Form **990**

Return of Organization Exempt From Income Tax

QMB No. 1545-0047

Department of the Treasury

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.

Open to Public

A	For the					20 10						
_			enumg	Decer	nber 31	, 20 16						
В	Check if a			····	D Employ	er identification n	ımber					
님	Address c					38-3909756						
닏	Name cha	nge Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite		E Telepho	ne number						
	Initial retui		17	4	<i>-</i>	720-951-2104						
	Final return	rterminated City or town, state or province, country, and ZIP or foreign postal code										
	Amended				G Gross re	eceipts 1	50,334.00					
	Application	n pending F Name and address of principal officer: Monica Labiche Brown		H(a) Is this a gr	roup return for subordinates? Yes No							
		1412 S. Kittredge St., Aurora, CO 80017				s included? 🔲 Yes						
1	Tax-exem	pt status:	27	ff "N	o," attach a	a list. (see instructio	ns)					
<u>J</u>	Website:	WWW.cirioccorpinonipromitocorg		H(c) Group	exemption	number >						
K	Form of or	ganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of t	formation	2013	M State	of legal domicile:	CO					
Р	art l	Summary										
	1 E	Briefly describe the organization's mission or most significant activities:										
8	<u> </u>	Africa Development Promise serves as a catalyst for economic growth by building well-managed, competitive and profitable										
Jan		agricultural cooperatives aiming to strengthen the local communities while achieving long-term positive change.										
<u>е</u>		Check this box ▶☐ if the organization discontinued its operations or dispos										
é		lumber of voting members of the governing body (Part VI, line 1a)			3		6					
9	4 1	lumber of independent voting members of the governing body (Part VI, line	a 1b)		4		6					
<u>.</u>	5 T	otal number of individuals employed in calendar year 2016 (Part V, line 2a)	,		5	· ···· · · ·	1					
Activities & Governance	1	otal number of volunteers (estimate if necessary)			6		<u>.</u>					
AG	i	otal unrelated business revenue from Part VIII, column (C), line 12			7a		0					
	•	let unrelated business taxable income from Form 990-T, line 34			7b							
_			er	· Current Ye	er							
	8 0	Contributions and grants (Part VIII, line 1h)			36,598		38,083					
콜	I	Program service revenue (Part VIII, line 2g)	·		13,500		114,981					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	·		13,300		114,301					
ď	,	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· -		62,762		7 270					
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1	<u>,</u> –		112,860		7,270					
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5/		18,700		160,334					
		Benefits paid to or for members (Part IX, column (A), line 4).	· -		10,700							
m		salaries, other compensation, employee benefits (Part IX, column (A), lines 5, 10	,		11,548		12.005					
Expenses		Professional fundraising fees (Part IX, column (A), cline 11e)	″ ∦-		0		12,005					
ped		otal fundraising expenses (Part IX, column (D), line 25) AY 1 7 2017];S									
ă		There expenses (Bert IV column (A) lines the the the			04.540		44.4.700					
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line-25)	SS -		81,513		114,736					
		Revenue less expenses. Subtract line 18 from line 12 SDEN, UT.	* -		111,761		126,741					
- 8		tovolide less expenses. Cubulact line to nonn line 12	Re	inning of Cu	1,099	End of Ye	33,593					
3 g €	20 T	otal assets (Part X, line 16)	120	J. 10								
Met Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)	•	···	27,741		62,951					
2 5	22 1	let assets or fund balances. Subtract line 21 from line 20	`		8,183		9,800					
	ert II	Signature Block	<u></u>		19,558		53,151					
_tru	e, correct, a	es of perjury, I declare that I have examined the return, including accompanying schedules and and complete. Declaration of preparation fund from the pre-	stateme eparer ha	nts, and to tr is any knowle	ne best of n adae.	ny knowledge and	belief, it is					
<u>/</u>					-/ 1	211-						
Sig	וח	Signature of officer		iDat	<u> </u>	2/ /	 					
He			.									
110	.	Type or print name and title	<u> </u>									
	L		Data		7	DTIN						
Pa		Print/Type preparer's name Preparer's signature	Date		Check [_						
	eparer				self-emp	ыоуеа						
Us	e Only			Firm	's EIN ▶							
14-	the IDO	Firm's address		Pho	ne no.							
_		discuss this return with the preparer shown above? (see instructions) .	• • •		<u> </u>		□ No					
For	Paperwo	rk Reduction Act Notice, see the separate instructions.	Cat No	11000V		Eam Q	90 (2016)					

