1,414                   |
| 3       Insurance       9,565.       8,207.       1,046.       31         4       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       267,192.       267,192.       267,192.       5         a       BAD DEBT       267,192.       267,192.       5       30,044.       29,637.       377.       3         b       MISCELLANEOUS       30,044.       29,637.       377.       3       3         c       EQUIPMENT       22,376.       13,984.       8,392.       1         d       IOAN RELATED EXPENSES       17,663.       8,112.       9,551.       1         e       All other expenses       23,637.       20,898.       2,726.       1         5       Total functional expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         6       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       If oflowing SOP 98-2 (ASC 958-720)       If oflowing SOP 98-2 (ASC 958-720)  |          |  | 13 153         | 11 637                      | 915                   | 571                     |
| 4       Other expenses. Itemize expenses on covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       267,192.       267,192.         a       BAD DEBT       267,192.       267,192.         b       MISCELLANEOUS       30,044.       29,637.       377.         c       EQUIPMENT       22,376.       13,984.       8,392.         d       LOAN RELATED EXPENSES       17,663.       8,112.       9,551.         e       All other expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         5       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)       if following SOP 98-2 (ASC 958-720)       if following SOP 98-2 (ASC 958-720)  |          |  |                |                             |                       |                         |
| above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.)       267,192. 267,192.         a BAD DEBT       267,192. 267,192.         b MISCELLANEOUS       30,044. 29,637. 377. 3         c EQUIPMENT       22,376. 13,984. 8,392.         d LOAN RELATED EXPENSES       17,663. 8,112. 9,551.         e All other expenses       23,637. 20,898. 2,726. 1         5 Total functional expenses. Add lines 1 through 24e       1,575,452. 1,382,221. 131,706. 61,52         6 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)  |          |  | 5,505•         | 0,207•                      | 1,010.                | 512                     |
| a       BAD DEBT       267,192.       267,192.         b       MISCELLANEOUS       30,044.       29,637.       377.       3         c       EQUIPMENT       22,376.       13,984.       8,392.         d       LOAN RELATED EXPENSES       17,663.       8,112.       9,551.         e       All other expenses       23,637.       20,898.       2,726.       1         5       Total functional expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         6       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   | +        | above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A), |                |                             |                       |                         |
| b       MISCELLANEOUS       30,044.       29,637.       377.       3         c       EQUIPMENT       22,376.       13,984.       8,392.         d       LOAN RELATED EXPENSES       17,663.       8,112.       9,551.         e       All other expenses       23,637.       20,898.       2,726.       1         5       Total functional expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         6       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)       Image: Content of the organization of the following SOP 98-2 (ASC 958-720)       Image: Content of the organization of the following SOP 98-2 (ASC 958-720)       Image: Content of the organization of the following SOP 98-2 (ASC 958-720)       Image: Content of the organization of the following SOP 98-2 (ASC 958-720)       Image: Content of the organization of the following SOP 98-2 (ASC 958-720)       Image: Content of the organization of the organization of the organization of the following SOP 98-2 (ASC 958-720)       Image: Content of the organization of the o  |          |  | 267 102        | 267 102                     |                       |                         |
| c       EQUIPMENT       22,376.       13,984.       8,392.         d       LOAN RELATED EXPENSES       17,663.       8,112.       9,551.         e       All other expenses       23,637.       20,898.       2,726.       1         5       Total functional expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         5       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)   |          |  |                |                             | 277                   | 21                      |
| d       LOAN RELATED EXPENSES       17,663.       8,112.       9,551.         e       All other expenses       23,637.       20,898.       2,726.       1         5       Total functional expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         6       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)  |          |  |                |                             |                       | 50                      |
| e       All other expenses       23,637.       20,898.       2,726.       1         5       Total functional expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         6       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)  |          |  |                |                             |                       |                         |
| 5       Total functional expenses. Add lines 1 through 24e       1,575,452.       1,382,221.       131,706.       61,52         6       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)       61,52.   |          |  |                |                             |                       | 1 :                     |
| 6 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)  |          | · · · · · · · · · · · · · · · · · · ·  |                |                             |                       |                         |
| reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.<br>Check here ▶i if following SOP 98-2 (ASC 958-720)  |          | -  | т, уту, 494.   | ,J02,221•                   | ,/UU•                 | 01,523                  |
| educational campaign and fundraising solicitation.<br>Check here ▶if following SOP 98-2 (ASC 958-720)  | C        |  |                |                             |                       |                         |
| Check here Figure if following SOP 98-2 (ASC 958-720)  |          |  |                |                             |                       |                         |
|  |          |  |                |                             |                       |                         |
| 5/0 40.00 of   |          | Спеск nere ▶ if following SOP 98-2 (ASC 958-720)   |                |                             |                       |                         |

132010 12-09-21

16 2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

Form 990 (2021)

20371114 131839 053-120952

Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net

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

AFRICAN DEVELOPMENT CENTER

172,152. 831. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 4,569,786. 6,583,632. Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 3,174. 2,611. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 315,467. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 288,588. 30,207. 26,879. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 187,440. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 0. 0. Other assets. See Part IV, line 11 15 15 11,261,326. 18,157,519. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 65,940. 225,198. Accounts payable and accrued expenses 17 17 18 18 Grants payable 26,500. 661,933. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 2,859,024. 5,877,875. Secured mortgages and notes payable to unrelated third parties 23 23 2,334,185. 1,700,000. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,027,867. 2,806,991. of Schedule D 25 11,271,997. 7,313,516. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here  $\blacktriangleright$   $\overline{X}$ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,825,527. 27 5,243,222. 27 Net assets with donor restrictions 1,122,283. 1,642,300. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,947,810. 6,885,522. Total net assets or fund balances 32 32 11,261,326. 18,157,519. 33 33 Total liabilities and net assets/fund balances Form 990 (2021)

20-0553370 Page 11

(B)

End of year 10,005,579.

1,063,003.

474,421.

(A)

Beginning of year

3,045,912.

3,040,805.

212,413.

1

2

3

Form 990 (2021) Part X Balance Sheet

1

2

3

|    | 990 (2021) AFRICAN DEVELOPMENT CENTER   | 20-0      | 553370     | Pa       | <sub>ge</sub> 12 |
|----|---|-----------|------------|----------|------------------|
| 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         | 5,342      |          |                  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 1,575      |          |                  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3         | 3,766      | <u> </u> |                  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                           | 4         | 3,947      | 7,8      | 10.              |
| 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         | -829       | 9,0      |                  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9         |            |          | 0.               |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                  |           |            |          |                  |
|    | column (B))   | 10        | 6,885      | 5,5      | 22.              |
| Pa | t XII Financial Statements and Reporting  |           |            |          |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |           |            |          |                  |
|    |   |           |            | Yes      | No               |
| 1  | Accounting method used to prepare the Form 990: X Cash Accrual Other  |           | _          |          |                  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule      | О.        |            |          |                  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |           | 2a         |          | X                |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | 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?                                  |           | <b>2</b> b | Х        |                  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate    | basis,    |            |          |                  |
|    | consolidated basis, or both:  |           |            |          |                  |
|    | X Separate basis Consolidated basis Both consolidated and separate basis  |           |            |          |                  |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  |           |            |          |                  |
|    | 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 on Sch   |           |            |          |                  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit |            |          | 1                |
|    | Act and OMB Circular A-133?   |           | 3a         | Х        | L                |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  | red audit |            |          | 1                |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                            |           | 3b         | X        |                  |

