

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street

New York, NY 10005

2018

Open to Public Inspection

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

1.General Information 07/01/2018 and Ending (mm/dd/yyyy) 06/30/2019 For Fiscal Year Beginning (mm/dd/yyyy) Employer Identification Number (EIN): Check if Applicable: Name of Organization: ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPM 11-2708250 Address Change Name Change Mailing Address: NY Registration Number: 1150 CARROLL STREET 06-52-70 Initial Filing Telephone: Final Filing City / State / ZIP: 718 270-6993 BROOKLYN, 11225 Amended Filing Reg ID Pending Email: Website: WWW.MEC.CUNY.EDU JDUFOUR@MEC.CUNY.ED Check your organization's Confirm your Registration Category in the X DUAL (7A & EPTL) EXEMPT* ___ 7A only EPTL only registration category: Charities Registry at www.CharitiesNYS.com. 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories. We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. SHEILAH PAUL President or Authorized Officer: CHAIRPERSON Print Name and Title JACQUELINE CLARK VP OF ADMIN & FINANC Chief Financial Officer or Treasurer: Print Name and Title 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for a checklist of for fund raising activity in NY State? If yes, complete Schedule 4a. schedules and attachments to No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. complete your filing. 5. Fee See the checklist on the 7A filing fee: EPTL filing fee: Total fee:

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

25.

100.

125.

next page to calculate your

fee(s). Indicate fee(s) you

are submitting here:

Make a single check or money order

payable to:

"Department of Law"

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- · Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- · Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	•
IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Coldisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990·N e-postcard. Our revenue	up available \$25,000 and/or our appate exceeded \$25,000 in the
filing year. We have included an IRS Form 990-EZ for state purposes only.	de exceeded \$23,000 and/or our assets exceeded \$23,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	Accountant's Review or Audit Report:
X Review Report if you received total revenue and support greater than \$250,00	0 and up to \$750,000.
Audit Report if you received total revenue and support greater than \$750,000	-
No Review Report or Audit Report is required because total revenue and supp	port is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required
Calculate Your Fee	•
•	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
Co. 7A and DUAL Stans colonials the 7A feet	Organizations are assigned a Registration Category upon
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
	EPTL filers are registered under the Estates, Powers & Trusts
For EPTL and DUAL filers, calculate the EPTL fee:	Law ("EPTL") because they hold assets and/or conduct
\$0, if you checked the EPTL exemption in Part 3b	activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau
X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
	Confirm your Registration Category and learn more about NY
	law at www.CharitiesNYS.com.
Send Your Filing	
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?
	NET WORTH for fee purposes is calculated on:
·	IRS Form 990 Part I, line 22

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com

(212) 416-8401 Call:

Email: Charities.Bureau@ag.ny.gov

- IRS Form 990 EZ Part I, line 21

- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2018

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

11. Organization Information

Name of Organization:

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF M 06-52-70

2. Government Grants	· · · · · · · · · · · · · · · · · · ·
Name of Government Agency	Amount of Grant
1 U.S. DEPT. OF HEALTH & HUMAN SVCS - CHILD CARE DEVELO	0 1. 46,842
2. NYS DEPT. OF TAXATION AND FINANCE	2 150,000
3. NEW YORK CITY DEPT OF EDUCATION - UPK	3. 159,867
4 NYS DEPT. OF HEALTH - CACFP	4. 8,82
5.	5.
6.	6.
7.	7.
8.	8.
9.	ġ.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 365,529

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.

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning $$ JUL 1 , $$ 2018 $$ and er	nding J	UN 30, 2019			
B c	heck if pplicable	C Name of organization ELLA BAKER/CHARLES ROMAIN CHILD		D Employer identifi	cation number		
	Addres	DEVELOPMENT OF A MEDGAR EVER COLLEGE	GE				
	Name change	Doing business as			708250		
	return Final	Number and street (or P.O. box if mail is not delivered to street address) 1150 CARROLL STREET	oom/suite	E Telephone numbe 718 –	r 270–6993		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	444,463.			
	Amende return	BROOKLYN, NY 11225		H(a) Is this a group re	eturn		
	Applica tion pending	F Name and address of principal officer: SHEILAH PAUL SAME AS C ABOVE	for subordinates? Yes X No				
			507	1 ' '			
		mpt status:	527	1	list. (see instructions)		
		e: ► WWW.MEC.CUNY.EDU	1	H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	or formation: 199/	A State of legal domicile: NY		
LPa		Summary	OHEDH	TRA			
Activities & Governance	1 8	Briefly describe the organization's mission or most significant activities: SEE S	Снеро	TE O			
Ĕ	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.		
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)			12		
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4		
SS		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			17		
iţi		Total number of volunteers (estimate if necessary)			0		
Ę		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.		
Ř		Net unrelated business taxable income from Form 990-T, line 38			0.		
				Prior Year	Current Year		
<u> </u>	8 (Contributions and grants (Part VIII, line 1h)		439,077.	399,217.		
Je l		Program service revenue (Part VIII, line 2g)		31,985.	37,105.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,848.			
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		487,910.	444,463.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	Ŏ.		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		323,066.	387,990.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
en			0. H		1		
Ext		Total fulldraising expenses (Fair IX, Column (5), and 25)	<u> </u>	105,163.	162,870.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		428,229.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	59,681.			
<u> </u>		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year			
ets or	١.,	5	1 5	456,410.			
		Total assets (Part X, line 16)		22,576.	73,271.		
Net Ass Fund Ba	1	Total liabilities (Part X, line 26)	······	433,834.	327,437.		
		Net assets or fund balances, Subtract line 21 from line 20 Signature Block		433,034.	321,431.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatam	anto and to the best of m	w knowledge and heliaf, it is		
					ly knowledge and belief, it is		
true,	Correct	t, and complete. Declaration of preparer (other than officer) is based on all information of whice	cii preparei	1 .7 /	A. . C		
		Signature of officer			2017		
Sign	- 1			Date	•		
Her	e	SHEILAH PAUL, CHAIRPERSON Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		DAVID A. URBAN, CPA DAVID A. URBAN,		1/05/19 self-employ			
_		Firm's name EFPR GROUP, CPAS, PLLC	<u> </u>	Firm's EIN	47-4526160		
		Firm's address 6390 MAIN STREET SUITE 200	_	I HIII S EIN	41 4020100		
USE	Jiny	WILLIAMSVILLE, NY 14221		Dha / 7	16) 634-0700		
				Jenone no. (7			
May	/ tne IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250 Page 2

	990 (2018) DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
_	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? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 478,929 • including grants of \$ 0 •) (Revenue \$ 45,246 •)
70	ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CENTER OF MEDGAR EVERS
	COLLEGE STRIVES TO PROVIDE A LOVING, NURTURING, AND CREATIVE LEARNING
	ENVIRONMENT FOR THE CHILDREN OF THE STUDENT PARENTS AT MEDGAR EVERS
	COLLEGE. THE CENTER SERVES OVER 40 STUDENTS ANNUALLY AND SEEKS TO
	PROVIDE A DEVELOPMENTALLY APPROPRIATE PROGRAM THAT FOCUSES ON THE
	PROCESS OF LEARNING, WHILE ALSO HELPING CHILDREN ENJOY THEIR
	EXPERIENCES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
	, , , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$
•	
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 478,929.
45	Form 990 (2018)

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 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 X 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 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? χ. If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 *4. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX; or X * 7 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 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 Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a 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 X X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

X

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250 Form 990 (2018) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 25b Х Schedule L, Part I 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," Х complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. X director. trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

			_		Yes	No
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			10	1 1	

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes Nο 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 17 filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6h Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 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 _________10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources against 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

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

c Enter the amount of reserves on hand 13c

Form **990** (2018)

14a

X

X

Section 501(c)(29) qualified nonprofit health insurance issuers.

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

Form 990 (2018) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	, .	·	
	If there are material differences in voting rights among members of the governing body, or if the governing		÷	- 1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
h	Enter the number of voting members included in line 1a, above, who are independent		1	. 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1 4
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7 4	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
В		.7b		Х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b	Х	
þ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
Sec	tion B. Policies (This Section B requests information about policies not required by the internal revenue code.)		Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 10		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
С	in Schedule O how this was done	12c	x	
42		13		X
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X
14	Did the process for determining compensation of the following persons include a review and approval by independent	-		
15		•		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		X
a	The organization's CEO, Executive Director, or top management official	15a 15h	 	$\frac{x}{x}$
D	Other officers or key employees of the organization	.30	 	-
40.	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			[.
ıoa	•	16a		$\bar{\mathbf{x}}^{-1}$
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104	 	
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
	exempt status with respect to such arrangements?	TOD	<u> </u>	<u> </u>
	tion C. Disclosure		 -	
17	List the states with which a copy of this Form 990 is required to be filed NY	o onle	اندیدا	able.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	, availa	auie
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	J £:	امند	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ınar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	1650 BEDFORD AVENUE BROOKLYN NY 11225			

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

11-2708250

Form 990 (2018) Page 7 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.