	0 (2016)					Page 2
Part		ent of Program Service				
1			esponse or note to any line in this F	'art III	<u></u>	<u>. </u>
1	-	be the organization's mission of the company of the	on: atalyst for economic growth by building	und managed competitive and s	mestable	
			atalyst for economic grown by building then the local communities while achiev			
			democratically owned, controlled and			
	greater comm					
2		nization undertake any sign 00 or 990-EZ?	ificant program services during the ye	ear which were not listed on the	☐ Yes [√ No
		cribe these new services on				
3	Did the organization services? .	inization cease conducting	g, or make significant changes in t	now it conducts, any program	∪ □Yes [☑ No
		ribe these changes on Sch				
4	expenses. Se	ection 501(c)(3) and 501(c)(rvice accomplishments for each of its 4) organizations are required to report for each program service reported.			
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$		<u>, </u>
			women farmers in the Bugersera District	`	nanda	,
			opment Promise expensed \$42,056 to a			
			-p			
	in Rwanda, Af	rica Development Promise p	urchased and set up one green house fo	or the co-op. This green house als	so came equ	Jipped
			assisted in watering the farm produce.			C
	product yield	substantially.				
	Africa Develop	oment Promise supports a co	operative made up of 20 women and 2	men in the Wakiso District of Uga	nda.	
	During the fisc	almos of more Africa Daniel	ammont Duomico ammonand 60 004 to the			
			opment Promise expensed \$9,004 to the	-		
			opment Promise expensed \$9,004 to the 1 this amount represents consulting and	-		
				-		
	This Co-Op wa	as a new venture in 2015, and	I this amount represents consulting and	support services.		
		as a new venture in 2015, and		support services.)
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	This Co-Op wa	as a new venture in 2015, and	I this amount represents consulting and	support services.)
4b	This Co-Op wa) (Expenses \$	including grants of \$	support services.) (Revenue \$)
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4b	This Co-Op wa) (Expenses \$	including grants of \$	support services.) (Revenue \$)

) (Revenue \$

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ Total program service expenses ▶

Part	IV Checklist of Required Schedules		· '	raye C
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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 counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			•
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	:- 11a	-	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	·	V
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d		11d	7	1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		_	•
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	12a	•	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	148	✓	
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	1	
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		1
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		√
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		V
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
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Part	Checklist of Required Schedules (continued)			,
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
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	248		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		*
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	_		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	35b 36		√
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,			_
38	Part VI	37	1	1

Form **990** (2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>	· · ·	<u>, </u>
10	Enter the number apported in Day 0 of Form 4000 Fator 0 March and facility		Yes	No
1a b	The state of the s	1!	ĺ	1
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-]
Ŭ	reportable gaming (gambling) winnings to prize winners?	4-	ł	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
	Statements, filed for the calendar year ending with or within the year covered by this return		1	l
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	1	-
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	-	\vdash
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ĺ	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	 	 •
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		ĺ	
	account)?	4a	✓	l
Ь	If "Yes," enter the name of the foreign country: One operating account in Rwanda and Uganda			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	1 1		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u>.</u>	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		ĺ
7	gifts were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
_	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		<u> </u>
	required to file Form 8282?	7c	, ,	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		1
9	Sponsoring organizations maintaining donor advised funds.			_
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		✓
а	1 1	1		ĺ
b	Initiation fees and capital contributions included on Part VIII, line 12	i I		ĺ
11	Section 501(c)(12) organizations. Enter:			ĺ
a	Gross income from members or shareholders	į l		ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources	i 1		
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	, [ĺ
8	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.	\Box		
Ь	About the state of	.	}	ĺ
	the organization is licensed to issue qualified health plans	,	}	ĺ
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	j	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	truct	
Section	on A. Governing Body and Management	<u>···</u>	<u> </u>	
0000	on A dovoraing Body and management	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 6 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?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	√	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u> </u>	
р	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>/</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	l Ma
400	Did the organization have local chapters, branches, or affiliates?	10a	162	No
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		•	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	- '
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayoble antity during the year?	4.5	: !	
b	with a taxable entity during the year?	16a		1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CO			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Elbert Dean Brown, Jr. Africa Development Promise 1031 33rd St #174, Denver, CO 80205	cords	.▶	

