TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2018

Prepared for	ELLA BAKER/CHARLES ROMAIN CHILD
	DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 1150 CARROLL STREET BROOKLYN, NY 11225
Prepared by	
	EFPR GROUP, CPAS, PLLC 6390 MAIN STREET SUITE 200 WILLIAMSVILLE, NY 14221
Amount due or refund	BALANCE DUE OF \$125.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).
	THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.
•	•
	-

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2017

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1!General Informat	ion									
For Fiscal Year Beginnin	g (mm/dd/yyyy) 07/01	/2017 and Ending	(mm/dd/yyyy) 06/30/	2018						
Check if Applicable: Address Change	Name of Organization:		CHILD DEVELOPM	Employer Identification Number (EIN): 11-2708250						
Name Change	Mailing Address:			NY Registration Number: 06-52-70						
Initial Filing	1150 CARROLL City / State / ZIP:									
Final Filing	Telephone:									
Amended Filing BROOKLYN, NY 11225 718 270-6993										
Reg ID Pending	Website: WWW.MEC.CUNY.	EDU		Email: JDUFOUR@MEC.CUNY.ED						
Check your organization'		L only X DUAL (7A 8		Confirm your Registration Category in the						
registration category:		LOTHY LAT DOAL (7A		Charities Registry at www.CharitiesNYS.com.						
2. Certification										
See instructions for certif	fication requirements. Improp	er certification is a violation	n of law that may be subject	t to penalties. The certification requires						
two signatories.										
We certify under p	penalties of perjury that we re true, correct and complete	viewed this report, includin in accordance with the law	g all attachments, and to the s of the State of New York	e best of our knowledge and belief, applicable to this report.						
President or Authorized	Officer: Mento	Oe.	SHEILAH PA CHAIRPERSO	. 4.3						
Fresident of Admonzed	Signature			e and Title Date						
	Signature		JACOUELINE							
	- ///			N & FINANC 12/3/2018						
Chief Financial Officer o										
	Signature		Print Nam	e and Title Date						
3. Annual Reporting	n Exemption									
		ur organization is claiming a	n exemption under one cate	egory (7A or EPTL only filers) or both						
				fied Char500. No fee, schedules, or						
		im an exemption or are a D	UAL filer that claims only or	ne exemption, you must file applicable						
schedules and attachme	nts and pay applicable fees.									
exceed \$2	ng exemption: Total contribut 25,000 <u>and</u> the organization cons during the fiscal year.	ions from NY State includir lid not engage a professior	ng residents, foundations, g nal fund raiser (PFR) or fund	overnment agencies, etc. did not raising counsel (FRC) to solicit						
	filing exemption: Gross receip fiscal year.	ots did not exceed \$25,000	and the market value of as	ssets did not exceed \$25,000 at any time						
(4. Schedules and A	ttachments									
See the following page										
for a checklist of	Yes X No 4a. Did	vour organization use a pro	ofessional fund raiser fund	raising counsel or commercial co-venturer						
		•	e? If yes, complete Schedul							
schedules and	ior iund	raising activity in NY State	er il yes, complete schedul	6 4a .						
attachments to				amplete Cohodule 4b						
complete your filing.	X Yes No 4b. Did	the organization receive go	overnment grants? If yes, co	omplete Schedule 40.						
[5.]F.ee]										
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single shock or messy order						
next page to calculate yo	=			Make a single check or money order						
fee(s). Indicate fee(s) you				payable to:						

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

25.

100.

125.

"Department of Law"

are submitting here:

^{*}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

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 If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	
f you are a 7A only or DUAL filer, submit the applicable independent Certified Public X Review Report if you received total revenue and support greater than \$250,00 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 support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	0 and up to \$750,000. Port is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
So, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$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:

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

Need Assistance?

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- 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

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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.

1. Organization Information

Name of Organization:

NY Registration Number:

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 DEVELOP	1.	110,103.
2 NYS DEPT. OF TAXATION AND FINANCE	2.	150,100.
3 NEW YORK CITY DEPT OF EDUCATION - UPK	3.	107,897.
4 NYS DEPT. OF HEALTH - CACFP	4.	12,487.
5 NYC ADMINISTRATION FOR CHILDREN'S SERVICES	5.	23,177.
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	403,764.

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)

OMB No. 1545-0047

▶ 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.