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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            |
|------------------------------|
| 2021                         |
| Open to Public<br>Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| van  | ne of | the organization<br>ד סיס ג           |                         | PMENT CENTER   |                  |                  |                               |              | 0 - 0553370                                      | er |
|------|-------|---------------------------------------|-------------------------|--|------------------|------------------|-------------------------------|--------------|--|----|
| Da   | rt I  | Reason for Public (                   |                         |  | omoloto ti       | sia nart ) C     |                               |              | 0-0555570  |    |
| _    |       |                                       |                         |  |                  |                  | ee instruction                | 5.           |  |    |
|      | orgar | ization is not a private found        |                         |  |                  |                  |                               |              |  |    |
| 1    |       | A church, convention of chu           | -                       |  |                  | on 170(b)(1      | I)(A)(I).                     |              |  |    |
| 2    | H     | A school described in section         |                         |  |                  |                  |                               |              |  |    |
| 3    |       | A hospital or a cooperative           |                         |  |                  |                  | •                             |              |  |    |
| 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          |                         | llege or university owned                              | l or operat      | ed by a go       | overnmental ur                | nit describe | ed in  |    |
|      |       | section 170(b)(1)(A)(iv). (C          | Complete Part II.)      |  |                  |                  |                               |              |  |    |
| 6    |       | A federal, state, or local gov        | -                       |  |                  |                  |                               |              |  |    |
| 7    | X     | An organization that norma            | lly receives a substar  | ntial part of its support f                            | rom a gove       | ernmental        | unit or from th               | ie general p | oublic described in                              |    |
|      |       | section 170(b)(1)(A)(vi). (C          | omplete Part II.)       |  |                  |                  |                               |              |  |    |
| 8    |       | A community trust describe            | ed in section 170(b)(   | (1)(A)(vi). (Complete Par                              | t II.)           |                  |                               |              |  |    |
| 9    |       | An agricultural research org          | anization described     | in section 170(b)(1)(A)(                               | ix) 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        | name, city       | , and state of                | the college  | or   |    |
|      |       | university:                           |                         |  |                  |                  |                               |              |  |    |
| 10   |       | An organization that norma            | Ily receives (1) more   | than 33 1/3% of its supp                               | ort from c       | ontributior      | ns, membershi                 | ip fees, and | d gross receipts from                            |    |
|      |       | activities related to its exem        | npt functions, subjec   | t to certain exceptions;                               | and (2) no       | more than        | 33 1/3% of its                | s support fi | rom gross investment                             |    |
|      |       | income and unrelated busir            | ness taxable income     | (less section 511 tax) fro                             | om busines       | sses acquii      | red by the org                | anization a  | Ifter June 30, 1975.                             |    |
|      |       | See section 509(a)(2). (Cor           | mplete Part III.)       |  |                  |                  |                               |              |  |    |
| 11   |       | An organization organized a           | and operated exclusi    | vely to test for public sa                             | fety. See        | section 50       | )9(a)(4).                     |              |  |    |
| 12   |       | An organization organized a           | and operated exclusi    | vely for the benefit of, to                            | perform t        | he functior      | ns of, or to ca               | rry out the  | purposes of one or                               |    |
|      |       | more publicly supported or            | ganizations describe    | d in section 509(a)(1) o                               | or section       | 509(a)(2).       | See section 5                 | 509(a)(3). ( | Check the box on                                 |    |
|      | _     | _lines 12a through 12d that           | describes the type of   | f supporting organization                              | n and com        | plete lines      | 12e, 12f, and                 | 12g.         |  |    |
| а    |       | <b>Type I.</b> A supporting orga      | anization operated, s   | upervised, or controlled                               | by its supp      | ported orga      | anization(s), ty              | pically by   | giving   |    |
|      |       | the supported organization            | on(s) the power to req  | gularly appoint or elect a                             | majority c       | of the direc     | tors or trustee               | es of the su | ipporting  |    |
|      |       | organization. You must o              | complete Part IV, Se    | ections A and B.                                       |                  |                  |                               |              |  |    |
| b    |       | <b>Type II.</b> A supporting org      | anization supervised    | or controlled in connect                               | tion with its    | s supporte       | ed organization               | n(s), by hav | ving   |    |
|      |       | control or management o               | f the supporting orga   | anization vested in the s                              | ame perso        | ns that co       | ntrol or manag                | ge the supp  | ported   |    |
|      |       | _ 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       | tion with, a     | and functional                | ly integrate | ed with,   |    |
|      |       | its supported organization            | n(s) (see instructions) | ). You must complete                                   | Part IV, Se      | ections A,       | D, and E.                     |              |  |    |
| d    |       | Type III non-functionally             | v integrated. A supp    | orting organization oper                               | ated in co       | nnection w       | ith its suppor                | ted organiz  | zation(s)  |    |
|      |       | that is not functionally int          | egrated. The organiz    | ation generally must sat                               | isfy a distr     | ibution rec      | quirement and                 | an attentiv  | /eness   |    |
|      |       | requirement (see instructi            | ions). You must con     | nplete Part IV, Sections                               | A and D,         | and Part         | <b>V</b> .                    |              |  |    |
| е    |       | Check this box if the orga            | anization received a v  | written determination fro                              | m the IRS        | that it is a     | Type I, Type I                | I, Type III  |  |    |
|      |       | functionally integrated, or           | Type III non-function   | nally integrated supporti                              | ng organiz       | ation.           |                               |              |  |    |
| f    | Ent   | er the number of supported o          | organizations           |  |                  |                  |                               |              |  |    |
| g    |       | vide the following information        |                         |  | (iv) is the ora: | anization listed |                               |              |  |    |
|      |       | (i) Name of supported<br>organization | (ii) EIN                | (iii) Type of organization<br>(described on lines 1-10 | in your governi  | ing document?    | (v) Amount of support (see in | -            | (vi) Amount of other<br>support (see instruction |    |
|      |       | organization                          |                         | above (see instructions))                              | Yes              | No               |                               |              |  |    |
|      |       |                                       |                         |  |                  |                  |                               |              |  |    |
|      |       |                                       |                         |  |                  |                  |                               |              |  |    |
|      |       |                                       |                         |  |                  |                  |                               |              |  |    |
|      |       |                                       |                         |  |                  |                  |                               |              |  |    |
|      |       |                                       |                         |  |                  |                  |                               |              |  |    |
|      |       |                                       |                         |  |                  |                  |                               |              |  |    |
|      |       |                                       |                         |  |                  |                  |                               |              |  |    |
|      |       |                                       |                         |  |                  |                  |                               |              |  |    |
|      |       |                                       |                         |  |                  |                  |                               |              |  |    |
| Γota | al    |                                       |                         |  |                  |                  |                               |              |  | _  |
|      |       |                                       |                         |  |                  |                  |                               |              |  |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021

2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

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  | Section A. Public Support   |                      |                    |                    |                    |                    |                 |  |
|------|---|----------------------|--------------------|--------------------|--------------------|--------------------|-----------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨   | (a) 2017             | <b>(b)</b> 2018    | <b>(c)</b> 2019    | (d) 2020           | (e) 2021           | (f) Total       |  |
|      | Gifts, grants, contributions, and   |                      |                    |                    |                    |                    |                 |  |
|      | membership fees received. (Do not   |                      |                    |                    |                    |                    |                 |  |
|      | include any "unusual grants.")  | 972,790.             | 1135790.           | 1156301.           | 2983222.           | 3678064.           | 9926167.        |  |
| 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  | 972,790.             | 1135790.           | 1156301.           | 2983222.           | 3678064.           | 9926167.        |  |
| 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)  |                      |                    |                    |                    |                    | 2549273.        |  |
| 6    | Public support. Subtract line 5 from line 4.  |                      |                    |                    |                    |                    | 7376894.        |  |
|      | ction B. Total Support  |                      |                    |                    | •                  | •                  |                 |  |
| Cale | ndar year (or fiscal year beginning in) 🕨   | (a) 2017             | <b>(b)</b> 2018    | <b>(c)</b> 2019    | (d) 2020           | (e) 2021           | (f) Total       |  |
|      | Amounts from line 4   | 972,790.             | 1135790.           | 1156301.           | 2983222.           | 3678064.           | 9926167.        |  |
| 8    | Gross income from interest,   | -                    |                    |                    |                    |                    |                 |  |
|      | dividends, payments received on   |                      |                    |                    |                    |                    |                 |  |
|      | securities loans, rents, royalties,   |                      |                    |                    |                    |                    |                 |  |
|      | and income from similar sources   | 1,831.               | 1,352.             | 4,258.             | 7,967.             | 288,730.           | 304,138.        |  |
| 9    | Net income from unrelated business  |                      |                    | -                  | -                  | -                  |                 |  |
|      | activities, whether or not the  |                      |                    |                    |                    |                    |                 |  |
|      | business is regularly carried on  |                      |                    |                    |                    |                    |                 |  |
| 10   | Other income. Do not include gain   |                      |                    |                    |                    |                    |                 |  |
|      | or loss from the sale of capital  |                      |                    |                    |                    |                    |                 |  |
|      | assets (Explain in Part VI.)  |                      |                    |                    |                    | 42,509.            | 42,509.         |  |
| 11   |   |                      |                    |                    |                    |                    | 10272814.       |  |
| 12   | Gross receipts from related activities,   | etc. (see instructio | ons)               |                    |                    | 12                 |                 |  |
| 13   | First 5 years. If the Form 990 is for the   |                      |                    |                    |                    | 01(c)(3)           |                 |  |
|      | organization, check this box and <b>stop</b>  | -                    |                    |                    |                    |                    |                 |  |
| Sec  | ction C. Computation of Publi   | c Support Per        | centage            |                    |                    |                    |                 |  |
| 14   |   |                      |                    |                    |                    | 14                 | 71.81 %         |  |
| 15   | Public support percentage from 2020   |                      | •                  |                    |                    | 15                 | 79.79 %         |  |
| 16a  | 33 1/3% support test - 2021. If the o   |                      |                    |                    |                    | ore, check this bo | k and           |  |
|      | stop here. The organization qualifies   | as a publicly supp   | orted organization |                    |                    |                    | ► X             |  |
| b    | 33 1/3% support test - 2020. If the   | organization did no  | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box           |  |
|      | and stop here. The organization qual  |                      |                    |                    |                    |                    |                 |  |
| 17a  | <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, |                      |                    |                    |                    |                    |                 |  |
|      | and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization             |                      |                    |                    |                    |                    |                 |  |
|      | meets the facts-and-circumstances te  |                      |                    | -                  |                    |                    |                 |  |
| b    | 0 10% -facts-and-circumstances test   | •                    |                    | ,                  | •                  |                    |                 |  |
|      | more, and if the organization meets th  |                      |                    |                    |                    |                    |                 |  |
|      | organization meets the facts-and-circl  |                      |                    |                    |                    |                    |                 |  |
| 18   | Private foundation. If the organization   |                      | •                  |                    | ••••               |                    |                 |  |
|      |   |                      |                    |                    |                    |                    | (Form 990) 2021 |  |