 2	(2016)	

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

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

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

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

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

Check this box if neither the organization no	r any relate	d org	<u>aniz</u>	atic	n c	ompe	ınsa	ated any currer	t officer, director	r, or trustee.
(C)										
(A)	(B)	(B) Position			(D)	(E)	(F)			
* *	1	(do not check more than one								
Name and Title	Average hours per	Took, alliess person to bear art				Reportable compensation	Reportable compensation from	Estimated		
	week (list any				,	from	related	amount of other		
	hours for	Individual trustee or director	ᇙ	Officer	8	3,2	Former	the	organizations	compensation
	related	윷롱	₹	ន្ល	y e	몽글	∄	organization	(W-2/1099-MISC)	from the
	organizations	滋문	륳	~	₹	A 5	=	(W-2/1099-MISC)		organization
	below dotted	₹ 🚽	屋		Key employee	9				and related
	line)	S S	1 2	Ì	8	1 2	1	1	1	organizations
	İ	l ä	Institutional trustee			Highest compensated employee	}			
						Œ.	}			
(1) Bjorn von Euller - Chairman		İ				ŀ	1			
	1	✓		1		İ	ŀ	NA.		
(2) Jean Nicholson - Board Member		T								
	†	1			ĺ	ŀ		NA.		
(3) Julie LaBonte - Board Member										
- V-1 anno rapouto ponta mortioo	 	1				ŀ		NA.		
(A) = + + + + + + + + + + + + + + + + + +		- *	-		\vdash		⊢	NA NA		
(4) Edward N. Breslin - Board Member		١,	l	ŀ						
		✓	L					NA NA		
(5) Barika Pool - Board Member	l						1	1		
		✓			ŀ			NA.		
(6) E. Dean Brown, Jr Board Treasurer				-						
	†	1		/	ļ		1	NA.	į	
(7) Monica Labiche Brown - Board Sec. Non-Votin	 	١	\vdash	۱	 	 	├─	110		
	 	1		1	1	1				
- Executive Director	ļ	-		-	*	-	-	12,005		
(8)							1	ĺ	}	
		<u> </u>	_	ļ			_			
(9)	↓		1	ĺ	1					
#31	ļ		<u> </u>	L	<u></u>			<u> </u>		
(10)	1									
(11)										
3	†					 	İ	ļ		
(12)			 	\vdash	 	 -	 	 	 	
(14)	 			İ						
(40)			├	\vdash	\vdash		<u> </u>	 	 	
(13)	 	l			l	i				
		L								
(14)										
	†	l	l	1	i l	l		ł	1	I

Part	Part VII Section A. Officers, Directors, Trus (A) Name and title		(do n	(C) Position (do not check more than or box, unless person is both officer and a director/truster					(D) Reportable compensation	(E) Reportation	ole n from	(F) Estimated		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatu (W-2/1099-N	ons	comp fro orga and	pensation the inization related	n i
(15)														
(16)													· · · · · · · · · · · · · · · · · · ·	
(17)														-
(18)												· - ·- ·	···· , ·	
(19)														
(20)					-			 					·	
(21)							!	-					···· ,	
											-			
(23)										· · · · · · · · · · · · · · · · · · ·				
(24)													- , .	
(25)														
1b	Sub-total		<u> </u>					<u> </u>				 -		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-						▶						
2	Total number of individuals (including but reportable compensation from the organi	not limited) w	ho received me	ore than \$1	00,000	of		
3	Did the organization list any former of		tor c	r tr	. ecte	<u> </u>	kov c			act compa	neated		Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for s	ıch	indi	vidu	ıal					3		1
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual									ation or inc	 dividual	4		/
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	ompl	ete	Sch	redu	ile J f	or s	such person	· · · · ·	• •	5	<u> </u>	1
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compens		
NA														
							-,		· · · · · · · · · · · · · · · · · · ·					
							-		••		-			
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Par	t VIII				a anu lina in Ahia	Don't V/III		
	-	Check if Schedule C	o contains a re	sponse or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax uncler sections 512-514
\$ \$	1a	Federated campaigns	s 1	3		** · · · · · · · · · · · · · · · · · ·		
Ē	Ь	Membership dues .		5				
A G	С	Fundraising events .	10	1,762				
雪	d	Related organizations	s 10	1				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (cor						
a de	f	All other contributions, g						
章美	į	and similar amounts not inc		102/002			1	
ă ă	9	Noncash contributions inclu			_			
	h	Total. Add lines 1a-1	<u>lf</u>		160,334			
	_			Business Code			=	_
9.6	28			-				
8	b	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·					
Ž	d			•				
ى =	e							
Program Service Revenue	f	All other program ser	vice revenue			<u> </u>		
Ę.	g	Total. Add lines 2a-2					!	l
	3	Investment income	(including div	idends, interest,				1
		and other similar amo	ounts)	►				•
	4	Income from investmen						
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6a	Gross rents			}			
	b	Less: rental expenses						
	C	Rental income or (loss)	<u></u>	J	-			
	d	Net rental income or	(IOSS) (i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	Ь	Less: cost or other basis						
	"	and sales expenses .						
	c	Gain or (loss)						
	d				•			
venue	8a	Gross income from fu	undraising					i :
		events (not including \$						
æ		of contributions reporte			1			
Other Re		See Part IV, line 18 .		a				
₹		Less: direct expenses		b				
		Net income or (loss) f						
	9a	Gross income from ga						
		See Part IV, line 19 .						
		Less: direct expenses Net income or (loss) f		b				
		Gross sales of in						·
		returns and allowance					:	
	ь	Less: cost of goods s		ь				•
		Net income or (loss) f						
		Miscellaneous P	Revenue	Business Code				
	11a						•	1
	ь							
	C							
	d	All other revenue .						
	е	Total. Add lines 11a-						
	12	Total revenue. See in	nstructions	<u>.</u> ▶	160,334			1

