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Form 990	
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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 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. 612 -	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 990 (2	2021)

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2021.05000 AFRICAN DEVELOPMENT CENTE 053-1201

	8			
002	12-09-21 SEE SCHEDULE O FOR CONTINUATION (S	3)	Form 9	90 (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 \$4,100,484 WITH A TOTAL PROJECT COST OF \$9,614,069, CREA AND RETAINED 265 JOBS (TOTAL JOBS 391).			
	AFTER THE COMPLETION OF THE WORKSHOP, CLIENTS COMING IN EXISTING BUSINESS ARE READY TO ENGAGE IN ONE-ON-ONE GUID			C'S_
	TO ONGOING TECHNICAL ASSISTANCE, ADC HAS AN ENTREPRENEUR CLASS FOR CLIENTS LOOKING TO START A COMPLETELY NEW BUSI	IAL TF	-	
	ADC'S CULTURALLY COMPETENT BUSINESS DEVELOPMENT SERVICES PARTNERSHIPS WITH CRUCIAL FUNDING SOURCES HAVE DIRECTLY THE SURGE IN AFRICAN-OWNED BUSINESSES THROUGHOUT MINNESO	CONTRI		
	revenue, if any, for each program service reported. (Code:) (Expenses \$1,382,221. including grants of \$100,540.) (Reven	nue \$	791,	<u>567.</u>)
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as 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. 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 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> 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

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	·			
~~			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> 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
L	"Yes," complete Schedule L, Part IV	28a 28b		X 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 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)
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Form	990 (2021) AFRICAN DEVELOPMENT CENTER 20-0553 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 20-0553	370	Р	age 5
			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). 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 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 f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 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.			
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Form 990	(2021)
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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 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'	? 11a	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		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			
	on Schedule O how this was done		12c		
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.	(, (, · · ·))		-
		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 NASIBU SAREVA $- 612-333-4772$	ns anu records P			
	1931 5TH STREET SOUTH, MINNEAPOLIS, MN 55454				
	· · · ·		г	n 990	/000
32006	12-09-21 1 0		FOL	11 3 3 0	(202
11	12 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) Name and title	(B)			(0	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	Average hours per week	box	not cl , unles cer an	ss per	rson i	s both	ı an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NASIBU SAREVA 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 (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									.
DIRECTOR		x						0.	0.	0.
(13) DAMON JENKINS	1.00									
DIRECTOR		х						0.	0.	0.
		1								
		1								
132007 12-09-21	•	•	-		•	•				Form 990 (2021)

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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 8
Par	t VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not cl , unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	5/	fro orga anc	oensat om the anizati I relate nizatio	e on 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 former officer,	-			•	•		Ŭ	• •	•		3	Yes	No X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su 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 the organization. Report compensation for t	-	-						the organization's tax y		ensat			
DEI	(A) Name and business NISE FAVORS	address						_	(B) Description of s	ervices	С	(C 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	290 //	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)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
ts ts	1 :	a Federated campaigns 1a					
ran un	I	Membership dues 1b					
۵, E		Fundraising events					
ifts Ir A		B Related organizations 10					
nila n			501,579.				
Sir		All other contributions, gifts, grants, and					
utio			041,485.				
d±j			<u>• • • • • • • • • • • • • • • • • • • </u>				
Contributions, Gifts, Grants 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 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 7a					
	1	b Less: cost or other basis					
ne		and sales expenses 7b					
evenue	(Gain or (loss) 7c	L				
ž	(1 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 <u>Revenue</u>	I						
eve							
Miscellaneous Revenue		All other revenue					
≥		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		5,342,165.	791,567.	0.	7,534.
132009				-	-		Form 990 (2021

132009 12-09-21

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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 not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D)
and domesic governments. See Part IV, line 21 78,540. 78,540. 2 Grants and other assistance to domesic individuals. See Part IV, line 22 22,000. 22,000. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 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, trustees, and feed under scelen 4958(r) (1) and persons (seefind under scelen 4958(r) (1) and per	7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part V, lines 21 22,000. 22,000. 3 Grants and other assistance to foreign organizations, foreign goverments, and foreign 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, trustees, and key employees 140,075. 112,060. 28,015. 6 Compensation of current offices, directors, trustees, and key employees 377,794. 287,957. 35,277. 54,56 6 Persion plan accruits and contributions (include 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 organizations, foreign governments, and foreign individual. See Part M, ines 15 and 16 Image: Compensation of Current of There, circletors, trustees, and key employees 4 Benefits paid to or for members compensation individual advow to disqualified persons (as defined under section 4958(r)(1) and persons (as defined under as defined under section 4958(r)(1) and persons (as d	2		22 000	22 000		
organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 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 persons (ax defined under section 4980(r)(1)) and 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	a		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						
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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	_{ge} 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?		2 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 Inspection

Name of the	organization
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van	ne of	the organization 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		Type I. 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		Type II. 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	V .			
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 organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see in	-	(vi) Amount of other 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) 2018	(c) 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) 2018	(c) 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 stop	-						
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	17a 10% -facts-and-circumstances test - 2021. 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	

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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) 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, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
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 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 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) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 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					18	%
198	33 1/3% support tests - 2021. If the						
Ŀ	more than 33 1/3%, check this box ar						►
a	33 1/3% support tests - 2020. 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
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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.)

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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 Part VI 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> Part VI). 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 (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 (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

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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

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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 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, a (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
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	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 not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	\$ <u>98,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	\$ <u>1,425,000.</u>	Person X Payroll Noncash (Complete Part II for 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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

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 4					
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, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le space is needed.	ess for the year. (Enter this info. once.) ► \$					
(a) No.			(ii) Description of here sitting hold					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(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 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 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 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 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 2
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 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	t V Endowment Funds. Complete							<u> </u>			
		(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 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: (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 basis (investr		.,	or other (other)	• •	ccumulate		(d) 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.		
(a) 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 /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> (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 4
	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 FUNDS HELD FOR GRANTS AND LOANS	1,109,949.
FUNDS HELD FOR GRANTS AND LOANS	1,109,949. 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 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 or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Ent	ter total number of section 501(c)(3) a	nd government or	I 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
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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- cash assistance	(e) Method of valuation (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.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

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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 domicile (state or 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 manag partn	^{ll or} Percentage ^{jing} 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) ction b)(13) rolled 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
	_								
	_								

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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 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	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) 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)			

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

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