132022 01-04-22

| Schedule A | Form | 990 | ) 202 |
|------------|------|-----|-------|
|            |      |     |       |

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

| qua                      | alify under t | the tests listed | d below, j | please com | plete Part II.) |  |  |
|--------------------------|---------------|------------------|------------|------------|-----------------|--|--|
| Section A Public Support |               |                  |            |            |                 |  |  |

| Sec     | ction A. Public Support  |                      |                     |                      |                     |                    |                    |
|---------|--|----------------------|---------------------|----------------------|---------------------|--------------------|--------------------|
| Cale    | ndar year (or fiscal year beginning in) 🕨  | (a) 2017             | <b>(b)</b> 2018     | (c) 2019             | (d) 2020            | (e) 2021           | (f) Total          |
| 1       | Gifts, grants, contributions, and  |                      |                     |                      |                     |                    |                    |
|         | membership fees received. (Do not  |                      |                     |                      |                     |                    |                    |
|         | include any "unusual grants.")   |                      |                     |                      |                     |                    |                    |
| 2       | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                     |                      |                     |                    |                    |
| 3       | Gross receipts from activities that  |                      |                     |                      |                     |                    |                    |
|         | are not an unrelated trade or bus-<br>iness under section 513  |                      |                     |                      |                     |                    |                    |
| 4       | Tax revenues levied for the organ-   |                      |                     |                      |                     |                    |                    |
| -       | ization's benefit and either paid to   |                      |                     |                      |                     |                    |                    |
| 5       | The value of services or facilities  |                      |                     |                      |                     |                    |                    |
| 5       | 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   |                      |                     |                      |                     |                    |                    |
| b       | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                      |                     |                      |                     |                    |                    |
| С       | Add lines 7a and 7b  |                      |                     |                      |                     |                    |                    |
|         | Public support. (Subtract line 7c from line 6.)  |                      |                     |                      |                     |                    |                    |
| Cale    | ndar year (or fiscal year beginning in) 🕨  | (a) 2017             | <b>(b)</b> 2018     | (c) 2019             | (d) 2020            | (e) 2021           | (f) Total          |
|         | Amounts from line 6  |                      |                     |                      |                     |                    |                    |
|         | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                      |                     |                      |                     |                    |                    |
| b       | Unrelated business taxable income  |                      |                     |                      |                     |                    |                    |
|         | (less section 511 taxes) from businesses   |                      |                     |                      |                     |                    |                    |
|         | acquired after June 30, 1975   |                      |                     |                      |                     |                    |                    |
| с<br>11 | Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                          |                      |                     |                      |                     |                    |                    |
| 12      | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                      |                     |                      |                     |                    |                    |
| 13      | Total support. (Add lines 9, 10c, 11, and 12.)   |                      |                     |                      |                     |                    |                    |
| 14      | First 5 years. If the Form 990 is for the  | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) organizat | ion,               |
|         | check this box and stop here   |                      |                     |                      |                     |                    |                    |
| Sec     | ction C. Computation of Publi  | c Support Per        | centage             |                      |                     |                    |                    |
| 15      | Public support percentage for 2021 (I  |                      | •                   | column (f))          |                     | 15                 | %                  |
| 16      | Public support percentage from 2020  |                      |                     |                      |                     | 16                 | %                  |
|         | ction D. Computation of Inves  |                      | •                   |                      |                     | <u> </u>           |                    |
|         | Investment income percentage for 20  | -                    |                     |                      |                     | 17                 | %                  |
| 18      | Investment income percentage from  |                      |                     |                      |                     | <b>18</b>          | %                  |
| 198     | <b>33 1/3% support tests - 2021.</b> If the  |                      |                     |                      |                     |                    |                    |
| Ŀ       | more than 33 1/3%, check this box ar   |                      |                     |                      |                     |                    | ►                  |
| a       | <b>33 1/3% support tests - 2020.</b> If the  | -                    |                     |                      |                     |                    |                    |
| 20      | line 18 is not more than 33 1/3%, che  |                      |                     |                      |                     |                    |                    |
|         | Private foundation. If the organization  | п ана пот спеск а    |                     | a, ULISD, CHECK T    | IIS DUX AND SEE INS |                    | A (Form 990) 2021  |
| 13202   | 3 01-04-22   |                      | 21                  |                      |                     | Schedule           | A (FUITH 990) 2021 |

<sup>2021.05000</sup> AFRICAN DEVELOPMENT CENTE 053-1201

1

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)

22

132024 01-04-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

| dule A (Form 990) 2021 | AFRICAN | DEVELOPMENT | CENTER |
|------------------------|---------|-------------|--------|
|                        |         |             |        |

1

2

1

Yes No

Yes No

| Pa  | t IV Supporting Organizations (continued)   |     |    |
|-----|---|-----|----|
|     |   | Yes | No |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |     |    |
|     | 11c below, the governing body of a supported organization? 11a  |     |    |
| b   | A family member of a person described on line 11a above? 11b  |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |     |    |
|     | detail in Part VI. 11c  |     |    |
| Sec | tion B. Type I Supporting Organizations   |     |    |
|     |   | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustops at all times during the tay year? If the tay describes in <b>Part VI</b> have the power to regularly appoint or elect at least a majority of the organization's officers, |     |    |

|   | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |
|---|--|
|   | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the       |
|   | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.               |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported                            |
|   | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                     |
|   | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated                     |

| <u> </u> | DEIVIS |         | <i>illoned the</i> s | apporting | Ulyanizatioi | 1. |
|----------|--------|---------|----------------------|-----------|--------------|----|
| Sectio   | n C.   | Type II | Supporti             | ng Orga   | anizations   | 5  |

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

| Section D. | All Type | III Supporting | Organizations |
|------------|----------|----------------|---------------|

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |   |     |    |
|   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |   |     | 1  |
|   | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |     |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?       | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported       |   |     | 1  |
|   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how     |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2 |     |    |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a        |   |     | 1  |
|   | significant voice in the organization's investment policies and in directing the use of the organization's             |   |     | 1  |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           |   |     |    |
| - | supported organizations played in this regard.   | 3 |     |    |

#### Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the | e Integral Part Test during the year | (see instructions). |
|---|--|--------------------------------------|---------------------|
| • |  |                                      |                     |

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

| c 🗌 |  | The organization supported a governmental entity. | Describe in Part VI how | you supported a governmental entit | v (see instruction <u>s)</u> | ). |
|-----|--|---|-------------------------|------------------------------------|------------------------------|----|
|-----|--|---|-------------------------|------------------------------------|------------------------------|----|