Par	90 (2016) Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	poloto all actumno. A	Il other emerication	a must complete cell	Page 10
Secuc	Check if Schedule O contains a respon			s must complete colu	· · · ·
	ot Include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	23,180	19,330	1,449	2,401
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	150	150		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroll taxes				<u></u>
11	Fees for services (non-employees):			-	
a	Management				
b	Legal	000			
d	Lobbying	926		926	
e	Professional fundraising services. See Part IV, line 17				 · · · · ·
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,441		1,441	
13	Office expenses	26,598	10,931	15,667	
14	Information technology	149		149	
15	Royalties				
16	Occupancy	4,648	1,733	2,915	
17 19	Travel	15,555	11,358	4,197	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				···· -································
22	Depreciation, depletion, and amortization .				
23	Insurance	565		565	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				·····
a	In-Kind Consulting Services	4,284	4,284		······································
b	Infrastructure Support Farmer Technical Assistance	42,932	42,932		
c d	Direct Special Fund Raising Exp	5,600 443	5,600		
u e	All other expenses Other	270	270		443
25	Total functional expenses. Add lines 1 through 24e	126,741	96,588	27,309	2,844
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)	12092-11	30,000	21,000	Egenera

Ρ	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	27,116	1	59,538
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	625	3	
	4	Accounts receivable, net		4	1,951
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			,
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			ا ـ
智		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D		400	
	l.	Less: accumulated depreciation 10b		10c	<u></u>
	11	Investments—publicly traded securities		12	
	12 13	Investments—other securities. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	1,462
	16	Total assets. Add lines 1 through 15 (must equal line 34)	27,741	16	62,951
	17	Accounts payable and accrued expenses	8,183		9,800
	18	Grants payable	0,100	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
9	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ā	}	disqualified persons. Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,183	26	9,800
æ		complete lines 27 through 29, and lines 33 and 34.			1
ĕ	27	Unrestricted net assets	19,558	27	18,211
ala	28	Temporarily restricted net assets	13,330	28	34,940
8	29	Permanently restricted net assets		29	0.,0.0
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
<u> </u>		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
še	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	19,558		53,151
_	34	Total liabilities and net assets/fund balances	27,741		62,951
	-				Form 990 (2016)

orm 99	90 (2016)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16	0,334
2	Total expenses (must equal Part IX, column (A), line 25)	2		12	6,741
3	Revenue less expenses. Subtract line 2 from line 1	3		3	3,593
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	9,558
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			3,151
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	1		
	reviewed on a separate basis, consolidated basis, or both:		}		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audito	ed on a			
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	1		
_	Schedule O.	6			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in			,
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uuits.	3b	i	L