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

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

(A)	(B)	Ĭ		(()	•		(D)	(E)	(F)
Name and Title	Average	,,,	Position		Reportable	Reportable	Estimated			
	hours per	ьох	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	-	cer ar	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	یوا		l	ated		organization	(W-2/1099-MISC)	from the
	related	stee	truste			Suga		(W-2/1099-MISC)		organization
	organizations	na tru	onat		ploye	E a	·			and related
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHEILAH M. PAUL	1.00	=	╘	٦		Ξ.	<u></u>			
CHAIRPERSON	34.50	X		Х	'	1		0.	176,333.	100,371.
(2) JACQUELINE CLARK	1.00									
VP OF ADMIN & FINANCE	34.50	X		Х				0.	166,706.	83,226.
(3) PETER CHIASERA	1.00	Γ.								
BOARD MEMBER	34.50	X	_			Ŀ		0.	119,953.	65,909.
(4) DONNA AKILAH	1.00									
BOARD MEMBER	34.50	X					<u> </u>	0.	133,484.	51,243.
(5) RUPAM SARAN	1.00		l					_	,	
BOARD MEMBER	34.50	X					<u>L</u> .	0.	104,225.	58,894.
(6) MARGARETH LAFONTANT	1.00	1				1				
BOARD MEMBER	34.50	X	┕			╙		0.	88,267.	55,716.
(7) JOHNATHON HARDAWAY	1.00	ļ						ا ا		
BOARD MEMBER	34.50	X	<u> </u>			lacksquare		. 0.	112,622.	60,330.
(8) ALEXIS MCLEAN	1.00	١								
BOARD MEMBER	34.50	X	<u> </u>		<u> </u>	┞	_	0.	109,307.	59,180.
(9) ROSIBEL BARCIA	1.00									
BOARD MEMBER	0.00	Х	<u> </u>	_	<u> </u>	_	L	0.	0.	0.
(10) LYNNETTE BRINSON	1.00	١								
BOARD MEMBER	0.00	X	<u> </u>	L	L	L.		0.	0.	0.
(11) YVONNE REID	1.00	ļ		ļ						
BOARD MEMBER	0.00	X	<u> </u>			<u> </u>	╙	0.	0.	0.
(12) DIANA BROWN	1.00	١		٠			١.			
BOARD MEMBER	0.00	X	↓_	_	_	<u> </u>	ļ	0.	0.	0.
		ł	ŀ							
·	<u> </u>	-	<u> </u>	<u> </u>	_	-	 			
		-							·	
	•	├	+-	├	├	-	₩			
		-								
	ļ	lacksquare	<u> </u>	<u> </u>	_	ــــــ	<u> </u>			
		-								
	<u> </u>	<u> </u>			Ī.	<u> </u>	L	1	L	<u> </u>

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE Form 990 (2018) DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11
[Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	hours per box, unless person is both an compensation compensation				(E) Reportable compensation from related		an	(F) timate nount other	of				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	ns compe		pensa om th anizat d relat	ation le tion ted
								•	•				
									· · · · · · · · · · · · · · · · · · ·				
			٠					,					
·													
		_			_					-			
													·
						<u> </u>					<u> </u>	4 0	
1b Sub-total c Total from continuation sheets to Part V	II, Section A						▶	0.		0.			0. 869.
Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization							no r	<u> </u>		$\overline{}$			0
3 Did the organization list any former officer	director or tr	usta	o ka	av er	mole		or	highest compensated e	mplovee on	Γ		Yes	No
line 1a? If "Yes," complete Schedule J for. 4 For any individual listed on line 1a, is the s	such individual	٠							······································		3	-	X
and related organizations greater than \$15	0,000? If "Yes	, " co	mpl	ete S	Sch	edul	e J f	for such individual			4	Х	ļ.,
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor Section B. Independent Contractors											5	* ,	Χ̈́
Complete this table for your five highest of the organization. Report compensation for										oens	ation	from	
(A) Name and business			ON		VILLI	0, 1,		(B) Description of		С		C) nsatio	 on
				<u> </u>									
				•	-								
	,												
		-											
								. •					
Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	ed to		se li O	sted	d above) who received r	nore than			000	

Form 990 (2018)

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

11-2708250

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under **(B)** (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events l 1c 33,688. d Related organizations 1d 365,529 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 399,217. h Total. Add lines 1a-1f Business Code 2 a TUITION AND FEES 37,105 37,105. 611710 Program Service Revenue f All other program service revenue 37,105. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 8,141 11 a FUNDRAISING 8,141. 900099 d All other revenue 8,141. e Total. Add lines 11a-11d 444,463. 45,246. Total revenue. See instructions

11-2708250 Page 10 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

Form 990 (2018) 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). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b. 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 1.5 Compensation of current officers, directors. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 336,231. 336,231 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 27,691. 27.691. Other employee benefits 9 24,068. 24,068. Payroll taxes 10 Fees for services (non-employees): Management 3,125. 3,125 Legal 21,059. 21,059. Accounting Lobbying NIZ CWYZDWG **基础 计数据数数 产品** Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 12,597 12,597 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 36,023. 36,023. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 7,358. 7,358. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 15,189. 15,189. 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,465.7,465. 23 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 Schotzik (A) amount, list line 24e expenses on Schedule O.) 40,967. 40.967 FOOD 6,718. OTHER SERVICES 6,718. 5,945. 5,945. PROCESSING FEES 2,915. 2,915. DUES & MEMBERSHIP 1,995. 3,509. 1,514. e All other expenses 550,860. 478,929. 71,931. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2018)
Part X Balance Sheet

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	333,854.	1	0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	120,050.	3	371,651
	4	Accounts receivable, net	0.	4	27,051
	5	Loans and other receivables from current and former officers, directors,		<u> </u>	
	J	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	Ò.	5	l o
- 1	6	Loans and other receivables from other disqualified persons (as defined under		Ť	
	·	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 organizations (see instr). Complete Part II of Sch L	• • • • • • •	6	
ן עָּ	-	, , , , , , , , , , , , , , , , , , ,	- 	7	
Assets	7	Notes and loans receivable, net			
	8	Inventories for sale or use	2,506.	8	2 006
- 1	9	Prepaid expenses and deferred charges	2,500.	9	2,006
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D	,		
		Less: accumulated depreciation 10b		10c	
.	11 ,	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
Ì	15	Other assets. See Part IV, line 11		15	
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	456,410.	16	400,708
l	17	Accounts payable and accrued expenses	22,576.	17	73,271
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
l	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees,	•		
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ן כֿ	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			
ŀ		parties, and other liabilities not included on lines 17-24). Complete Part X of		ŀ	
		Schedule D		25	
ı	26	Total liabilities. Add lines 17 through 25	22,576.	26	73,271
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	•		
ູ່		complete lines 27 through 29, and lines 33 and 34.	•		
ן צ	27	Unrestricted net assets	433,834.	27	327,437
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶□		23	
<u>.</u>		and complete lines 30 through 34.	•		
2	20	,		30	,
į,	30	Capital stock or trust principal, or current funds			
Ž.	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
je	32	Retained earnings, endowment, accumulated income, or other funds	433,834.	32	327,437
-	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	456,410.	34	400,708

11-2708250 Page 12 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE Form 990 (2018) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 444,463 Total revenue (must equal Part VIII, column (A), line 12) 550,860. 2 Total expenses (must equal Part IX, column (A), line 25) 2 -106,397. 3 Revenue less expenses. Subtract line 2 from line 1 3 433,834. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 Investment expenses 8 8 Prior period adjustments <u>o.</u> Other changes in net assets or fund balances (explain in Schedule O) 9 q Net assets or fund balances at end of year: Combine lines 3 through 9 (must equal Part X, line 33, 10 327,437. column (B)) Part XII Financial Statements and Reporting \mathbf{x} Check if Schedule O contains a response or note to any line in this Part XII No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Both consolidated and separate basis Consolidated basis Separate basis X 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

Both consolidated and separate basis

2¢

X

X

consolidated basis, or both:

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

Act and OMB Circular A-133?

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

review, or compilation of its financial statements and selection of an independent accountant?

X Separate basis

SCHEDULE A (Form 990 or 990-EZ)

•

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

ELLA BAKER/CHARLES ROMAIN CHILD

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

11-2708250 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type 1. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) MEDGAR EVERS 13-3893536 2 Х 0 273,138. COLLEGE 0. 273,138.