23

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

20371114 131839 053-120952

2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in</i> <b>Part VI</b> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |    |                |                                |  |  |  |
|------|--|----|----------------|--------------------------------|--|--|--|
| Sect | ion A - Adjusted Net Income  |    | (A) Prior Year | (B) Current Year<br>(optional) |  |  |  |
| 1    | Net short-term capital gain  | 1  |                |                                |  |  |  |
| 2    | Recoveries of prior-year distributions   | 2  |                |                                |  |  |  |
| 3    | Other gross income (see instructions)  | 3  |                |                                |  |  |  |
| 4    | Add lines 1 through 3.   | 4  |                |                                |  |  |  |
| 5    | Depreciation and depletion   | 5  |                |                                |  |  |  |
| 6    | Portion of operating expenses paid or incurred for production or   |    |                |                                |  |  |  |
|      | collection of gross income or for management, conservation, or   |    |                |                                |  |  |  |
|      | maintenance of property held for production of income (see instructions)   | 6  |                |                                |  |  |  |
| 7    | Other expenses (see instructions)  | 7  |                |                                |  |  |  |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8  |                |                                |  |  |  |
| Sect | ion B - Minimum Asset Amount   |    | (A) Prior Year | (B) Current Year<br>(optional) |  |  |  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see  |    |                |                                |  |  |  |
|      | instructions for short tax year or assets held for part of year):  |    |                |                                |  |  |  |
| а    | Average monthly value of securities  | 1a |                |                                |  |  |  |
| b    | Average monthly cash balances  | 1b |                |                                |  |  |  |
| с    | Fair market value of other non-exempt-use assets   | 1c |                |                                |  |  |  |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d |                |                                |  |  |  |
| е    | Discount claimed for blockage or other factors   |    |                |                                |  |  |  |
|      | (explain in detail in Part VI):  |    |                |                                |  |  |  |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets   | 2  |                |                                |  |  |  |
| 3    | Subtract line 2 from line 1d.  | 3  |                |                                |  |  |  |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |    |                |                                |  |  |  |
|      | see instructions).   | 4  |                |                                |  |  |  |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5  |                |                                |  |  |  |
| 6    | Multiply line 5 by 0.035.  | 6  |                |                                |  |  |  |
| 7    | Recoveries of prior-year distributions   | 7  |                |                                |  |  |  |
| 8    | Minimum Asset Amount (add line 7 to line 6)  | 8  |                |                                |  |  |  |
| Sect | ion C - Distributable Amount   |    |                | Current Year                   |  |  |  |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)  | 1  |                |                                |  |  |  |
| 2    | Enter 0.85 of line 1.  | 2  |                |                                |  |  |  |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3  |                |                                |  |  |  |
| 4    | Enter greater of line 2 or line 3.   | 4  |                |                                |  |  |  |
| 5    | Income tax imposed in prior year   | 5  |                |                                |  |  |  |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to   |    |                |                                |  |  |  |
|      | emergency temporary reduction (see instructions).  | 6  |                |                                |  |  |  |
|      |  |    |                |                                |  |  |  |

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

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

AFRICAN DEVELOPMENT CENTER

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

20371114 131839 053-120952

20371114 131839 053-120952

| _ |   |   |  |  |
|---|---|---|--|--|
|   | 2 | Underdistributions, if any, for years prior to 2021 (reason-  |  |  |
| _ |   | able cause required - explain in Part VI). See instructions.  |  |  |
|   | 3 | Excess distributions carryover, if any, to 2021               |  |  |
|   | а | From 2016   |  |  |
|   | b | From 2017   |  |  |
|   | с | From 2018   |  |  |
|   | d | From 2019   |  |  |
|   | е | From 2020   |  |  |
| _ | f | Total of lines 3a through 3e                                  |  |  |
| _ | g | Applied to underdistributions of prior years                  |  |  |
| _ | h | Applied to 2021 distributable amount                          |  |  |
| _ | i | Carryover from 2016 not applied (see instructions)            |  |  |
| _ | j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.        |  |  |
|   | 4 | Distributions for 2021 from Section D,                        |  |  |
| _ |   | line 7: \$  |  |  |
| _ | а | Applied to underdistributions of prior years                  |  |  |
| _ | b | Applied to 2021 distributable amount                          |  |  |
| _ | с | Remainder. Subtract lines 4a and 4b from line 4.              |  |  |
|   | 5 | Remaining underdistributions for years prior to 2021, if      |  |  |
|   |   | any. Subtract lines 3g and 4a from line 2. For result greater |  |  |
| _ |   | than zero, explain in Part VI. See instructions.              |  |  |
|   | 6 | Remaining underdistributions for 2021. Subtract lines 3h      |  |  |
|   |   | and 4b from line 1. For result greater than zero, explain in  |  |  |
| _ |   | Part VI. See instructions.                                    |  |  |
|   | 7 | Excess distributions carryover to 2022. Add lines 3j          |  |  |
|   |   | and 4c.   |  |  |
|   | 8 | Breakdown of line 7:  |  |  |
|   | а | Excess from 2017  |  |  |
|   |   |   |  |  |

(i)

**Excess Distributions** 

#### AFRICAN DEVELOPMENT CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2021 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

1 Distributable amount for 2021 from Section C, line 6

Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

20-0553370 Page 7

**Current Year** 

(iii)

Distributable

Amount for 2021

Schedule A (Form 990) 2021

1

2

3

4

5 6

7

8 9

10

(ii)

Underdistributions

Pre-2021

Schedule A (Form 990) 2021

Section D - Distributions

2

3

4

6

7

8

9

10

> b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

| Schedule A     | (Form 990) 2021 AFRICAN DEVELOPME  | NT CENTER   | 20-0553370 Page 8           |
|----------------|--|---|-----------------------------|
| Part VI        | Supplemental Information. Provide the explanations<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c,<br>line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line<br>Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, a<br>(See instructions.) | s 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, | Section B, line 1e; Part V, |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
|                |  |   |                             |
| 132028 01-04-2 |  | 26  | Schedule A (Form 990) 2021  |

# Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

#### Name of the organization

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

| 0-05533 | 70 |
|---------|----|
|---------|----|

|                                | AFRICAN DEVELOPMENT CENTER   | 20- |  |  |  |  |  |  |
|--------------------------------|--|-----|--|--|--|--|--|--|
| Organization type (check one): |  |     |  |  |  |  |  |  |
| Filers of:                     | Section:   |     |  |  |  |  |  |  |
| Form 990 or 990-EZ             | $\fbox$ 501(c)( 3 ) (enter number) organization                                  |     |  |  |  |  |  |  |
|                                | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |     |  |  |  |  |  |  |
|                                | 527 political organization   |     |  |  |  |  |  |  |
| Form 990-PF                    | 501(c)(3) exempt private foundation  |     |  |  |  |  |  |  |
|                                | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |     |  |  |  |  |  |  |
|                                | 501(c)(3) taxable private foundation   |     |  |  |  |  |  |  |

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

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

#### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$  **b** \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

| (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |  |
|-----------------------------------|----------------------------|--|--|
|                                   | \$200,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |  |
|                                   | \$ <u>98,250.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |  |
|                                   | \$ <u>100,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |  |
|                                   | \$ <u>100,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |  |
|                                   | \$ <u>1,425,000.</u>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (b)                               | (c)                        | i (d)  |  |

Name, address, and ZIP + 4

#### Name of organization

AFRICAN DEVELOPMENT CENTER

Schedule B (Form 990) (2021)

Part I

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

6

5

4

3

2

1

Employer identification number

X

20-0553370

Person Payroll

Noncash

(Complete Part II for

noncash contributions.) Schedule B (Form 990) (2021)

(d)

Type of contribution

24 2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

687,567.