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AI	or th	e 2017 calendar year, or tax year beginning JUL 1, 2017 and ending	JUN 30, 2018								
_	Check if		D Employer identifi	cation number							
_ a	pplicat	ELLA BAKER/CHARLES ROMAIN CHILD	, ,								
	Addr	SS DEVEN OF MEDGAD EVERY GOLLEGE									
F	Name		11-2	708250							
Initial All the send about for D.O. how if mail is not delivered to except address.) Prom/suite E. Telephone number											
return Number and street (of P.O. box it mains not delivered to street address) Robin/suite Pre-priorie fidinger											
	returrلـــ termi		G Gross receipts \$	487,910.							
_	ated Amer	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN . NY 11225	H(a) Is this a group re								
늗	returr Appli	BROOKLIN, NI 11223	for subordinates	——————————————————————————————————————							
	tion pend	F Name and address of principal officer. DITETEM TAGE									
		SAME AS C ABOVE	H(b) Are all subordinates in								
		empt states: ZZZ ss (s/s/s)	'	list. (see instructions)							
		te: WWW.MEC.CUNY.EDU	H(c) Group exemptio								
			ear of formation: 1997 N	1 State of legal domicile: IN 1							
Pa	irt I	Summary	DILL E. O								
ė	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DOTE O								
aŭ			050/ - 6/4 4								
Governance	2	Check this box if the organization discontinued its operations or disposed of m									
Š	3	Number of voting members of the governing body (Part VI, line 1a)	1 1	11							
	4	Number of independent voting members of the governing body (Part VI, line 1b)		16							
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)									
Activities &	6	Total number of volunteers (estimate if necessary)		0							
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.							
	ь	Net unrelated business taxable income from Form 990-T, line 34		0.							
			Prior Year	Current Year							
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	437,735.	439,077.							
ē	9	Program service revenue (Part VIII, line 2g)	26,174.	31,985.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.							
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,653.	16,848.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	469,562.	487,910.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	<u> </u>							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.							
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	251,434.	323,066.							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.							
Š		Total fundraising expenses (Part IX, column (D), line 25)	104 000	105 162							
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	104,028.	105,163.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	355,462.	428,229.							
- (0	19	Revenue less expenses. Subtract line 18 from line 12	114,100.	59,681.							
Net Assets or Fund Balances			Beginning of Current Year	End of Year							
sset	20	Total assets (Part X, line 16)	411,359.	456,410.							
at A	21	Total liabilities (Part X, line 26)	37,206.	22,576.							
		Net assets or fund balances. Subtract line 21 from line 20	374,153.	433,834.							
	<u>rt II</u>	Signature Block		the contract of the first fitter							
		lties of perjury, I declare that I have examined this return, including accompanying schedules and state		/ knowledge and bellet, it is							
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge.								
		Signature of officer									
Sign	1	, · · · ·	Date								
Her	е	SHEILAH PAUL, CHAIRPERSON Type or print name and title									
			Date / Check	PTIN							
		Print/Type preparer's name JOHN T. O'BRIEN Preparer's signature	13/18 # -	- 1							
Paid			self-employe								
Prep		Firm's name FFPR GROUP, CPAS PLLC	Firm's EIN	47-4526160							
Use	Only	Firm's address 6390 MAIN STREET SUITE 200		16) 624 0700							
		WILLIAMSVILLE, NY 14221	Phone no. (7)								
May	the II	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

<u> Pa</u>	† Statement of Program Service Accomplishments	
		X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
		—
	Division in the second	—
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-FZ?	ماد
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	lo.
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.	
4a	(Code:) (Expenses \$ 370, 262. including grants of \$) (Revenue \$ 48,833.	<u>•</u>)
	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 \$	
		_
		_
		_
		—
		—
		—
4-	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
4c	(Code:) (Expenses \$	- '
		_
		_
	*	
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	—
4e	Total program service expenses ► 370,262.	
	Form 330 (20	1/1

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

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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 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 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 Х 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Я Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X 11 as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 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 X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 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 X 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 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 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250 Page 4

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Z-Yu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Colonidada Doubl	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		Ė	
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٥.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
O.E.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34	X	
252	5.00/2/40/2	35a		х
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017) DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	Check if Schedule O contains a response or note to any line in this Part V									
•			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
0	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
٠	(gambling) winnings to prize winners?									
22	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Za	filed for the calendar year ending with or within the year covered by this return									
h	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)									
За	5 01 000									
	o If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ĺ						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
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		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	The state of the s									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			İ						
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c_		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7е		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.		 -							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			.						
a	Gross income from other sources (Do not net amounts due or paid to other sources against									
b	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?									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			.						
	the state of the s									
a	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									
D	organization is licensed to issue qualified health plans									
c	Enter the amount of reserves on hand]						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