Schedule A (Form 990 or 990 EZ) 2018 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE11-2708250 Page 2

[Part III | 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.) Section A. Public Support (e) 2018 (f) Total Calendar year (or fiscal year beginning in) (a) 2014 (d) 2017 (b) 2015 (c) 2016 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2017 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. 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" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE11-2708250 Page 3 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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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-			ě			
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513		·				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		•				·
5	The value of services or facilities			,	•		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	• ,					
72	Amounts included on lines 1, 2, and		ĺ				
•	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)				·		
	ction B. Total Support	_					· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income			 			
	(less section 511 taxes) from businesses						
	annuised offer lune 20, 1075						

	Add lines 10a and 10b Net income from unrelated business		`				
• •	activities not included in line 10b,		1				
	whether or not the business is					}	
10	regularly carried on Other income. Do not include gain		 				· · · · · · · · · · · · · · · · · · ·
12	or loss from the sale of capital	,	}			1	
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	l	1	<u> </u>	ļ	l	<u> </u>
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
_	check this box and stop here						<u>▶L</u>
	ction C. Computation of Publ			·			
	Public support percentage for 2018 (•	column (f))		15	<u>%</u>
	Public support percentage from 2017					16	%
	ction D. Computation of Inve					, ,	
17	Investment income percentage for 20)18 (line 10c, colui	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17		***************************************	18	%
19:	a 33 1/3% support tests - 2018. If the	organization did r				33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	-					▶□
1	33 1/3% support tests - 2017. If the		_		• •		and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		. =	
20	Fireate foundation. If the organization	an alu not check a	DUX OIT HITE 14, 18	a, or 190, check to	IIIS DOX AND SEE IN	audulions	P

Schedule A (Form 990 or 990-EZ) 2018 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE11-2708250 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute; or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	,		
		Yes	No
	1 1	Λ	
	2		X
	3a		X
	3b		
	3c		
•	4a	$\overline{}$	X
	₹ 4 B		
	4c	ŀ	
		2 18 14	
	5a		Δ_
•	5b	الممت	15A
	5c		
•	7	#3 42	
	3.73 V 8		X
	2 i		X
	9b	Z.E	X
	9c	- 12.2°	X
	10a		X
	10b		FI
n C	90 or 99	90-F7	2018

	dule A (Form 990 or 990 EZ) 2018 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11 - 27	0825	0 Ра	ige 5
Pai	t IV. Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	有数	30° 31°	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
ь	A family member of a person described in (a) above?	11b		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	RO
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	100		4.7
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	4.45		
	controlled the organization's activities. If the organization had more than one supported organization,	Sec. 2	4	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	12.20	**	2
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported	3 7 7 7	¥-	
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		3.	7.V
	supervised, or controlled the supporting organization.	2		<u>X</u>
<u>Sec</u>	tion C. Type II Supporting Organizations			
	·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		4.	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		7.00	2
	or management of the supporting organization was vested in the same persons that controlled or managed	L.	- 1	ت ا
	the supported organization(s).	1		
Sec	tion 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	10.00	C ₁ 74	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	× 2		***
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	A TE	122	**
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	E 781 (F
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	14.74		Vi g
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		3.	F 301
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Deliver Total	167 . 97.8
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		7. 9
	significant voice in the organization's investment policies and in directing the use of the organization's	3.29	17.1	7
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	B. 30.	25.45	2 2 2
	supported organizations played in this regard.	3	L	
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).	•	
a	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 ins	tructions		
2	Activities Test. Answer (a) and (b) below.	Progress.	Yes	No Serial
а	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		1	
	the supported organization(s) to which the organization was responsive: If Fes, therein Part Videntity those supported organizations and explain how these activities directly furthered their exempt purposes,		3	ំ ឡ
			3	7 20
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	شنسد	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	, 2, 4, 3	5\$X 4	y %#
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	受到	Park sel
	reasons for the organization's position that its supported organization(s) would have engaged in these	直接	15 o	1
	activities but for the organization's involvement.	2b	الأناسينة	التست
2	·	3 121	- S	23.
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	18	3.48	
а		3a	شكاعد	أستند
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	33	* A	200
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	\$ 	أخسستن
	or the deposition organizations; in Too, decomboning are \$1 are role played by the organization in this regard.	T 25	L	

Schedule A (Form 990 or 990-EZ) 2018 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE11-2708250 Page 6

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	· .
Secti	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 (sée instructions)	7		<u>. </u>
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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other .	1		TANK WARREST
	factors (explain in detail in Part VI):	3.3		Long A Marie Salah
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	^	
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	H. W. Sander T. L.	
2	Enter 85% of line 1	2	andre de la	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	TANK TRANSPORT	
4	Enter greater of line 2 or line 3	4	CHER MARKETIS	
5	Income tax imposed in prior year	5	BE LEWIS TO E	,
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		FOR Jackson 173	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE11-2708250 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, a Applied to underdistributions of prior years b. Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j 8 Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A Part VI	(Form 990 or 990 EZ) 2018 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGETT - 2706 250 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	
•	
· · · ·	
•	
—.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

ELLA BAKER/CHARLES ROMAIN CHILD

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

Employer identification number 11-2708250

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		•
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
		·	
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a · '
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	The state of the s	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		<u>-</u>
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
	▶ \$	•	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describe	s the organization's accounting for
_	conservation easements.	<u> </u>	011-01-1
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	•	
1a	If the organization elected, as permitted under SFAS 116 (A)	•	•
•	historical treasures, or other similar assets held for public ex		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (A	· · · · · · · · · · · · · · · · · · ·	
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	·	cial gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250 Page 2 Schedule D (Form 990) 2018 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): d Loan or exchange programs Public exhibition Other Scholarly research □ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included _ Yes on Form 990, Part X? **b** If "Yes." explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year 1e e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment ▶ c Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: (i) unrelated organizations 3a(ii) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated -(d) Book value

basis (other)

basis (investment)

depreciation

Schedule D (Form 990) 2018

1a Land
b Buildings
c Leasehold improvements
d Equipment

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

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250 Page 3 Schedule D (Form 990) 2018 Part VII Investments - Other Securities.

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, li		, Part X, line 12. valuation: Cost or end	Lof year market value
	(b) Book value	(c) Method of	valuation: Cost of end	i-oi-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				·
(B)				<u> </u>
(C)	:			
(D)`				
(E)				
(F)				
(G) .				
(H)		,		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				n was man and a sure of the su
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV. li	ne 11c. See Form 990	, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	I-of-year market value
(1)		1		
(2)	 			•
(3)				
(4)				
(5)			-	
(6)				
		•		
(8)			•	
(9)			· · · · · · · · · · · · · · · · · · ·	the state of the s
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1			
Part IX Other Assets.				•
Complete if the organization answered "Yes"		ne 11d. See Form 990), Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				-
(3)				•
(4)	•		·	,
(5)				
(6)	•			
(7)		·		
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	***************************************	•	
Part X Other Liabilities.	.= .= /,			
Complete if the organization answered "Yes"	on Form 990 Part IV I	ine 11e or 11f See Fo	rm 990 Part X line 25	
(a) Depariation of liability	J. C.	(b) Book value	555,1 arc A, iii 6 20	in of the transport of the con-
		(-)	┥ ゜ ・	
(1) Federal income taxes			┥ ・・	
(2)				et et
(3)			-	•
(4)			-	•
(5)			-	,
(6)				
(7)				4
(8)				• •
(9)	•			•
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.) ►			<u>.</u>