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

r Form 990-EZ.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

2016
Open to Public Inspection

OMB No. 1545-0047

46-1	· Danielannant Daniela							
	Development Promise Reason for Pu	blic Cha	rity Status (All	organizations must	comple	te this n		09756 DDS
	organization is not a priva							
1	A church, convention			•		•	-	
2	A school described i							
3	A hospital or a coop			•			• •	
4	A medical research							(iii). Enter the
	hospital's name, city	, and state	e:					
5	An organization ope section 170(b)(1)(A)			college or university	owned o	r operate	ed by a government	al unit described in
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7								
8	☐ A community trust d	escribed in	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	university:	n-land-gra	nt college of agi	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receives: (1) more than 33¹⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11	☐ An organization orga	inized and	l operated exclu	sively to test for publi	c safety.	See sect i	lon 509(a)(4).	
12	☐ An organization orga							
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а	the supported or	ganization	n(s) the power to	d, supervised, or continued in the regularly appoint or elections etc. Part IV, Sections	elect a ma	ijority of t		
b	☐ Type II. A suppo	rting orgai	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or manag	jement of	the supporting o	organization vested in IV, Sections A and C	the same			
C				ting organization oper ons). You must comp				ally integrated with,
d				upporting organization unization generally mu				
		•	-	complete Part IV, Sec	•		•	an attentiveness
е				a written determination and a written determination and a written are a written as writt				e II, Type III
f	Enter the number of si		•					
g				<u></u>				, _
	(I) Name of supported organiz	ation	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)			 	 	 	 	 	
(D)			ļ	 		-	 	
(E)						<u></u>		
Total	•		I .		1	1	i	•

Schedu	lle A (Form 990 or 990-EZ) 2016						Page 2
Part	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	lify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	 -
	on A. Public Support		T			· —	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1,717	58,577	112,860	160,334	333,488
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	1,717	58,577	112,860	160,334	333,488
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)						
6	Public support. Subtract line 5 from line 4		<u>L</u>		l	L	
	on B. Total Support	(=) 0010	(h) 0010	(2) 0014	(-D 0045	4-1 0040	40 T-1-1
Calen 7	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,717	58,577	112,860	160,334	333,488
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.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	333,488
13	First five years. If the Form 990 is for the				-		
04	organization, check this box and stop her		· · · · ·		· · · · ·	· · · · ·	· · > 🗸
<u>Secti</u>	on C. Computation of Public Suppor Public support percentage for 2016 (line 6			t solumn (f)		44	 %
15	Public support percentage from 2015 Sch	• • •	•		1	15	
16a	331/s% support test—2016. If the organi box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more, (check this
b	331/a% support test—2015. If the organization	zation did not	check a box or	n line 13 or 16a	a, and line 15		_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumsta	nces" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fac	e "facts-and-c	ircumstances" tances" test. T	test, check t	his box and s	top here.
18	Private foundation. If the organization di		box on line 13,			this box and s	see · · ▶ □

Schedu	tle A (Form 990 or 990-EZ) 2016						Page 3
Part	III Support Schedule for Organiza	tions Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orga	nization failed		nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees		ļ	ļ	ļ		,
2	received. (Do not include any "unusual grants.")		ļ				
	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b			ļ	1			
	received from other than disqualified persons that exceed the greater of \$5,000			1	l		ł
	or 1% of the amount on line 13 for the year			ļ			
С	Add lines 7a and 7b	 ,				<u> </u>	
8	Public support. (Subtract line 7c from		 	 	<u> </u>	 	
	line 6.)		ł	1	ļ		
Secti	on B. Total Support		<u> </u>	J	<u> </u>	<u> </u>	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1				1
	royalties and income from similar sources .						
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or		<u> </u>		 	<u> </u>	
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	re	<u> </u>		_		on 501(c)(3) ▶ □
	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8						%
16	Public support percentage from 2015 Sch			<u> </u>		16	%
	on D. Computation of Investment In			u line 10 ester	ma (6)	1491	
17 18	Investment income percentage for 2016 (Investment income percentage from 2015)			-		17	<u>%</u> %
100	3316% support tests—2016. If the organi		•				

17 Is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .

b 331/3% support tests – 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	ion	anizat	Orga	upporting	. All	A	ction	Se
--	-----	--------	------	-----------	-------	---	-------	----

ecti	on A. All Supporting Organizations			
			Yes	No
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.	1	-	
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		_
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.	3b		i
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		-
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.	4b		ا ـ
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.	4c		1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		i
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		J
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		,
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 .	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.	100		

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.)