**Total contributions** 

\$

123452 11-11-21

Page 2

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|------------------------------|--|---|----------------------|--|
|                              |  | \$  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |
|                              |  | \$  |                      |  |

25

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

123453 11-11-21

Schedule B (Form 990) (2021)

#### 20371114 131839 053-120952

2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

Employer identification number

20-0553370

Schedule B (Form 990) (2021)

AFRICAN DEVELOPMENT CENTER

Name of organization

Part II

| Schedule I                | B (Form 990) (2021)  |   | Page <b>4</b>  |  |  |  |  |  |
|---------------------------|--|---|--|--|--|--|--|--|
| Name of o                 | rganization  |   | Employer identification number   |  |  |  |  |  |
| AFRIC                     | AN DEVELOPMENT CENTER  |   | 20-0553370   |  |  |  |  |  |
| Part III                  | Exclusively religious, charitable, etc., contribut   | ) through (e) and the following line entr                                   | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year |  |  |  |  |  |
|                           | completing Part III, enter the total of exclusively religious,<br>Use duplicate copies of Part III if additional | charitable, etc., contributions of <b>\$1,000 or le</b><br>space is needed. | ess for the year. (Enter this info. once.) ► \$                        |  |  |  |  |  |
| (a) No.                   |  |   | (ii) Description of here sitting hold                                  |  |  |  |  |  |
| `from<br>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, a<br>  | nd ZIP + 4  | Relationship of transferor to transferee                               |  |  |  |  |  |
| (a) No.<br>from<br>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, a  | nd ZIP + 4  | Relationship of transferor to transferee                               |  |  |  |  |  |
| (a) No.                   |  |   |  |  |  |  |  |  |
| from<br>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, a<br>  | nd ZIP + 4  | Relationship of transferor to transferee                               |  |  |  |  |  |
| (a) No.<br>from<br>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, a  | nd ZIP + 4  | Relationship of transferor to transferee                               |  |  |  |  |  |
|                           |  |   |  |  |  |  |  |  |

123454 11-11-21

Schedule B (Form 990) (2021)

20371114 131839 053-120952

26 2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

Department of the Treasury

# **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 l L **Open to Public** Inspection

| ernal | Revenue Service Go to www.irs.gov/Form99   | 90 for instructions and the latest informa    | ation.               | Inspection                   |
|-------|--|---|----------------------|------------------------------|
|       | of the organization AFRICAN DEVELOPMENT  |   |                      | er identification numbe      |
| 'ar   | Organizations Maintaining Donor Advised<br>organization answered "Yes" on Form 990, Part IV, line                                |   | or Accounts.         | Complete if the              |
|       |  | (a) Donor advised funds                       | (b) Funds ar         | nd other accounts            |
|       | Total number at end of year  |   |                      |                              |
|       | Aggregate value of contributions to (during year)  |   |                      |                              |
|       | Aggregate value of grants from (during year)   |   |                      |                              |
|       | Aggregate value at end of year   |   |                      |                              |
|       | Did the organization inform all donors and donor advisors in v   | writing that the assets held in donor advise  | d funds              |                              |
|       | are the organization's property, subject to the organization's e   | exclusive legal control?                      |                      | 🗌 Yes 📃 N                    |
|       | Did the organization inform all grantees, donors, and donor a  | dvisors in writing that grant funds can be u  | used only            |                              |
|       | for charitable purposes and not for the benefit of the donor or  |   | •                    |                              |
|       | impermissible private benefit?   |   |                      | . Yes N                      |
|       | t II Conservation Easements. Complete if the org   |   | 'art IV, line 7.     |                              |
|       | Purpose(s) of conservation easements held by the organization  |   | a kistaviaallu innaa | where the state of the state |
|       | Preservation of land for public use (for example, recreat<br>Protection of natural habitat                                       |   | a historically impo  |                              |
|       | Preservation of open space   | Preservation of                               | a certified historic | structure                    |
|       | Complete lines 2a through 2d if the organization held a qualifi  | ied conservation contribution in the form o   | of a conservation (  | assement on the last         |
|       | day of the tax year.   |   |                      | at the End of the Tax Ye     |
| 1     |  |   |                      |                              |
|       |  |   |                      |                              |
|       | Number of conservation easements on a certified historic stru  |   |                      |                              |
|       | Number of conservation easements included in (c) acquired a  |   |                      |                              |
|       | listed in the National Register  |   |                      |                              |
|       | Number of conservation easements modified, transferred, rele   |   |                      | ig the tax                   |
|       | year 🕨   |   | -                    | -                            |
|       | Number of states where property subject to conservation eas  | sement is located                             |                      |                              |
|       | Does the organization have a written policy regarding the peri   | iodic monitoring, inspection, handling of     |                      |                              |
|       | violations, and enforcement of the conservation easements it   | holds?  |                      | 🗌 Yes 🗌 N                    |
|       | Staff and volunteer hours devoted to monitoring, inspecting, I   | handling of violations, and enforcing conse   | ervation easement    | s during the year            |
|       | Amount of expenses incurred in monitoring, inspecting, hand  | lling of violations, and enforcing conservati | ion easements du     | ring the year                |
|       | Does each conservation easement reported on line 2(d) above<br>and section 170(h)(4)(B)(ii)?                                     |   |                      | Yes N                        |
|       | In Part XIII, describe how the organization reports conservation   | on easements in its revenue and expense s     | statement and        |                              |
|       | balance sheet, and include, if applicable, the text of the footn   | ote to the organization's financial stateme   | nts that describes   | the                          |
| _     | organization's accounting for conservation easements.  |   |                      |                              |
| ar    | III Organizations Maintaining Collections of   |   | her Similar As       | sets.                        |
|       | Complete if the organization answered "Yes" on Form  | 990, Part IV, line 8.                         |                      |                              |
| 3     | If the organization elected, as permitted under FASB ASC 958   |   |                      |                              |
|       | of art, historical treasures, or other similar assets held for pub   |   | -                    | 2                            |
|       | service, provide in Part XIII the text of the footnote to its finan  |   |                      |                              |
| כ     | If the organization elected, as permitted under FASB ASC 958   |   |                      |                              |
|       | art, historical treasures, or other similar assets held for public   | exhibition, education, or research in furthe  | erance of public s   | ervice,                      |
|       | provide the following amounts relating to these items:   |   | •                    |                              |
|       | (i) Revenue included on Form 990, Part VIII, line 1  |   |                      |                              |
|       |  | asuras, or other similar assats for financial |                      |                              |
|       | If the organization received or held works of art, historical trea<br>the following amounts required to be reported under FASB A |   | gain, provide        |                              |
|       | Revenue included on Form 990, Part VIII, line 1  | -   | ▶ \$                 |                              |
|       | Assets included in Form 990, Part X  |   |                      |                              |
|       |  |   | ΨΨ                   |                              |
|       | For Paperwork Reduction Act Notice, see the Instructions   | s for Form 990.                               | Sch                  | edule D (Form 990) 20        |