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

1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (sosses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 3 and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements c Other (Describe in Part XIII.) e Donated services and use of facilities c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 18. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2:	Part XI Reconciliation of Revenue per Audited Financia Complete if the organization answered "Yes" on Form 990, Part		Revenue per Re	eturn.	_
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 A 4444, 46 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 b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part II, line 12. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part II, line 12. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part II, line 12. 2 Amounts included on line 1 but not on Form 990, Part II, line 12. 2 Donated services and use of facilities 2 Donated services 2 Donated Service				1	717,601.
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) 2d 2e 273,138. 2e 273,138. 3 Subtract line 2 from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 70 b Other (Describe in Part XIII) 5 Total revenue, Add lines 2 and 46 5 Total revenues and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 129. 2a 273,138. b Prior year adjustments C Other losses a Donated services and use of facilities b Prior year adjustments c Other losses 1 Driver losses 1 Driver losses 1 Driver losses 1 Driver losses 2 Driver losses 1 Driver losses 2 Driver losses 1 Driver losses 2 Driver losses 3 Subtract line 2 from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses and losses provided the describe in Part XIII) c Add lines 2 at through 2d 2 Subtract line 2 from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a linestment expenses and losses and 6. 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4: Part IV, line 2: Part IV, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OTHE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF T					
b Donated services and use of facilities 2 2c 2d 3d		2a			
c Recoveries of prior year grants d Other (Describe in Part XIII) 2e 273, 1: 3 Subtract line 2e from line 1 4 Amounts included on Form 1990, Part VIII, line 7b 4 Dither (Describe in Part XIII) 4 Investment expenses not included on Form 990, Part VIII, line 7b 5 Other (Describe in Part XIII) 4 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total revenue and clines 3 and 4e. (This must equal Form 990, Part II, line 12) 5 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25. a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) c Other (Describe in Part XIII) 2 Add lines 2 through 2d 2 2 273, 1: a Investment expenses not included on Form 990, Part IV, line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) c Add lines 4 and 4b 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line	± , ,		273,138.		
d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 273,1: 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Codd Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 Codd Other (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) Fart 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: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OTHE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSE		1 1			
e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 4444, 46 4 Amounts included on Form 990, Part Vill, line 12, but not on line 1: a Investment expenses not included on Form 990, Part Vill, line 7b b Other (Boscribe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part II, line 12) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part II, line 12) 1 Total expenses and loses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part II, line 12a. 1 Total expenses and loses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part III, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part III, line 25: a Donated services and use of facilities 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part III, line 7b 4 Amounts included on Form 990, Part III, line 7b 5 Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses not included on Form 990, Part III, line 7b 4 Dither (Poscribe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 6 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 7 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 7 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 8 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 8 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 9 Total expenses. Add lines 3 and 4e. (This must eq					
3 444 , 46 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part II, line 12.) 1 Total expenses per Audited Financial Statements With Expenses per Return. Comptlete if the organization answered "Yes" on Form 990, Part IV, line 122. 1 Total expenses and losses per audited financial statements With Expenses per Return. Comptlete if the organization answered "Yes" on Form 990, Part IV, line 122. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Piror year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 2e 273 , 1.38 d Other (Describe in Part XIII.) c Add lines 2a through 2d 2e 273 , 1.39 d Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OI THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LI				2e	273,138.
4 A mounts 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 1444, 44 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part II, line 12. 1 Total expenses and loses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Portion of Expenses and loses per audited financial statements 2 Portion of Expenses and loses per audited financial statements 2 Portion of Expenses and loses per audited financial statements 3 Portion of Expenses and loses per audited financial statements 3 Portion of Expenses and loses per audited financial statements 4 Portion of Expenses and loses per audited financial statements 5 Portion of Expenses and loses per audited financial statements 5 Portion of Expenses and loses per audited financial statements 5 Portion of Expenses and loses and lose of facilities 5 Portion of Expenses and loses and lose of facilities 6 Portion of Expenses and loses and lose of facilities 7 Portion of Expenses and loses and lose of facilities 8 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of facilities 9 Portion of Expenses and loses and lose of Expenses and loses and lose				3	444,463.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Cother (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Society of the Cother (Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Society of the descriptions required for Part II, lines 3, 5, and 9, Part II, 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: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OITHE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY.					
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments C Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 273, 1.1 8 Subtract line 2e from line 1 3 550, 8t 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IV, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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 IV, line 4; Part IX, line 2; Part IX, lines 2d and 4b, and Part IXI, lines 2d and 4b. Also complete this part to provide any additional information. PART IX, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OI THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY	a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 444, 46 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete If the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Subtract line 2e from line 1 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; And Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OI THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY	•				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and loses per audited financial statements				4c	0.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)			444,463.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Prior year adjustments 2 C Other losses 4 C C Other losses 4 C C Other (Describe in Part XIII.) 4 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 2 and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OI THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY			Expenses per	Return	•
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 550, 86 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1b and 4; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional 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: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OI THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY				1	823,998.
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4b. Also complete this part to provide any additional 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 XIII Supplemental Information. PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) Of THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY		***************************************			
b Prior year adjustments c Other (Describe in Part XIII.) d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 550 , 8t 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 2 and 4b. Also complete this part to provide any additional 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: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) Of THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY	•	2a	273,138.	- 1	•
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 273,1.2 8 Add lines 2a through 2d 2 273,1.3 Subtract line 2e from line 1 3 550,81 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses A					
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OI THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY	-				
2 273,1.1 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY					•
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI. Part X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OTHE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY				2e	273,138.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18.) 5 Total expenses. Add lines 4c. (This must equal Form 990, Part III, lines 18.) 5 Total expenses. Add lines 4c. (This must equal Form 990, Part III, lines 1	-				550,860.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add line 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add line 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add line 3 and 4c. (This must equal Form 990, Part III, line 18.) 7 Total expenses. Add line 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add line 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses. Add line 3 and 4c. (This must equal Form 990, Part III, line 18.) 7 Total expenses. Add line 3 and 4c. (This must equal Form 990, Part III, line 18.) 7 Total expenses. Add line 3 and 4c. (This must equal Form 990, Part III, line 18.) 7 Total expenses. Add line 3 and 4c. (This must equal Form 990, Part III, line 18.					
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 7 Part XIII Supplemental Information. 7 Part XIII Supplemental Information. 7 Part XIII Supplemental Information Provide any additional information. 7 Part XIII Supplemental Information Provide any additional information. 7 Part XIII Supplemental Information Provide any additional information. 7 Part XIII Supplemental Information Provide any additional information. 7 Part XIII Supplemental Information Provide any additional information. 7 Part XIII Supplemental Information Provide any additional information. 7 Part XIII Supplemental Information Provide any additional information. 7 Part XIII Supplemental Information Provide any additional information. 7 Part XIII Supplemental Information Provide any additional information. 7 Part XIII Supplemental Information Provide any additional information. 7 Part XIII Supplemental Information Provide any additional information. 8 Part XIII Supplemental Information Provide any additional information. 8 Part XIII Supplemental Information Provide any additional information. 9 Part XIII Supplemental Information Provide any additional information. 9 Part XIII Supplemental Information Provide any additional information. 9 Part XIII Supplemental Information Provide any additional information. 9 Part XIII Supplemental Information Provide any additional information. 9 Part XIII Supplemental Information Provide any additional information. 9 Part XIII Supplemental Information Provide any additional information. 9 Part XIII Supplemental Information Provide any additional information. 9 Part XIII Supplemental Information Provide Any Additional Information Provide Any Additional		4a		1	
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY					
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: PHE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY.				4c	0.
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OITHE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY.				5	550,860.
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, nes 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY.					<u> </u>
THE CENTER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY	ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			l; Part X,	line 2; Part XI,
TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE CENTER HAS BEEN CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY		ME TAXES UND	ER SECTION	501	(C)(3) OF
CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY	THE INTERNAL REVENUE CODE (THE CODE);	THEREFORE, N	O PROVISIO	N FO	RINCOME
FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE CENTER PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY	TAXES IS REFLECTED IN THE FINANCIAL ST	ATEMENTS. TH	E CENTER H	AS BI	EEN
DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILI	CLASSIFIED AS PUBLICLY SUPPORTED ORGAN	IZATION THAT	IS NOT A	PRIV	ATE
DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILI	FOUNDATION UNDER SECTION 509(A) OF THE	CODE. THE C	ENTER PRES	ENTLY	Z.
ESTIMATE OR WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILI					·
THAT THE CENTER HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE					• • •

ADJUSTMENT IN ITS FINANCIAL STATEMENTS. U.S. FORMS 990 FILED BY THE CENTER

ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

•	ELLA BAK	KER/CI	HARLE	S R	OMAIN (CHIĻD			
Schedule D (Form 990) 2018 Part XIII Supplemental Inform	DEVELOPM	MENT (CTR.	OF I	MEDGAR	EVERS	COLLEGE1	1-27082	50 Page 5
Supplemental Inform	nation (continu	ued)					•		· · ·
		•					`		
				•				•	
<u> </u>							· · ·	·	
				•		·		•	
	•							٠	
							····		
	<u> </u>	<u> </u>							
•		•							
	٠,	· · · · · · · · · · · · · · · · · · ·							
		•							·
	<u> </u>								****
			·						
		*					•		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					•	· · · · · · · · · · · · · · · · · · ·	 	
	,				•				
					. •				
	·	•			- :				
	•								
	,								
· · · · · · · · · · · · · · · · · · ·		,	•				•		
·								1 12 12 1	
•									
, 				·					
<u> </u>									·
	•								
•					,				
			•		***********	•			
	. •								
	•			• •	· · · · · · · · · · · · · · · · · · ·				
									·
				.	•		:		
	•		·						· · · · · · · · · · · · · · · · · · ·
·						•			<u>. </u>
									•

SCHEDULE J (Form 990)

_

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE Employer identification number

Inspection

11-2708250

Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees ☐ Tax indemnification and gross up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Regulations section 53.4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2/U8/25U