10b

Part	Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?	1			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	440		,	
ь	A family member of a person described in (a) above?	11a	 	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c			
	on B. Type I Supporting Organizations	1110	-		
	, post of post of the control of the		Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		[[:	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	١.		j	
2	Did the association energy for the honefit of any connected association other than the connected	1	 -	 ;	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		l		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			,	
	supervised, or controlled the supporting organization.	2	İ	,	
Secti	on C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	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		l	li	
	the supported organization(s).	4		j	
Secti	on D. All Type III Supporting Organizations		L	Щ	
	on bran type in 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			1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			!	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		 	
•	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard.	3			
Secti	on E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).	
а	☐ The organization satisfied the Activities Test. Complete line 2 below.				
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.				
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ļ	İ	Ī	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	ļ	l	
	how the organization was responsive to those supported organizations, and how the organization determined			'	
1.	that these activities constituted substantially all of its activities.	2a	 	├	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	l		
	activities but for the organization's involvement.	2ь		1	
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>	 	 	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>		
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.	3b_	L		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ons A through E.
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u> </u>
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supporti	ng organization (see

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ion D - Distributions			Current Year					
1_	Amounts paid to supported organizations to accomplish	exempt purposes							
2	Amounts paid to perform activity that directly furthers exe	rted							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	nizations							
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6_	Other distributions (describe in Part VI). See instructions.		·						
<u> </u>	Total annual distributions. Add lines 1 through 6.		······································						
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive						
9	Distributable amount for 2016 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
S	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016					
1	Distributable amount for 2016 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2016:								
8									
b									
C	From 2013								
d	From 2014								
е	From 2015								
f_	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2016 distributable amount								
i_	Carryover from 2011 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			·					
4	Distributions for 2016 from Section D, line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2016 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.								
7	Excess distributions carryover to 2017. Add lines 3j and 4c.								
8	Breakdown of line 7:								
a_									
<u> </u>	Excess from 2013								
<u>c</u> _	Excess from 2014								
<u>d</u>	Excess from 2015								
е_	Excess from 2016		L	<u></u>					

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 2016

Open to Public Inspection

Name of the organization **Africa Development Promise** 38-3909756 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation leasements during the year ▶\$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Schodu	de D (Form 990) 2016						Page 2
Par		Collection	s of Art His	torical Treasu	ires or (Other Similar	
3	Using the organization's acquisition, a collection items (check all that apply):	accession, a	nd other reco	rds, check any	of the follo	owing that are a	a significant use of it
a	Public exhibition		d	Loan or exc	hange pro	orams	
b	☐ Scholarly research						
c	☐ Preservation for future generations	3	•				
4	Provide a description of the organizat		ions and expl	ain how they fu	ther the o	rganization's ex	empt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather						
Par	IV Escrow and Custodial Arra						
	Complete if the organization 990, Part X, line 21.			m 990, Part IV	, line 9, c	r reported an	amount on Form
18	Is the organization an agent, trustee,						
	included on Form 990, Part X?						· 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and c	omplete the fo	ollowing table:			
			·	Ū			Amount
С	Beginning balance				. 17	lc	
d	Additions during the year					ld	
е	Distributions during the year					le	
f	Ending balance					11	
2a	Did the organization include an amour						lity? [] Vec [] No
	If "Yes," explain the arrangement in Pa						•
	Endowment Funds.	art Am. Onec	K nele ii tile e	Apianation has t	een provi	ded on Fait Alli	<u>· · · · L-L</u>
ı aı	Complete if the organization	answered t	"Ves" on For	m 000 Bort IV	line 10		
	Complete it the organization	(a) Current y			years back	(d) Three years b	ack (e) Four years back
4	Basinala a strong balanca	(a) Current y	Sau (U) FI	Or year (C) / W	years back	(u) Triee years to	ack (e) Four years back
18	Beginning of year balance						
	Contributions						
C	Net investment earnings, gains, and			1			
	losses					1	
	Grants or scholarships						
0	Other expenditures for facilities and			1			
	programs					1	
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the	he current ye	ar end balanc	e (line 1g, colur	nn (a)) held	d as:	
a	Board designated or quasi-endowmer	nt ▶	%	· •	` "		
b	Permanent endowment ▶	%					
C	Temporarily restricted endowment ▶		%				
_	The percentages on lines 2a, 2b, and 2	2c should ea					
3a	Are there endowment funds not in the organization by:			zation that are I	neld and a	dministered for	the Yes No
	(i) unrelated organizations						. 3a(i)
	(II) related organizations						3a(ii)
ь	If "Yes" on line 3a(ii), are the related or						. 3b
4	Describe in Part XIII the intended uses						. [30]
Par				ATTION TUINGS.			
- GI	Complete if the organization	answered '					T
	Description of property		st or other basis ivestment)	(b) Cost or other to (other)		Accumulated depreciation	(d) Book value
		 "		(53.67)			ļ
1a	Land	·		<u> </u>			<u>L</u>