27 2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

| Sche |   | DEVELOPME                       |             |               |                     |            |             | 20-05         |                 |        | age <b>2</b> |
|------|---|---------------------------------|-------------|---------------|---------------------|------------|-------------|---------------|-----------------|--------|--------------|
| Par  | t III Organizations Maintaining C   | ollections of Ar                | t, Histo    | rical Tre     | asures, o           | r Othe     | r Simila    | r Assets      | (contir         | nued)  |              |
| 3    | Using the organization's acquisition, accessi   | on, and other record            | s, check    | any of the f  | ollowing that       | make s     | ignificant  | use of its    |                 |        |              |
|      | collection items (check all that apply):  |                                 |             |               |                     |            |             |               |                 |        |              |
| а    | Public exhibition   | c                               | 1 🗌 L       | oan or exc    | hange progra        | am         |             |               |                 |        |              |
| b    | Scholarly research  | e                               | •           | Other         |                     |            |             |               |                 |        |              |
| С    | Preservation for future generations   |                                 |             |               |                     |            |             |               |                 |        |              |
| 4    | Provide a description of the organization's co  | ollections and explain          | n how the   | ey further th | e organizatio       | on's exer  | mpt purpo   | se in Part    | XIII.           |        |              |
| 5    | During the year, did the organization solicit of  |                                 |             |               |                     |            |             |               | _               | _      | _            |
|      | to be sold to raise funds rather than to be ma  |                                 |             |               |                     |            |             |               | Yes             |        | No           |
| Par  | t IV Escrow and Custodial Arran<br>reported an amount on Form 990, Pa                     |                                 | ete if the  | organizatio   | n answered '        | 'Yes" on   | Form 990    | ), Part IV, I | ine 9, or       |        |              |
| 1a   | Is the organization an agent, trustee, custodi  | an or other intermed            | liary for c | ontribution   | s or other ass      | sets not   | included    |               |                 |        |              |
|      | on Form 990, Part X?  |                                 |             |               |                     |            |             |               | Yes             |        | No           |
| b    | If "Yes," explain the arrangement in Part XIII  |                                 |             |               |                     |            |             |               |                 |        | _            |
|      |   | ·                               | -           |               |                     |            |             |               | Amoun           | t      |              |
| с    | Beginning balance   |                                 |             |               |                     |            | . 1c        |               |                 |        |              |
|      | Additions during the year   |                                 |             |               |                     |            |             |               |                 |        |              |
| е    | Distributions during the year   |                                 |             |               |                     |            | . 1e        |               |                 |        |              |
| f    | Ending balance  |                                 |             |               |                     |            | . 1f        |               | _               |        |              |
| 2a   | Did the organization include an amount on F   | orm 990, Part X, line           | 21, for e   | scrow or cu   | istodial acco       | unt liabil | ity?        |               | Yes             |        | No           |
|      | If "Yes," explain the arrangement in Part XIII.   |                                 |             |               |                     |            |             |               |                 |        |              |
| Par  | <b>t V</b> Endowment Funds. Complete  |                                 |             |               |                     |            |             | <u> </u>      |                 |        | <del></del>  |
|      |   | (a) Current year                | (b) Pr      | ior year      | (c) Two yea         | rs back    | (d) Three   | years 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   |                                 | //: 4       |               | <u> </u>            |            |             |               |                 |        |              |
| 2    | Provide the estimated percentage of the curr  | •                               | e (line 1g, | column (a)    | ) held as:          |            |             |               |                 |        |              |
| a    | Board designated or quasi-endowment   |                                 | _%          |               |                     |            |             |               |                 |        |              |
| b    | Permanent endowment   |                                 |             |               |                     |            |             |               |                 |        |              |
| С    |   | %                               |             |               |                     |            |             |               |                 |        |              |
| 2-   | The percentages on lines 2a, 2b, and 2c sho<br>Are there endowment funds not in the posse |                                 | tion that   | are hold or   | d administa         | ad far th  |             | otion         |                 |        |              |
| Ja   |   | ssion of the organiza           | alion linal | वार गराव वा   |                     |            | le organiza | allon         | 1               | Yes    | No           |
|      | by:<br>(i) Unrelated organizations  |                                 |             |               |                     |            |             |               | 3a(i)           | 100    |              |
|      | (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  |                                 |             |               |                     |            |             |               | _ 0.2           |        |              |
| Par  | t VI Land, Buildings, and Equipm  |                                 |             | 100.          |                     |            |             |               |                 |        |              |
|      | Complete if the organization answere  | d "Yes" on Form 990             | ), Part IV, | line 11a. S   | ee Form 990         | , Part X,  | line 10.    |               |                 |        |              |
|      | Description of property   | (a) Cost or c<br>basis (investr |             | .,            | or other<br>(other) | • •        | ccumulate   |               | ( <b>d)</b> Boo | k valu | e            |
| 1a   | Land  |                                 |             |               |                     |            |             |               |                 |        |              |
|      | Buildings   |                                 |             |               |                     |            |             |               |                 |        |              |
|      | Leasehold improvements  |                                 |             | 1             | 4,759.              |            | 3,4         | 41.           | 1               | 1,3    | 18.          |
|      | Equipment   |                                 |             | 30            | 0,708.              |            | 285,1       | 47.           |                 |        | 61.          |
|      | Other   |                                 |             |               |                     |            |             |               |                 |        |              |
|      | . Add lines 1a through 1e. (Column (d) must e   |                                 | X. colum    | n (B). line 1 | )c.)                |            |             |               | 2               | 6,8    | 79.          |
|      |   | -                               |             |               |                     |            |             |               |                 |        |              |

Schedule D (Form 990) 2021

132052 10-28-21

| Schedul           | e D (Form 990) 2021                                 |                                  | ELOPMENT CENTE               | ER                                    | 20-0553370              | Page 3 |
|-------------------|---|----------------------------------|------------------------------|---------------------------------------|-------------------------|--------|
| Part V            |   | Other Securities.                |                              |                                       |                         |        |
|                   |   |                                  |                              | 11b. See Form 990, Part X, line 12.   |                         |        |
| <b>(a)</b> Des    | cription of security or categ                       | Ory (including name of security) | (b) Book value               | (c) Method of valuation: Cost         | or end-of-year market v | alue   |
| • •               |   |                                  |                              |                                       |                         |        |
|                   |   |                                  |                              |                                       |                         |        |
| (3) Othe          | er  |                                  |                              |                                       |                         |        |
| (A)               |   |                                  |                              |                                       |                         |        |
| (B)               |   |                                  |                              |                                       |                         |        |
| (C)               |   |                                  |                              |                                       |                         |        |
| <u>(D)</u>        |   |                                  |                              |                                       |                         |        |
| <u>(E)</u>        |   |                                  |                              |                                       |                         |        |
| <u>(F)</u>        |   |                                  |                              |                                       |                         |        |
| <u>(G)</u>        |   |                                  |                              |                                       |                         |        |
| <u>(H)</u>        |   |                                  |                              |                                       |                         |        |
| Dart V            | ol. (b) must equal Form 990<br>/III Investments - I | ), Part X, col. (B) line 12.)    |                              |                                       |                         |        |
| Tart              |   | •                                | on Form 000 Part IV line 1   | 11c. See Form 990, Part X, line 13.   |                         |        |
|                   | (a) Description of                                  |                                  | (b) Book value               | (c) Method of valuation: Cost         |                         |        |
| (4)               |   | Investment                       | (b) DOOK Value               | (c) Method of Valdation. Cost         | or end-or-year marker v |        |
| (1)               |   |                                  |                              |                                       |                         |        |
| (2)               |   |                                  |                              |                                       |                         |        |
| (3)               |   |                                  |                              |                                       |                         |        |
| <u>(4)</u>        |   |                                  |                              |                                       |                         |        |
| (5)               |   |                                  |                              |                                       |                         |        |
| (6)               |   |                                  |                              |                                       |                         |        |
| (7)               |   |                                  |                              |                                       |                         |        |
| <u>(8)</u><br>(9) |   |                                  |                              |                                       |                         |        |
|                   | (h) must squal Form 000                             | ), Part X, col. (B) line 13.) 🕨  |                              |                                       |                         |        |
| Part I            |   |                                  |                              |                                       |                         |        |
|                   |   | anization answered "Yes"         | on Form 990, Part IV, line 1 | 11d. See Form 990, Part X, line 15.   |                         |        |
|                   |   |                                  | Description                  |                                       | (b) Book va             | alue   |
| (1)               |   | (-)                              |                              |                                       |                         |        |
| (2)               |   |                                  |                              |                                       |                         |        |
| (3)               |   |                                  |                              |                                       |                         |        |
| (4)               |   |                                  |                              |                                       |                         |        |
| (5)               |   |                                  |                              |                                       |                         |        |
| (6)               |   |                                  |                              |                                       |                         |        |
| (7)               |   |                                  |                              |                                       |                         |        |
| (8)               |   |                                  |                              |                                       |                         |        |
| (9)               |   |                                  |                              |                                       |                         |        |
|                   | olumn (b) must equal Fo                             | orm 990 Part X col (B) line      | e 15.)                       |                                       |                         |        |
| Part X            |   | S.                               |                              |                                       |                         |        |
|                   | Complete if the org                                 | anization answered "Yes"         | on Form 990, Part IV, line 1 | 11e or 11f. See Form 990, Part X, li  | ine 25.                 |        |
| 1.                | (a) De  | escription of liability          |                              |                                       | (b) Book va             | alue   |
|                   | -ederal income taxes                                | · · ·                            |                              |                                       |                         |        |
|                   |   | ION OF LOAN P                    | ROCEEDS                      |                                       | 19                      | ,960.  |
|                   |   | ION OF DUE TO                    |                              |                                       |                         | ,798.  |
|                   |   | PATIONS, LESS                    |                              |                                       |                         |        |
|                   | PORTION   | •                                |                              |                                       | 42                      | ,916.  |
|                   |   | LESS CURRENT                     | PORTION                      |                                       |                         | ,495.  |
|                   |   | ION DUE TO ST                    |                              |                                       |                         |        |
|                   | MINNESOTA   |                                  |                              |                                       | 224                     | ,270.  |
| (9)               |   |                                  |                              |                                       |                         |        |
|                   | olumn (b) must equal Fo                             | orm 990 Part X col (R) line      | e 25 )                       |                                       | 2,806                   | ,991.  |
|                   |   |                                  |                              | the organization's financial statem   |                         |        |
|                   |   |                                  |                              | re if the text of the footnote has be |                         | X      |