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

•	Ì	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & _ incentive compensation	(iii) Other reportable compensation	compensation	benefits .	(6)(1)-(U)	reported as deferred on prior Form 990
(1) SHEILAH M. PAUL	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIRPERSON	(ii)	176,333.	0.	. 0.	58,190.	42,181.	276,704.	0.
(2) JACQUELINE CLARK	(i)	0.	0.	0	0.	0.	1	0.
VP OF ADMIN & FINANCE	(ii)	166,706.	0.	0.	55,013.	28,213.	249,932.	0.
(3) PETER CHIASERA	(i)	0.	0.	0.	. 0 .	0.		0.
BOARD MEMBER	(ii)	119,953.	0.	0.	39,584.	26,325.	185,862.	0.
(4) DONNA AKILAH	(i)	, 0 .	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	133,484.	0.	0.	44,050.	7,193.	184,727.	0.
(5) RUPAM SARAN	(i)	0.	. 0.	0.	0.	0.	0.	Ö.
BOARD MEMBER '	(6)	104,225.	0.	0.	34,394.	24,500.	163,119.	.0.
(6) JOHNATHON HARDAWAY	(i)	0.	0.	0.	0.	0.	0.	. 0.
BOARD MEMBER	(ii)	112,622.	0.	0.	37,165.	23,165.	172,952.	· 0.
(7) ALEXIS MCLEAN	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	109,307.	0.	0.	36,071.	23,109.	168,487.	0.
	(i)							
	(ii)							
	(i)		•					,
•	(ii)		•					
	(i)							
•	(ii)							
•	(i)							
•	(6)							
•	(i)							
•	a						i	
	(i)							
	län				-			
	(i)							· · · · · ·
·	an					· · · · · · · · · · · · · · · · · · ·		
	(i)							1
	(ii)							-
	(i)						t	
	län				†		†	

Schedule J (Form 990) 2018

	ELLA BAKER/CH	ARLES ROMAIN	CHILD	/		
Schedule J (Form 990) 2018 Pärt III Supplemental Informati	· DEVELOPMENT (TR. OF MEDGAR	EVERS COLL	EGE	11-2708	1250 Page 3
Provide the information, explanation		r Part I. lines 1a. 1b. 3. 4a.	4b. 4c. 5a. 5b. 6a. 6b.	7, and 8, and for Part II. A	lso complete this part for any add	itional information.
1					·	
	•	•	•			•
		•				
		•			-	
				•		
	•					
		•				
		•			· · · · · · · · · · · · · · · · · · ·	٠,
•	****	 .				•
		······································			··	
΄,	<u> </u>	· · ·			.	
					· ·	
· · · · · · · · · · · · · · · · · · ·				·	•	
			·			
			· · · · · · · · · · · · · · · · · · ·			
•	, .	·				
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
· ·		· · · · · · · · · · · · · · · · · · ·			·····	· · ·
				•		
						C-L-4.1- 1/F 000\ 00/

832113 10-26-18

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

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

Attach to Form 990 or 990-EZ.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ELLA BAKER/CHARLES ROMAIN CHILD

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

Employer identification number 11-2708250

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CENTER OF MEDGAR EVERS
COLLEGE IS A NON-FOR-PROFIT ORGANIZATION FORMED TO ENCOURAGE, PLAN,
ORGANIZE, DEVELOP, AND OPERATE A QUALITY CHILD CARE AND EARLY CHILDHOOD
EDUCATION PROGRAM THAT WILL BENEFIT MEDGAR EVERS COLLEGE STUDENTS AND
EMPLOYEES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CENTER OF MEDGAR EVERS
COLLEGE IS A NON-FOR-PROFIT ORGANIZATION FORMED TO ENCOURAGE, PLAN,
ORGANIZE, DEVELOP, AND OPERATE A QUALITY CHILD CARE AND EARLY CHILDHOOD
EDUCATION PROGRAM THAT WILL BENEFIT MEDGAR EVERS COLLEGE STUDENTS AND
EMPLOYEES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION PROVIDES A DRAFT COPY OF THE FORM 990 TO THE GOVERNING
BODY FOR REVIEW AND APPROVAL PRIOR TO ITS FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES THAT ITS BOARD SIGN AN ANNUAL STATEMENT WHICH
CERTIFIES THAT THE BOARD MEMBERS DO NOT HAVE ANY CONFLICTS OF INTEREST.
DISCLOSURE SHALL BE MADE IN WRITING TO THE BOARD CHAIR. THE BOARD SHALL
DETERMINE WHETHER A CONFLICT EXISTS AND, IN THE CASE OF AN EXISTING
CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST,
FAIR, AND REASONABLE TO THE CENTER. IF THERE IS A CONFLICT, THE INDIVIDUAL
WILL BE RECUSED FROM PARTICIPATING.

Schedule O (Form 990 or 990 to Name of the organization E)	LLA BAKER/CHA EVELOPMENT CT	RLES ROMAIN R. OF MEDGA	CHILD R EVERS COLI		nployer identificat 11-270825	on number
FORM 990, PART O	,	•	TO THE GENER	AL PUBLI	C.	
FORM 990, PART	XII, LINE 2C:					
THE ORGANIZATION	N HAS THE BOA	RD OF DIREC	TORS THAT OV	ERSEES T	HE AUDIT.	
THERE HAS BEEN	NO CHANGE FRO	M THE PRIOR	YEAR.			
		·	· .		· · · · · · · · · · · · · · · · · · ·	·
		·				
	· · · · · · · · · · · · · · · · · · ·					•
•		·	· .	•		
						· · · · ·
			· · · · · · · · · · · · · · · · · · ·	·	•	
			•			
	·			· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·				· · · ·	<u>:</u>	
					· · · · · · · · · · · · · · · · · · ·	
	·					
	, ·		·			
					· · · · · · · · · · · · · · · · · · ·	·
<u> </u>						
			·			
				•	·	
		•	• •			•

SCHEDULE R	ì
(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.

OMB No. 1545-8047 2018 Open to Public

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information
ELLA BAKER/CHARLES ROMAIN CHILD
DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

Employer identification number 11-2708250

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	or Total inco	me	(e) End-of-yea		Direct co		g
		·							
	— → ·	•		- 1					
				l	. •				
				-					_
· ,		٠.							
			•				ļ		
			<u> </u>	$\overline{}$					
			į	`					
······································			1			٠. ا			
Identification of Related Tax-Exempt Organic	anizations Complete if the organization	answered "Yes" on Form 990	0 Part IV line 34	becaus	e it had one	or more	related tax-exe	mnt	
Part II, dentification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN of related organization	anizations. Complete if the organization (b) Primary activity	answered "Yes" on Form 990 (c) Legal domicile (state or foreign country)	(d) Exempt Code section	Pub	(e) lic charity s (if section	Direc	e related tax-exe (f) ct controlling entity	Section cont	g) 512(b)(13 trolled tity?
(a) Name, address, and EIN of related organization	(b)	(c) . Legal domicile (state or	(d) Exempt Code	Pub	(e) lic charity	Direc	(f) ct controlling entity	Section cont	rolled
(a) Name, address, and EIN of related organization	(b)	(c) . Legal domicile (state or	(d) Exempt Code	Pub	(e) lic charity s (if section	Direc	(f) ct controlling entity	Section cont en	tity?
Name, address, and EIN of related organization LEDGAR EVERS COLLEGE - 13-3893536 150 CARROLL STREET	(b) Primary activity	(c) . Legal domicile (state or foreign country)	(d) Exempt Code section	Pub ștatus 50	(e) lic charity s (if section)1(c)(3))	Direct THE CI UNIVER	(f) ct controlling entity TY SITY OF NEW	Section cont en	trolled tity?
Name, address, and EIN of related organization Name address, and EIN of related organization IEDGAR EVERS COLLEGE - 13-3893536 150 CARROLL STREET ROOKLYN, NY 11225	(b)	(c) . Legal domicile (state or	(d) Exempt Code	Pub	(e) lic charity s (if section)1(c)(3))	Direc	(f) ct controlling entity TY SITY OF NEW	Section cont en	tity?
Name, address, and EIN of related organization LEDGAR EVERS COLLEGE - 13-3893536 LEDGAR EVERS COLLEGE - 13-3893536 LEDGAR EVERS COLLEGE STUDENT FACULTY	(b) Primary activity	(c) . Legal domicile (state or foreign country)	(d) Exempt Code section	Pub ștatus 50	(e) lic charity s (if section)1(c)(3))	Direct THE CI UNIVER	(f) ct controlling entity TY SITY OF NEW	Section cont en	trolled tity?
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization (EDGAR EVERS COLLEGE - 13-3893536 150 CARROLL STREET (ROOKLYN, NY 11225 (EDGAR EVERS COLLEGE STUDENT FACULTY (SSOCIATION - 11-2464804, 1650 BEDFORD	(b) Primary activity EDUCATION	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Pub status 50	(e) lic charity s (if section 01(c)(3))	Direct THE CI UNIVER	(f) ct controlling entity TY SITY OF NEW	Section cont en	No X
Name, address, and EIN of related organization EDGAR EVERS COLLEGE - 13-3893536 150 CARROLL STREET ROOKLYN, NY 11225 EDGAR EVERS COLLEGE STUDENT FACULTY SSOCIATION - 11-2464804, 1650 BEDFORD	(b) Primary activity	(c) . Legal domicile (state or foreign country)	(d) Exempt Code section	Pub ștatus 50	(e) lic charity s (if section 01(c)(3))	Direct THE CI UNIVER	(f) ct controlling entity TY SITY OF NEW	Section cont en	trolled tity?
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization (EDGAR EVERS COLLEGE - 13-3893536 150 CARROLL STREET (ROOKLYN, NY 11225 (EDGAR EVERS COLLEGE STUDENT FACULTY (SSOCIATION - 11-2464804, 1650 BEDFORD	(b) Primary activity EDUCATION	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Pub status 50	(e) lic charity s (if section 01(c)(3))	Direct THE CI UNIVER	(f) ct controlling entity TY SITY OF NEW	Section cont en	No X
(a) Name, address, and EIN	(b) Primary activity EDUCATION	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Pub status 50	(e) lic charity s (if section 01(c)(3))	Direct THE CI UNIVER	(f) ct controlling entity TY SITY OF NEW	Section cont en	No X
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization (EDGAR EVERS COLLEGE - 13-3893536 150 CARROLL STREET (ROOKLYN, NY 11225 (EDGAR EVERS COLLEGE STUDENT FACULTY (SSOCIATION - 11-2464804, 1650 BEDFORD	(b) Primary activity EDUCATION	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Pub status 50	(e) lic charity s (if section 01(c)(3))	Direct THE CI UNIVER	(f) ct controlling entity TY SITY OF NEW	Section cont en	rolled tity? No
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization (EDGAR EVERS COLLEGE - 13-3893536 150 CARROLL STREET (ROOKLYN, NY 11225 (EDGAR EVERS COLLEGE STUDENT FACULTY (SSOCIATION - 11-2464804, 1650 BEDFORD	(b) Primary activity EDUCATION	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Pub status 50	(e) lic charity s (if section 01(c)(3))	Direct THE CI UNIVER	(f) ct controlling entity TY SITY OF NEW	Section cont en	No