Form 990 (2017)

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

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

	Check if Schedule O contains a response or note to any line in this Part VI				LX								
Sec	tion A. Governing Body and Management			,									
				Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	1										
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	A service of the serv												
2	and the state of t												
_	officer, director, trustee, or key employee?												
3	and the direct current of the protection of the direct current of												
Ü	of officers, directors, or trustees, or key employees to a management company or other person?												
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?												
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?												
_	6 Did the organization have members or stockholders?												
_	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or												
<i>,</i> a	more members of the governing body?		7a		Х								
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s												
Ü	persons other than the governing body?		7b	l	Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year												
	The governing body?		8a	х									
a	Each committee with authority to act on behalf of the governing body?		8b	Х									
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea												
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re												
<u> </u>	tion B. I divide (IIIIs decidin B reguesta line in later about parison in require b)			Yes	No								
10-	Did the organization have local chapters, branches, or affiliates?		10a		X								
	If "Yes," did the organization have written policies and procedures governing the activities of such cl		1000										
U	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b										
11a	the desired service of the service of the Form 200 to all members of its governing body before filling the form?												
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	11a	Х									
			12a	X									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y												
C	in Schedule O how this was done		12c	х									
10	Did the organization have a written whistleblower policy?		.13		X								
13 14	Did the organization have a written document retention and destruction policy?		14		X								
14 15	Did the process for determining compensation of the following persons include a review and approve												
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
_	The organization's CEO, Executive Director, or top management official		15a	1	X								
	Other officers or key employees of the organization		15b		X								
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16^	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a											
IUa	taxable entity during the year?		16a		X								
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar												
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ												
	exempt status with respect to such arrangements?		16b	1									
Sec	tion C. Disclosure			·									
17	List the states with which a copy of this Form 990 is required to be filed ►NY												
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only)	availab	le									
10	for public inspection. Indicate how you made these available. Check all that apply.	· · · · · · · · · · · · · · · · · · ·	_										
		in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, coi		d finan	cial									
13	statements available to the public during the tax year.	. E y 1 											
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records:											
20	JEAN DUFOUR - 718-270-6993												
	1650 BEDFORD AVENUE BROOKLYN, NY 11225												