Schedule D (Form 990) 2021

132053 10-28-21

| Sche | dule D (Form 990) 2021 AFRICAN DEVELOPMENT CENT                                 | 'ER               | 20-0553370 Page <b>4</b> |
|------|---|-------------------|--------------------------|
|      | t XI Reconciliation of Revenue per Audited Financial State                      | ements With Reven |                          |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line          | 12a.              |                          |
| 1    | Total revenue, gains, and other support per audited financial statements        |                   |                          |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |                   |                          |
| а    | Net unrealized gains (losses) on investments                                    | 2a                |                          |
| b    | Donated services and use of facilities  | 2b                |                          |
| с    | Recoveries of prior year grants   | 2c                |                          |
| d    | Other (Describe in Part XIII.)  | 2d                |                          |
| е    | Add lines 2a through 2d   |                   | 2e                       |
| 3    | Subtract line 2e from line 1  |                   |                          |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |                   |                          |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a                |                          |
| b    | Other (Describe in Part XIII.)  | 4b                |                          |
| с    | Add lines 4a and 4b   |                   |                          |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |                   |                          |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Stat                     | ements With Expe  | nses per Return.         |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line          |                   |                          |
| 1    | Total expenses and losses per audited financial statements                      |                   |                          |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:               | 1 1               |                          |
| а    | Donated services and use of facilities  | 2a                |                          |
| b    | Prior year adjustments  | 2b                |                          |
| С    | Other losses  | 2c                |                          |
| d    | Other (Describe in Part XIII.)  | 2d                |                          |
| е    | Add lines 2a through 2d   |                   |                          |
| 3    | Subtract line 2e from line 1  |                   |                          |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:              |                   |                          |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a                |                          |
| b    | Other (Describe in Part XIII.)  | 4b                |                          |
| с    | Add lines 4a and 4b   |                   |                          |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. | )                 |                          |
| Pa   | rt XIII Supplemental Information.   |                   |                          |

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

PART X, LINE 2:

| ADC         | IS   | CLAS  | SSIFIE  | ) AS  | A T   | AX-E  | XEMF | D T  | RGA | NIZA   | ri Oi | N UNDE | R MI | NNES | OTA  | STAT  | UTE   |     |
|-------------|------|-------|---------|-------|-------|-------|------|------|-----|--------|-------|--------|------|------|------|-------|-------|-----|
| <u>290.</u> | 05   | AND   | SECTIO  | ON 50 | )1(C  | )(3)  | OF   | THE  | IN  | TERNA  | AL B  | REVENU | E CO | DE ( | IRC) | , IS  | EXEM  | IPT |
| FROM        | I PR | IVA   | re foui | IDATI | ON    | STATI | ບຣ ບ | JNDE | RS  | SECTIO | ON S  | 509(A) | (1)  | OF T | HE I | IRC A | ND IS | 5   |
| SUBJ        | ECI  | ' ТО  | INCOM   | E TAX | ES    | ONLY  | ON   | NET  | UN  | IRELA  | ΓED   | BUSIN  | ESS  | INCO | ME.  | ADC   | DID N | ЮТ  |
| HAVE        | AN   | יט צו | IRELATI | ED BU | ISIN  | ESS : | INCC | )ME  | IN  | 2021   | OR    | 2020.  | MAN  | AGEM | ENT  | BELI  | EVES  |     |
| THAT        | ' AE | C Al  | ND ITS  | SUBS  | SIDI. | ARIE; | з на | VE 1 | NO  | UNCE   | RTAI  | IN INC | OME  | TAX  | POSI | TION  | s.    |     |
|             |      |       |         |       |       |       |      |      |     |        |       |        |      |      |      |       |       |     |
|             |      |       |         |       |       |       |      |      |     |        |       |        |      |      |      |       |       |     |

132054 10-28-21

| Part X Other Liabilities. See Form 990, Part X, line 25.                           |                          |
|--|--------------------------|
| (a) Description of liability   |                          |
|  | (b) Amount               |
| DUE TO STATE OF MINNESOTA, LESS CURRENT PORTION<br>FUNDS HELD FOR GRANTS AND LOANS | 1,109,949.               |
| FUNDS HELD FOR GRANTS AND LOANS  | 1,109,949.<br>1,319,603. |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  | Calcadula D (Farma 000)  |

Schedule D (Form 990)

20371114 131839 053-120952

| SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |  |                    |                                    |                          |  |   |                                       |   |  |
|--|--|--------------------|------------------------------------|--------------------------|--|---|---------------------------------------|---|--|
|  | of the Treasury  |                    |                                    | Attach to For            | m 990.                                 |   |                                       | Open to Public                            |  |
| Internal Reve  | enue Service   |                    | Go to www.i                        | rs.gov/Form990 fo        | or the latest inform                   | nation.   |                                       | Inspection                                |  |
| Name of  | the organization AFRICAN D   | EVELOPMEN          | T CENTER                           |                          |  |   |                                       | Employer identification number 20-0553370 |  |
| Part I   | General Information on Grants a  | nd Assistance      |                                    |                          |  |   |                                       | •   |  |
|  | es the organization maintain records t<br>eria used to award the grants or assis |                    |                                    |                          |  |   |                                       |   |  |
| 2 Des  | scribe in Part IV the organization's pro   | ocedures for monit | oring the use of grant             | funds in the United      | d States.                              |   |                                       |   |  |
| Part II  | Grants and Other Assistance to recipient that received more than S               | Domestic Organi    | zations and Domestic               | c Governments.           | Complete if the org                    | anization answered "  | res" on Form 990, Par                 | t IV, line 21, for any                    |  |
| 1 (a)  | Name and address of organization<br>or government                                | <b>(b)</b> EIN     | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance     |  |
|  |  |                    |                                    |                          |  |   |                                       |   |  |
|  |  |                    |                                    |                          |  |   |                                       |   |  |
|  |  |                    |                                    |                          |  |   |                                       |   |  |
|  |  |                    |                                    |                          |  |   |                                       |   |  |
|  |  |                    |                                    |                          |  |   |                                       |   |  |
| 2 Ent  | ter total number of section 501(c)(3) a  | nd government or   | I<br>nanizations listed in th      | e line 1 table           | I                                      | 1   | 1                                     | ▶ 0.                                      |  |
|  | ter total number of other organization   |                    |                                    |                          |  |   |                                       | 4.  |  |
|  |  |                    |                                    |                          |  |   |                                       |   |  |

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

Schedule I (Form 990) 2021

| AFRICAN | DEVELOPMENT | CENTER |
|---------|-------------|--------|
|---------|-------------|--------|

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                               | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |  |  |  |  |  |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|--|--|--|--|--|
|   |                          |                          |                                       |   |                                       |  |  |  |  |  |
| TO HELP SMALL BUSINESS DURING COVID-19                        | 7                        | 22,000.                  | 0.                                    |   |                                       |  |  |  |  |  |
|   |                          |                          |                                       |   |                                       |  |  |  |  |  |
|   |                          |                          |                                       |   |                                       |  |  |  |  |  |
|   |                          |                          |                                       |   |                                       |  |  |  |  |  |
|   |                          |                          |                                       |   |                                       |  |  |  |  |  |
|   |                          |                          |                                       |   |                                       |  |  |  |  |  |
|   |                          |                          |                                       |   |                                       |  |  |  |  |  |
|   |                          |                          |                                       |   |                                       |  |  |  |  |  |
|   |                          |                          |                                       |   |                                       |  |  |  |  |  |
| Part IV Supplemental Information. Provide the information req | uired in Part I, lin     | e 2; Part III, column    | (b); and any other ac                 | lditional information.  |                                       |  |  |  |  |  |
| PART I, LINE 2:   |                          |                          |                                       |   |                                       |  |  |  |  |  |

FOR AWARDING GRANTS TO SMALL BUSINESSES ADC LOOKS INTO THE NEED AND STATUS

OF THE BUSINESS. ALL TYPES OF BUSINESSES OF ANY SIZE ARE ELIGIBLE FOR AN

ADC GRANT AS LONG AS THEY ARE LOCATED IN MINNESOTA WITH (PREFERRED) AN

ACTIVE BUSINESS REGISTRATION WITH THE SECRETARY OF STATE. OTHERWISE, WE

LOOKING INTO THE NEED OF THE BUSINESS INCLUDING THE FINANCIAL HARDSHIPS THE

BUSINESS HAS EXPERIENCED DUE TO COVID-19 AND CIVIL UNREST COMPARED TO PAST

YEARS, AND OTHER FACTORS THAT WOULD HAVE A FINANCIAL EFFECT ON THE

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ.

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

Employer identification number

20-0553370

OMB No. 1545-0047

AFRICAN DEVELOPMENT CENTER

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

IN 2021 ADC'S HOMEOWNERSHIP AND FINANCIAL LITERACY PROGRAMS SERVED 381

PEOPLE.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.