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

Schedule R (Form 990) 2018

832161 10-02-18 LHA

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE Schedule R (Form 990) 2018

11-2708250

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.

organizations acceed as a participating the tax year.												
• (a)	(b)	(c)	Direct controlling	· (e)	(f) ·	(g)	(h) Disproportionate allocations?		amount in box 20 of Schedule	(i)	(k) Percentage ownership	
Name, address, and EIN of related organization	(state of foreign	Legal domicile (state or		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets				General o managing partner?		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No		
	` `				,							
]			,							i	
				'			İ			l i		
	1				•	· ·						
				,								
	1		•						!	1 1		
	i '		·				1		ļ	!		
	i			ļ.			1			1		
		†			,		<u> </u>			1.		
	1	1					l			1		
	1					1						
	∮ .				•	ŀ	ļ .			-		
		 			•		 		l	 	1	
	1						[1 1	· ·	
	1		ļ.			[[l	ļ ·	1 1		
	{		•				i		i			
			L			1		ŀ	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) (c) Primary activity Legal domicite (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	entity?	
<u> </u>	·	country)						Yes	No
	-				,			l ·	
· · · · · · · · · · · · · · · · · · ·									
· · ·				1		,			
	,	· ·		-					
		·		•			ļ		—
		ļ				`			1
	·	·	•			L		<u>.</u>	<u></u>

832162 10-02-18

Schedule R (Form 990) 2018

ELLA BAKER/CHARLES ROMAIN CHILD
Schedule R (Form 990) 2018 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

Part V Transactions With Related Organizations. Complete if the organization answ					T	No		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b Gift, grant, or capital contribution for related organization(s)								
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
e Loans of loan guarantees by related organization(s)	***************************************	***************************************		1e	 	X		
f Dividends from related organization(s)								
g Sale of assets to related organization(s)								
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
,				***	1	x		
k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
, , , , , , , , , , , , , , , , , , ,	•		•					
p Reimbursement paid to related organization(s) for expenses				1p		X		
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				1r		X		
s Other transfer of cash or property from related organization(s)								
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.					
(a)	(b)	(c)	(d)					
Name of related organization	Transaction type (a·s)	Amount involved	Method of determining amoun	nvolved				
(1) MEDGAR EVERS COLLEGE	N ·	102,760.	FMV					
(2) MEDGAR EVERS COLLEGE	0	170,378.	FMV					
(2) MEDGAR EVERS COHHEGE	-	270,3700						
[3] MEDGAR EVERS COLLEGE STUDENT FACULTY ASSN	м	33,688.	FMV .					
(4)								
			·.					
(5)		<u> </u>						
(6)	<u> </u>							
			Cahad	ula B (For	000	11 2010		

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE Schedule R (Form 990) 2018

11-2708250 Page 4

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

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

Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501 (c)(3) orgs.? Yes No	(f) Share of · total · income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes NO	(k) Percentage ownership
					·					
		,						-		
								,		
		·								

Schedule R (Form 990) 2018

ELLA BAKER/CHARLES ROMAIN CHILD

Schedule R (Form 990) 2018 .	DEVELOPMENT	CTR. C	F MEDGAR	EVERS	COLLEGE11	<u>-2708250</u>	Page 5
Schedule R (Form 990) 2018 Part VIII Supplemental Info	rmation.	•					
Provide additional inform	nation for responses to q	uestions on S	chedule R. See in	nstructions.			
	•						
	·					 	
				• • •			
	•			•		<u> </u>	-
	· · · · · · · · · · · · · · · · · · ·					<u> </u>	
•							
				 	· · ·	•	
	•				•		
·							
						*	
				•			
·			•				
				•	•		
	•	· · · · · · · · · · · · · · · · · · ·			•		
	· · · ·	•			1 .		. •
	•			•			
					-		
							1
				•	• .		
				•			
-				•			
· · · · · · · · · · · · · · · · · · ·			•				
		• •	•			•	
	· · · · · · · · · · · · · · · · · · ·						
	·		•				
		•		•			
	 						
•	•						٠ .
<u> </u>				· · · · ·			<u> </u>
			•				
					•		
· · · · · · · · · · · · · · · · · · ·						<u>-</u> .	
<u> </u>							
				18			
		•					
					· · ·		
	·	•	•				
· .			-				
· · · · · · · · · · · · · · · · · · ·							· · · · · · · · · · · · · · · · · · ·
,			•	-	:.	•	
·						· .	 .
·					•		

Financial Statements

June 30, 2019 and 2018

(With Independent Auditors' Report Thereon)

Table of Contents

	Page
Independent Auditors' Report	1 - 2
Management's Discussion and Analysis	3 - 7
Financial Statements: Statements of Net Position	8
Statements of Revenue, Expenses and Changes in Net Position	9
Statement of Functional Expenses	10 - 11
Statements of Cash Flows	12
Notes to Financial Statements	13 - 17

INDEPENDENT AUDITORS' REPORT

The Board of Directors

Ella Baker/Charles Romain Child

Development Center, Inc.:

Report on the Financial Statements

We have audited the accompanying financial statements of Ella Baker/Charles Romain Child Development Center, Inc. (the Center), as of and for the years ended June 30, 2019 and 2018, and the related notes to financial statements, which collectively comprise the Center's financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, resulting from fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Center's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net position of Ella Baker/Charles Romain Child Development Center, Inc. as of June 30, 2019 and 2018, and the respective changes in financial position and cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages 3 through 7 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

EFPR Group, CPAS, PLIC

Williamsville, New York October 1, 2019

Management's Discussion and Analysis June 30, 2019

The intent of the Management Discussion and Analysis (MD&A) data is to provide readers with a comprehensive overview of Ella Baker/Charles Romain Child Development Center, Inc. (the Center) financial position as of June 30, 2019, and the changes in its net position for the year ended. The MD&A is designed to focus on current activities, resulting in changes, and relevant facts. The document should be read in conjunction with the accompanying audited financial statements and related notes.

Financial Highlights

- Net position decreased by \$106,397 or 25%.
- Operating revenue decreased by \$42,611 or 6%.
- Operating expenses increased by \$123,467 or 18%.

Financial Position

The Center's net position is determined by the difference between the assets and liabilities. This mechanism is also an effective tool to measure the Center's financial health. A primary indicator of the Center's fiscal health is evident in the increases and decreases in its net position over time.

Statements of Net Position

The following summarizes the Center's assets, liabilities and net position as of June 30, 2019 and 2018, under the accrual basis of accounting:

	<u>2019</u>	<u>2018</u>	Dollar <u>change</u>	Percent change
Total current assets	\$ <u>400,708</u>	<u>456,410</u>	(55,702)	(12%)
Total liabilities	73,271	22,576	_50,695	225%
Total net position	\$ <u>327,437</u>	433,834	(<u>106,397</u>)	(25%)

At June 30, 2019, the Center's total net position decreased by \$106,397 or 25% when compared to the previous year.