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

Schedule D (Form 990) 2016

Part VII	Investments—Other Securities. Complete if the organization answ	ered "Yes"	on Form	990. Part IV. lii	ne 11b. See Form	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)			(b) Book value	(c) Me	thod of valuation: I-of-year market value
(1) Financial	derivatives					
• •	neld equity interests		🗀		<u> </u>	
(3) Other						
(A)						
(B)						
(C)						
(D)	·				ļ	
(E)	·				ļ	
(F)					-	
(G)	·					
(H)	bloom on a form one Part V and Million to la				 	
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related				<u>l</u>	· · · · · · · · · · · · · · · · · · ·
raitviii	Complete if the organization answ		on Form	QQ0 Part IV lis	e 11c See Form	000 Part Y line 13
	(a) Description of investment	10100 103	0/11/0/11/1	(b) Book value		thod of valuation:
	(a) Description of invocations		ł	(b) Dook value		i-of-year market value
(1)				· · · · · · · · · · · · · · · · · · ·	 	
(2)						
(3)						
(4)						
(5)						
(6)				· ············		·
(8)		· · · - · · · ·			 	
(9)	N	····				
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.				<u> </u>	
Partix	Complete if the organization answ	ered "Ves"	on Form	990 Part IV lis	ne 11d. See Form	990 Part X line 15
		Description	0111 01111	000,1 41117,111	10 110: 0001 0111	(b) Book value
(1)						
(2)					·	
(3)						
(4)						
(5)						
(6)		···				
(7)						
(8)						
(9)	mn (b) must equal Form 990, Part X, co	I (D) line 15 \				
	Other Liabilities.	i. (B) IIII O 13.)	• • •	· · · · · ·	<u> ▶</u>	
Part X	Complete if the organization answ	vered "Yes"	on Form	QQA Part IV lis	ne 11e or 11f Se	e Form 990 Part Y
	line 25.	16164 163	0111 01111	330,1 ait 14,111	10 1 10 01 1 11. 06	61 01111 330, 1 att X,
1.	(a) Description of liability	(b) Boo	k value			
(1) Federal in	ncome taxes			 		
(2)						
(3)						
(4)						
(5)						
(6)			····			
(7)				_		
(8)						
(9)	h) must count form 000 Day V and 70 Eur 05 h					
	b) must equal Form 990, Part X, col. (B) line 25.) ▶ r uncertain tax positions. In Part XIII, provid	la tha tast of th	no foots at	<u> </u>	m's Compiel states	
organization'	s liability for uncertain tax positions under l	FIN 48 (ASC 7	40). Check	here if the text of	சா s imanotal statem the footnote has be	en provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total revenue, gains, and other support per audited financial statements		160,334
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· · · · · · -	160,334
a	Net unrealized gains (losses) on investments	ł I	
ь	Donated services and use of facilities		
C	Recoveries of prior year grants		
ď	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	<u>2e</u>	
3	Subtract line 2e from line 1	3	160,334
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		160,334
Part	XII Reconciliation of Expenses per Audited Financial Statements With		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	: 12a.	
1	Total expenses and losses per audited financial statements	1	126,741
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
ď	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		400.744
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		126,741
-			
8	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5	126,741
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, t XI, lines 2d and 4b. Also complete this part to provide a		4, Fart A, iiile
		•••••	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