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:

THE CONFLICT OF INTEREST POLICY COVERS ANY INTERESTED PERSON THAT INCLUDES THE ADC BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, OR MEMBERS OF A COMMITTEE WITH BOARD-DELEGATED POWERS. WHEN A POTENTIAL CONFLICT OF INTEREST EXSTS, THE INTERESTED PERSON MUST DISCLOSE THE MATTER TO THE DIRECTORS AND MEMBERS OF CMMITTEES WITH BOARD-DELEGAED POWERS. AFTER DISCLOSURE, THE BOARD OR COMMITTEE SHALL EXCLUDE THE INTERESTED PERSON AND VOTE ON WHETHER A CONFLICT OF INTEREST EXISTS. PROCEEDINGS RELATED TO A POTENTIAL CONFLICT OF INTEREST ARE DOCUMENTED IN THE BOARD MINUTES.

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

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

OF DIRECTORS FOR

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

Name of the organization

AFRICAN DEVELOPMENT CENTER

THE CEOS COMPENSATION INCREMENT. THE CEO EVALUATES EMPLOYEE'S PERFORMANCES

AND DETERMINES THE COMPENSATION BASED ON THEIR PERFORMANCES AND

COMPARABILITY DATA.

AT THE END OF THE YEAR, THE BOARD MEETS AND VOTES ON THE CEO'S

COMPENSATION BASED ON PERFORMANCE AND COMPARIABILITY DATA. THIS PROCESS

LAST TOOK PLACE DECEMBER 2021.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANICAL

STATEMENTS ARE AVAILABLE

TO THE PUBLIC AND ARE ALWAYS POSTED ON THE ORGANIZATION'S WEBSITE.

132212 11-11-21

| SCHEDULE   | R |
|------------|---|
| (Form 990) |   |

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 20 - 0553370

Department of the Treasury Internal Revenue Service

### AFRICAN DEVELOPMENT CENTER

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

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

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

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | <b>(f)</b><br>Direct controlling<br>entity |     | <b>g)</b><br>512(b)(13)<br>rolled<br>ity? |
|--|--------------------------------|--|-------------------------------|--|--|-----|---|
|  |                                |  |                               | 501(c)(3))   |  | Yes | No  |
|  |                                |  |                               |  |  |     |   |
|  |                                |  |                               |  |  |     |   |
|  |                                |  |                               |  |  |     |   |

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

Schedule R (Form 990) 2021

#### Schedule R (Form 990) 2021 AFRICAN DEVELOPMENT CENTER

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

|  | r an | , jour                                    |  |                   |                               |        |     |                          |  |     |          |
|--|--|---|--|-------------------|-------------------------------|--------|-----|--------------------------|--|-----|----------|
| (a)  | (b)                                      | (c)                                       | (d)  | (e)               | (f)                           | (g)    | (1  | h)                       | (i)  | (j) | (k)      |
| Name, address, and EIN of related organization | Primary activity                         | Legal<br>domicile<br>(state or<br>foreign | e chity (related, unrelated, excluded from tax under sections 512-514) Share of total income income sections 512-514 Share of total income income allocations? |                   | Disproportionate allocations? |        |     | Genera<br>manag<br>partn | <sup>ll or</sup> Percentage<br><sup>jing</sup> ownership |     |          |
|  |  | country)                                  |  | sections 512-514) |                               | 400010 | Yes | No                       | K-1 (Form 1065)  | Yes | 10       |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     | <u> </u> |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  |  |   |  |                   |                               |        |     |                          |  |     |          |
|  | 1  |   |  |                   |                               |        |     |                          |  |     |          |
|  | 1  | 1   | 1  |                   |                               | 1      |     | I                        | 1  |     |          |

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

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership | 512(b<br>contr | (i)<br>ction<br>b)(13)<br>rolled<br>tity? |
|--|--------------------------------|---|--|--|--|---|---------------------------------------|----------------|---|
|  |                                | country)                                      |  | or trusty  |  | assets  |                                       | Yes            | No  |
| ADC COMMERCIAL REAL ESTATE INC - 26-4165628              |                                |   | AFRICAN                                    |  |  |   |                                       |                |   |
| 1808 RIVERSIDE AVENUE SUITE 206                          | COMMERCIAL REAL                |   | DEVELOPMENT                                |  |  |   |                                       |                |   |
| MINNEAPOLIS, MN 55454                                    | ESTATE                         | MN  | CENTER                                     | C CORP   | -64,535.                               | 1,471,436.                                      | 100%                                  |                | Х   |
| JAMBO DELI & COFFEE LLC - 36-4857916                     |                                |   |  |  |  |   |                                       |                |   |
| 1808 RIVERSIDE AVENUE SUITE 206                          | 1                              |   |  |  |  |   |                                       |                |   |
| MINNEAPOLIS, MN 55454                                    | RESTAURANT                     | MN  | N/A  | C CORP   | -506.                                  | 87,298.   | 100%                                  |                | X   |
|  |                                |   |  |  |  |   |                                       |                |   |
|  | _                              |   |  |  |  |   |                                       |                |   |
|  |                                |   |  |  |  |   |                                       |                |   |
|  | _                              |   |  |  |  |   |                                       |                |   |
|  |                                |   |  |  |  |   |                                       |                |   |
|  |                                |   |  |  |  |   |                                       |                |   |
|  |                                |   |  |  |  |   |                                       |                |   |
|  |                                |   |  |  |  |   |                                       |                |   |
|  |                                |   |  |  |  |   |                                       |                |   |

### Schedule R (Form 990) 2021 AFRICAN DEVELOPMENT CENTER

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

| ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |           | Yes | s N |
|---|-----------|-----|-----|
| 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   | 1a        |     | 2   |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  |           | X   |     |
| c Gift, grant, or capital contribution from related organization(s)   |           |     |     |
| d Loans or loan guarantees to or for related organization(s)  |           | X   |     |
| e Loans or loan guarantees by related organization(s)   |           |     |     |
| f Dividends from related organization(s)  | 1f        |     | _   |
| g Sale of assets to related organization(s)   | 1g        |     |     |
| h Purchase of assets from related organization(s)   | 1h        |     |     |
| Exchange of assets with related organization(s)   |           |     |     |
| Lease of facilities, equipment, or other assets to related organization(s)  |           |     | +   |
| Lease of facilities, equipment, or other assets from related organization(s)  | 1k        | x   |     |
| Performance of services or membership or fundraising solicitations for related organization(s)  |           | X   |     |
| n Performance of services or membership or fundraising solicitations by related organization(s)   | 4         |     |     |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n        | X   |     |
| Sharing of paid employees with related organization(s)  |           | X   | +   |
| Reimbursement paid to related organization(s) for expenses  | <u>1p</u> |     |     |
| Reimbursement paid by related organization(s) for expenses  |           | X   | +   |
| Other transfer of cash or property to related organization(s)   | <u>1r</u> |     |     |
| s Other transfer of cash or property from related organization(s)   |           | X   |     |

| <b>(a)</b><br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|--|---|-------------------------------|--|
| (1) JAMBO DELI AND COFFEE LLC              | D                                       | 57,390.                       |  |
| (2) ADC COMMERCIAL REAL ESTATE INC         | ĸ                                       | 105,060.                      |  |
| (3)  |   |                               |  |
| (4)  |   |                               |  |
| <u>(5)</u>                                 |   |                               |  |
| (6)  |   |                               |  |

#### Schedule R (Form 990) 2021 AFRICAN DEVELOPMENT CENTER

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

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

| (-)                    | (1-)             | (-)               | (-1)   | 1                       |             | (6)      | ()       | 0                        |               | (:)  | (1)    |                 | (1.)       |
|------------------------|------------------|-------------------|--|-------------------------|-------------|----------|----------|--------------------------|---------------|--|--------|-----------------|------------|
| (a)                    | (b)              | (c)               | (d)  | (€<br>Are               | <b>a</b> ll | (f)      | (g)      | (ľ                       | 1)            | (i)  | (j)    |                 | (k)        |
| Name, address, and EIN | Primary activity | Legal domicile    | Predominant income   | partnei<br>501(i<br>org | rs sec.     | Share of | Share of | Dispr<br>tior<br>allocat | opor-<br>iate | Code V-UBI   | Genera | al or P<br>iina | Percentage |
| of entity              |                  | (state or foreign | excluded from tax under  | org                     |             | total    |          |                          | ions?         | of Schedule K-1  | partne | er?             | ownership  |
|                        |                  | country)          | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Yes                     | No          | income   | assets   | Yes                      | No            | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Yes I  | NO              |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        | +               |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |
|                        |                  |                   |  |                         |             |          |          |                          |               |  |        |                 |            |

Schedule R (Form 990) 2021