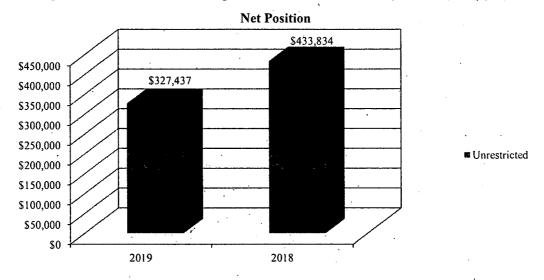
At June 30, 2019, the Center's total current assets decreased by \$55,702 or 12%, compared to the previous year. The majority of this variance is primarily attributed to the decrease in cash and equivalents and an increase in total accounts receivable of \$278,652 due to the late payment of the grant receivable and receivable from related parties.

Management's Discussion and Analysis, Continued

At June 30, 2019, the Center's total liabilities increased by \$50,695 or 225%, compared to the previous year. The accounts payable and expense accruals increased primarily due to the timing of operating expenses.

There were no other significant or unexpected changes in the Center's assets and liabilities.

The following illustrates the Center's net position at June 30, 2019 and 2018 by category:



Statements of Revenue, Expenses and Changes in Net Position

The statements of revenue, expenses and changes in net position represent the operating results of the Center, as well as the nonoperating revenue and expenses if any. The major components of revenue and expenses for the years ended June 30, 2019 and 2018 are as follows:

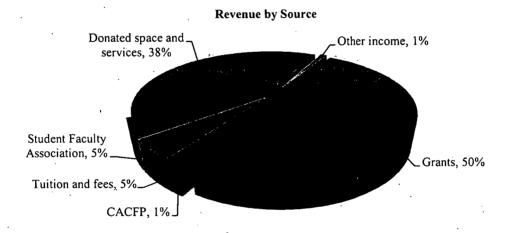
Revenue

			Dollar	Percent
	<u>2019</u>	<u>2018</u>	<u>change</u>	change
Operating revenue:		•		
Grants	\$ 356,708	391,277	(34,569)	(9%)
CACFP	8,821	12,487	(3,666)	(29%)
Tuition and fees	37,105	31,985	5,120	16%
Student Faculty Association	33,688	35,313	(1,625)	(5%)
Donated space and services	273,138.	272,302	. 836	1%
Other income	8,141	16,848	(8,707)	(52%)
Total operating revenue	\$. <u>717,601</u>	<u>760,212</u>	(<u>42,611</u>)	(6%)

Management's Discussion and Analysis, Continued

The Center's total revenue for the year ended June 30, 2019, amounted to \$717,601, a decrease of \$42,611 or 6%, compared to the previous year. A major contributing factor to this variance is the decrease in grants, other income, and CACFP in the amount of \$34,569, \$8,707 and \$3,666, respectively. Grants decreased mainly due to the Federal Block Grant (FBG) and Administration of Children Services in the amount of \$63,262 and \$23,177, respectively. FBG decreased due primarily to parents not meeting the qualification. Other income decreased because the fundraising activities were not as successful as prior years. These decreases were offset by the increase in Universal Pre-K's grant and tuition and fees in the amount of \$51,970 and \$5,120, respectively. Universal Pre-K's increase was due to an increase in enrollment.

The following illustrates the Center's revenue, by source, for the year ended June 30, 2019:



Grants and donated space and services represent 50% and 38%, respectively, of the total revenue.

There were no other significant or unexpected changes in the Center's revenue.

Management's Discussion and Analysis, Continued

Expenses

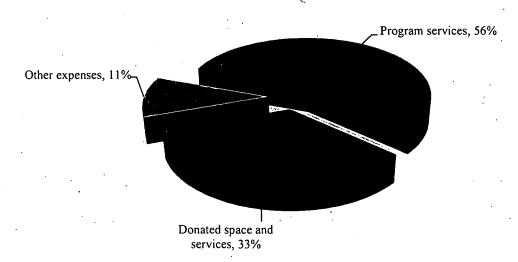
	<u>2019</u>	<u>2018</u>	Dollar <u>change</u>	Percent change
Program services	\$ 460,605	370,262	90,343	24%
Donated space and services	273,138	272,302	836	1%
Other expenses	90,255	<u>57,967</u>	32,288	56%
Total expenses	\$ <u>823,998</u>	<u>700,531</u>	<u>123,467</u>	18%

Total expenses for the year ended June 30, 2019, amounted to \$823,998, an increase of \$123,467 or 18%, compared to the previous year. The major component of the variance is related to an increase in program services and other expenses in the amount of \$90,343 and \$32,288, respectively. Program services increased largely due to the hiring of new teachers, as well as the expansion and renovation of the Center. Other expenses increased largely due to staff development and training as well as the purchases of new classroom supplies.

There were no other significant or unexpected changes in the Center's expenses.

The following illustrates the Center's expenses, by category, for the year ended June 30, 2019:

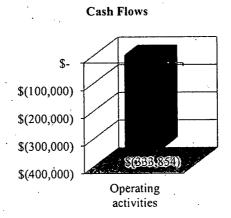
Expenses by Category



Management's Discussion and Analysis, Continued

Cash Flows

The statement of cash flows provides information about cash receipts and cash payments during the year. This statement assists users in the assessment of the Center's ability to generate net cash flows, meet its obligations by the required date(s), and to illustrate its dependency on external financing. The following summarizes the Center's cash flows for the year ended June 30, 2019:



Economic Factors That May Affect the Future

The Center receives a substantial amount of its support from grants and donated services by the College. A significant reduction in the level of this support, if it were to occur, could have a significant effect on the Center's programs and activities.

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CENTER, INC. Statements of Net Position June 30, 2019 and 2018

<u>Assets</u>		<u>2019</u>	<u>2018</u>
Current assets:			
Cash and equivalents	\$	-	333,854
Accounts receivable:	•		
Grant	•	371,651	120,050
Related parties		27,051	
Total accounts receivable		398,702	120,050
Prepaid expenses		2,006	2,506
Total current assets		400,708	456,410
		٠,	
Liabilities			
Liabilities - accounts payable and accrued expenses		73,271	22,576
			•
Net Position		.`	
Unrestricted net position	\$	327,437	433,834

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CENTER, INC. Statements of Revenue, Expenses and Changes in Net Position Years ended June 30, 2019 and 2018

	2019	2018
Operating revenue:	2012	
Grants	\$ 356,708	391,277
CACFP	8,821	12,487
Tuition and fees	37,105	31,985
Student Faculty Association	33,688	35,313
Donated space and services	273,138	272,302
Other income	8,141	16,848
Total operating revenue	717,601	760,212
Operating expenses:		
Program services	638,688	529,185
Management and general	185,310	171,346
Total operating expenses	823,998	700,531
Change in net position	(106,397)	59,681
Net position at beginning of year	433,834	374,153
Net position at end of year	\$ 327,437	433,834

Statement of Functional Expenses Year ended June 30, 2019 with comparative totals for 2018

	Program		Program Management		al
•		<u>services</u>	and general	<u>2019</u>	<u>2018</u>
Salaries and employee benefits	\$	360,299	27,691	387,990	323,066
Professional fees		-	36,781	36,781	24,125
Donated space		10,556	92,204	102,760	89,915
Donated services		149,203	21,175	. 170,378	182,387
Conferences and seminars		15,189	· -	15,189	9,983
Office expenses		36,023	-	36,023	13,433
Food expenses		40,967	·	40,967	35,126
Field trip		7,358	-	7,358	5,764
Dues and membership		2,915	· · · - ,	2,915	1,758
Insurance		7,465	, -	7,465	4,839
Miscellaneous		8,713	7,459	16,172	10,135
Total operating expenses	. \$	638,688	185,310	823,998	700,531

Statement of Functional Expenses Year ended June 30, 2018

	Program		Management	
	services		and general	<u>Total</u>
Salaries and employee benefits	\$	298,554	24,512	323,066
Professional fees		-	24,125	24,125
Donated space	•	68,740	21,175	89,915
Donated services		90,183	92,204	182,387
Conferences and seminars		9,983	-	9,983
Office expenses		13,433		13,433
Food expenses		35,126	-	35,126
Field trip		5,764	· <u>-</u>	5,764
Dues and membership		1,758	.	1,758
Insurance		4,839	_ ·	4,839
Miscellaneous	_	805	9,330	10,135
Total operating expenses	\$	529,185	171,346	700,531

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CENTER, INC. Statements of Cash Flows

Years ended June 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
		•
\$	105,107	405,372
	8,821	12,487
	•	31,985
	•	71,583
	8,141	16,848
•		
		(325,559)
		(66,036)
	(36,781)	(51,040)
	(333,854)	95,640
	333,854	238,214
<u>\$</u>	<u>-</u>	333,854
•		
	(106,397)	59,681
	(251,601)	14,095
	(27,051)	36,270
	500	224
	50,695	392
<u>·</u>		(15,022)
\$	(333,854)	95,640
Q	273 138	272,302
<u> </u>		
	-	89,915
	170,378	182,387
\$	273,138	272,302
_	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 105,107 8,821 37,105 6,637 8,141 (385,771) (77,113) (36,781) (333,854) \$

See accompanying notes to financial statements.