Open to Public Inspection

Name	of the organization		· . · -			Employer ide	entification number	7
	Development Promise						-3909756	
Par	General Information Form 990, Part IV, line		es Outside 1	the United States. Comp	olete if the organi	ization ansv	vered "Yes" on	
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?						□Yes □No	— Б
2	For grantmakers. Describe assistance outside the Unite	ed States.	-			-	s and other	
3	Activities per Region. (The fo		l, line 3 table o	can be duplicated if addition				_
·	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) if activity liste a program se describe specifi service(s) in the	rvice, c type of	(f) Total expenditures for and investments in the region	
(1)	Rwanda, Bugersera District	1	1	Program Services	Bld Cap. for Wor	nen Farmer	63,00	Ю
(2)	Kampala, Uganda	0	2	Program Services	Bld Cap. for Wor	nen Farmer	40,41	4
(3)								
(4)								
(5)								
(6)								
(7)								
(8)							· , · · · · · · · · · · · · · · · ·	
(9)			1					
(10)	-AL., 19							
(11)								
(12)								_
(13)								
(14)								
(15)								
(16)								_
(17)								_
3a							103,41	14
b	sheets to Part I							
C	Totals (add lines 3a and 3b)						103,41	14

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of noncash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization E ন **€** 4 ক্র 6 9 N ন ල ₹ <u>S</u> <u>©</u> 7 8 6

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entitles . . .

Schedule F (Form 990) 2016

Page 3

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III (05) (12) (13) (4 (15) (16) 5 (18) Ξ Ø ල 3 3 9 Ε 8 (11)

Schedule F (Form 990) 2016

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Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	☑ No

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	orm 990) 2016 Page 5			
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.			
	elopment Promise is registered in Rwanda and Uganda and as such we transfer funds to an Africa Development Promise bank wanda and Kampala, Uganda.			
	The responsible personnel submit monthly reports. The company uses the accrual accounting system.			
There is on	e office in Kigali, Rwanda with one employee (Country Manager) that makes \$9,600/year (US).			
Uganda do	es not have an office. There are two people that assist Africa Development Promise, but they are not employees. Africa			

urica Development Promise is registered in Rwanda and Uganda and as such we transfer funds to an Africa Development Promise dank
n Kigali, Rwanda and Kampala, Uganda.
he responsible personnel submit monthly reports. The company uses the accrual accounting system.
here is one office in Kigali, Rwanda with one employee (Country Manager) that makes \$9,600/year (US).
Iganda does not have an office. There are two people that assist Africa Development Promise, but they are not employees. Africa
evelopment Promise does provide a stipend for both of them. The country director receives \$1,000/mo and the assistant receives
200/mo.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Africa Development Promise 38-3909756 Types of Property Part I (c) (a) (d) Noncash contribution Check If Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 1 2 Art - Historical treasures . . 3 Art -- Fractional interests . . . Books and publications . . . Clothing and household 5 goods 6 Cars and other vehicles . . . 7 Boats and planes 8 Intellectual property Securities-Publicly traded . . 9 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests Securities-Miscellaneous . . 12 Qualified conservation contribution-Historic structures Qualified conservation 14 contribution-Other . . 15 Real estate-Residential . . . Real estate-Commercial . . 16 Real estate-Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . . . 25 Other ► (Silent Auction Items) 4,582 Directed by Travel Agency 26 Other ▶ (Audit Services) 926 Directed by Auditor Other ► (27 28 Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

	Form 990) (2014) Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
African Eye	es Travel (a travel agency) has supported Africa Development Promise by offering African safaris for silent auction items that
Africa Dour	elopment Promise books these donations as "In-Kind" Donations.
Allica Deve	Regiment Fromise Gooks trese Goriadoris as Tiffing Toolsatoris.
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SCHEDULE O (Form 990 or 990-EZ)

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.

90-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Oper

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Africa Development Promise	3-8-3909756
Part VI - 11b - How did the organization provide the 990 for review to the board of directors, prior to file	ng? - Via Email than board discussion.
Part VI - 12c - 2016 was the first year the board initiated the various governing policies.	
Part VI - 15a - The Executive Director requested a base salary to the board of directors. The base salar	y does not reflect the market value
of this position, however the Executive Director took the lesser amount to free up financial resources	to grow the organization. The
board of directors agrees that the requested amount is below market value, but approved the request	on behalf of freeing up financial
resources. The board of directors recognizes that if additional, unrestricted resources become available	ole and they are needed for the
growth of the firm, at that time, the board has the discretion to approve a bonus or increase in base sa	lary to the Executive Director.
Part VI - 19 - The organization has not made available any governing documents to the public.	
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