Notes to Financial Statements June 30, 2019 and 2018

(1) Nature of Organization

Ella Baker/Charles Romain Child Development Center, Inc. (the Center) is a not-for-profit organization formed to encourage, plan, organize, develop and operate a quality childcare and early childhood education program that will benefit Medgar Evers College (the College) students and employees. The primary sources of revenue are grants, including the New York City tax levy allocation, the City University of New York Child Care, Federal Child Care Development Block Grant and donated occupancy and services.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The Center's accounting policies conform to accounting principles generally accepted in the United States of America (GAAP) and applicable Governmental Accounting Standards Board (GASB) pronouncements.

For financial reporting purposes, the Center is considered to be a special-purpose entity engaged only in business-type activities. GASB defines business-type activities as activities financed in whole or in part by fees charged to external parties for goods or services. Accordingly, the accompanying financial statements have been prepared using the economic resources measurement focus and the accrual basis of accounting in accordance with GAAP, as prescribed by GASB. For financial reporting purposes, the Center is also considered to be a discretely presented component unit of the University, as defined by GASB.

(b) Net Position

The Center's resources are classified into the following net position categories:

Net investment in capital assets - Capital assets, net of accumulated depreciation and outstanding principal balances of debt, if any, attributable to the acquisition, construction, or improvement of those assets.

<u>Restricted - non-expendable</u> - Net position subject to externally imposed stipulations requiring the Association to maintain them in perpetuity.

<u>Restricted - expendable - Net position whose use is subject to externally imposed stipulations that can be fulfilled by the actions of the Center or the passage of time.</u>

<u>Unrestricted</u> - All other net position, including net position designated by actions, if any, of the Center's Board of Directors.

At June 30, 2019, the Center had no net investment in capital assets and no restricted net position.

Notes to Financial Statements, Continued

(2) Summary of Significant Accounting Policies, Continued

(c) Cash and Equivalents

For purposes of the statements of cash flows, the Center considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

(d) Grants Receivable

Grants are recorded as revenue to the extent that expenses have been incurred for the purpose specified by the grantors. Revenues from contracts are subject to audit and negotiations between the Center and the funding sources. Grants receivable are recorded when earned.

(e) Receivables

Receivables are charged to bad debt expense when they are determined to be uncollectible based upon periodic review of the accounts by management. Accounting principles generally accepted in the United States of America require that the allowance method be used to recognize bad debts; however, the effect of using the direct write-off method is not materially different from the results that would have been obtained under the allowance method.

(f) Tuition and Fees

Tuition and fees are recorded based on rates for units of service.

(g) Contributions

Contributions are recognized when the donor makes an unconditional promise to give to the Center. Contributions that are restricted by the donor are reported as increases in unrestricted net position if the restrictions expire within the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in restricted - expendable or restricted - non-expendable net position depending on the nature of the restrictions. When a restriction expires, the restricted - expendable net position is reclassified to the unrestricted net position.

(h) Donated Space and Services

Donated services are recognized as contributions if the services create or enhance nonfinancial assets or require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Center. Donated space is recognized based on the fair value of the rental. The time expended by members of the Board of Directors and other volunteers is recognized as contributions in the June 30, 2019 and 2018 financial statements.

Notes to Financial Statements, Continued

(2) Summary of Significant Accounting Policies, Continued

(i) Revenue Recognition

Revenue is recognized when earned. The Center derives a portion of its revenue from fees billed to students whose children are provided daycare services. The Center received revenue from CUNY for providing child day care services for children of students enrolled at the College. Additionally, the Center received an allocation from the Child Care Development Block Grant and revenue from the NYC-UPK Program.

(i) Functional Allocation of Expenses

The cost of providing services has been summarized on a functional basis. Accordingly, certain costs have been allocated among the program and supporting services benefited based on direct usage.

(k) Subsequent Events

The Center has evaluated subsequent events through the date of the report, which is the date the financial statements were available to be issued.

(l) Income Taxes

The Center is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code); therefore, no provision for income taxes is reflected in the financial statements. The Center has been classified as a publicly supported organization that is not a private foundation under Section 509(a) of the Code. The Center presently discloses or recognizes income tax positions based on management's estimate of whether it is reasonably possible or probable that a liability has been incurred for unrecognized income taxes. Management has concluded that the Center has taken no uncertain tax positions that require adjustment in its financial statements. U.S. Forms 990 filed by the Center are subject to examination by taxing authorities.

(3) Donated Space and Services

The Center recognizes donations of services if the services received: (a) create or enhance nonfinancial assets or (b) require specialized skills, are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. The Center operates on the campus of the College, and as such, utilizes space and certain services made available to it. For the years ended June 30, 2019 and 2018, the estimated fair value of space utilized was \$102,760 and \$89,915, respectively. In addition, College employee salaries donated to the Center totaled \$170,378 and \$182,387, respectively, for the years ended 2019 and 2018. The combined amounts have been recorded as donated services and recognized as both revenue and expenses in the accompanying statements of revenue, expenses and changes in net position and functional expenses. Donated and intended voluntary services that do not meet the above criteria are not recognized.

Notes to Financial Statements, Continued

(4) Grants

A summary of grant revenue for the years ended June 30, 2019 and 2018 are as follows:

	<u>2019</u>	<u>2018</u>
Child Care Development Block	\$ 46,841	110,103
New York State	150,000	150,100
New York City UPK	159,867	107,897
Administration for Children Services		23,177
	\$ <u>356,708</u>	<u>391,277</u>

(5) Related Party Transactions

The Center had an amount due from the Medgar Evers College Student Faculty Association, Inc. in the amount of \$17,220 at June 30, 2019.

The Center had an amount due from the Medgar Evers College (the College) in the amount of \$9,831 at June 30, 2019, for revenue collected on behalf of the Center by the College.

(6) Contingency

The Center receives a significant amount of its support from New York State, the City University of New York Child Care, Federal Child Care Development Block Grant, and the New York City UPK Program. A significant reduction in the level of this support, if it were to occur, could have a significant effect on the Center's programs and activities.

(7) Accounting Standards Issued But Not Yet Implemented

GASB Statement No. 84 - "Fiduciary Activities." This Statement, issued in January 2017, established criteria for identifying fiduciary activities of all state and local governments. The focus of the criteria generally is on (1) whether a government is controlling assets of the fiduciary activity and (2) the beneficiaries with whom a fiduciary relationship exists. This Statement is effective for reporting periods beginning after December 15, 2018, which is the fiscal year beginning July 1, 2019 for the Center. This Statement is not expected to have a material effect on the financial statements of the Center.

GASB Statement No. 87 - "Leases." This Statement, issued in June 2017, increases the usefulness of the financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. The requirements of this Statement are effective for reporting periods beginning after December 15, 2019, which is the fiscal year beginning July 1, 2020 for the Center. This Statement is not expected to have a material effect on the financial statements of the Center.

Notes to Financial Statements, Continued

(7) Accounting Standards Issued But Not Yet Implemented, Continued

- GASB Statement No. 89 "Accounting for Interest Cost Incurred Before the End of a Construction Period." This Statement, issued in June 2018, establishes accounting requirements for interest cost incurred before the end of a construction period. Such interest cost includes all interest that previously was accounted for in accordance with the requirements of paragraphs 5-22 of Statement No. 62 "Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements" which are superseded by this Statement. The requirements of this Statement are effective for reporting periods beginning after December 15, 2019, which is the fiscal year beginning July 1, 2020 for the Center. This Statement is not expected to have a material effect on the financial statements of the Center.
- GASB Statement No. 90 "Majority Equity Interests an amendment of GASB Statements No. 14 and No. 61." This Statement, issued in August 2018, seeks to improve the consistency and comparability of reporting a government's majority equity interest in a legally separate organization and to improve the relevance of financial statement information for certain component units. It defines a majority equity interest and sets parameters as to whether a majority equity interest is to be reported as an investment or component unit. The requirements of this Statement are effective for reporting periods beginning after December 15, 2018, which is the fiscal year beginning July 1, 2019 for the Center. This Statement is not expected to have a material effect on the financial statements of the Center.
- GASB Statement No. 91 "Conduit Debt Obligations." This Statement, issued in May 2019, requires a single method be used for the reporting of conduit debt obligations. The focus of the Statement is to improve financial reporting by eliminating diversity in practice associated with (1) commitments extended by issuers, (2) arrangements associated with conduit debt obligations, and (3) related note disclosures. The requirements of this Statement are effective for reporting periods beginning after December 15, 2020, which is the fiscal year beginning July 1, 2021 for the Center. This Statement is not expected to have a material effect on the financial statements of the Center.

COPY OF WITHIN PAPER RECEIVED

NOV 21 2019

NYS OFFICE OF THE ITTORNEY GENERAL CHARLE IS BURGNU