Form 990 (2017) DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250 Page

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A)	(B)			(0	C)			ed any current officer, o	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	-	Cer an		1 6010	T	100,	from	from related	other
	(list any	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	ige tee			sated		(W-2/1099-MISC)	(***271099****100)	organization
	organizations	ruste	d trus		99/	mpeu		(11 27 1000 111100)		and related
	below	dualt	ntiona	_	Прво	os se				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			_
(1) SHEILAH M. PAUL	1.00									
CHAIRPERSON	34.50	X		X				0.	202,949.	80,629.
(2) JACQUELINE CLARK	1.00							_		
VP OF ADMIN & FINANCE	34.50	X		X				0.	166,706.	<u>83,226.</u>
(3) PETER CHIASERA	1.00								60 670	24 424
BOARD MEMBER	34.50	X	_			<u>. </u>	-	0.	63,679.	31,431.
(4) DONNA AKILAH	1.00							•	122 404	F1 242
BOARD MEMBER	34.50	X				<u> </u>		0.	133,484.	51,243
(5) RUPAM SARAN	1.00							•	07 101	E 6 072
BOARD MEMBER	34.50	X	_			_		0.	97,191.	56,073
(6) MARGARETH LAFONTANT	1.00	v						0.	88,267.	55,716
BOARD MEMBER	34.50	^							00,201.	33,110.
(7) VANESSA VASQUEZ	1.00 34.50	v						0.	121,727.	67,029.
BOARD MEMBER	1.00	^				-			121,7276	01,023
(8) ROSIBEL BARCIA	0.00	X						0.	0.	0.
BOARD MEMBER	1.00									
(9) LYNNETTE BRINSON BOARD MEMBER	0.00	x						0.	0.	0.
(10) YVONNE REID	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(11) PAULINA TISSON-COX	1.00									
BOARD MEMBER	0.00	X			<u> </u>			0.	0.	0.
	•									
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Form 990 (201	7) DEVELOP	MENT CTR	. (<u>OF</u>	MI	EDC	<u>GAI</u>	<u> </u>	<u>EVERS</u>	COLLE	GE	<u> </u>	<u>1-270</u>	<u>8250</u>) <u>P</u>	age 8
Part VII Se	ction A. Officers, Directors, Tr	<u>ustees, Key Em</u>	ploy	<u>/ees</u>			ghe	st C	ompensa	ted Employ	ees (
•	(A)	(B)			(B) (C)					(D)			Ξ)		(F)	
	Name and title	Average	(dc	nat c	Pos heck			one		ortable		•	rtable		stimat	
		hours per	box	c, unle	ess pe	rson i	is bot	h an	1 '	ensation		•	nsation	a	mount	
		week		T a	T	17 6010	174103			rom			elated	600	other npensa	
		(list any hours for	trustee or director				_		1	the nization	۱ ۸	-	zations 99-MISC)	1	rom th	
		related	9 9 0	冀	İ		sate			099-MISC)	''	2,100	30 111100,	- 1	aniza	
		organizations		at fruis		yee	nager.			,				an		
		below	Individual	Institutional trustee	5	Key employee	est co oyee	<u> </u>						org	anizat	ions
		line)	igi j	Instit	Officer	Key e	Highest compensated employee	Former					,			
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45 Cub 404				<u></u>				<u> </u>		0		874	1,003	. 42	5.3	47.
	al m continuation sheets to Part									0			0			0.
	Id lines 1b and 1c)									0		874	1,003		5,3	
	mber of individuals (including bu								eceived mo							
	sation from the organization	. , , , , , , , , , , , , , , , , , , ,					,				•	·				0
compen	sation from the organization													_	Yes	No
3 Did the d	organization list any former office	er, director, or tr	uste	e. ke	v en	olqn	yee,	or h	nighest coi	mpensated	emple	oyee or	ı			
	If "Yes," complete Schedule J fo													3		Х
	ndividual listed on line 1a, is the															
	ed organizations greater than \$1													4	X	
	person listed on line 1a receive of										vidua	I for se	rvices			
	I to the organization? If "Yes," co													5		X
	dependent Contractors															
1 Complet	e this table for your five highest	compensated in	depe	ende	ent c	ontr	acto	rs ti	hat receive	ed more tha	n \$10	0,000 c	of comper	sation	from	
the orga	nization. Report compensation for	or the calendar y	ear	endi	ng w	ith o	or wi	ithin	the organ	ization's tax	year	<u> </u>				
	(A)								_	(B)				<u>(</u>	C)	_
	Name and busine	ss address	N(INC	3			\perp	De	scription of	servi	ces		Compe	ensatio	<u>'n</u>
								\dashv								
								\dashv		· - ·						
								\dashv					 			
								\dashv			-					
2 Total sur	mber of independent contractors	s (including but r	not li	mite	d to	thos	se lis	ted	above) wh	no received	more	than				
	of compensation from the orga		.5. 11		<u> </u>	(,						
Ψ100,00	o or componication from the orga															

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Part VIII Statement of Revenue

		Check if Schedule O contains a re	senonee or note to any	line in this Part VIII			
		Check if Schedule O contains a re	esponse of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a				İ
irar	b	Membership dues	1b				
E, G	С	Fundraising events					
# ja		Related organizations	1d 35,313	•			
S, E		Government grants (contributions)	1e 403,764				
ē	f	All other contributions, gifts, grants, and					
but		similar amounts not included above	1f				
Öğ	q	Noncash contributions included in lines 1a-1f: \$_					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	>	439,077.			
			Business Cod				
9	2 a	TUITION AND FEES	611710	31,985.	31,985.		ļ
Program Service Revenue	b						-
	С						
	d						
5g	е						
ا ت	f	All other program service revenue		24 005			
	<u> 9</u>	Total. Add lines 2a-2f		31,985.			
	3	Investment income (including dividend					
		other similar amounts)					-
-	4	Income from investment of tax-exemp	_				-
	5	Royalties	Real (ii) Personal				
	٥.		real (II) Fersonal	┪			
	6 a	***************************************		1			
		Less: rental expenses Rental income or (loss)					
		Net rental income or (loss)	<u> </u>		`		<u>'</u>
			curities (ii) Other	İ			
	, a	assets other than inventory	, divisor	:			
	b	Less: cost or other basis					
	_	and sales expenses					
	С	Gain or (loss)					
Ì		Net gain or (loss))				,
ne	8 a	Gross income from fundraising events	_ 1				
Other Revenue		<u> </u>	of				
Re		contributions reported on line 1c). See	1				
her		Part IV, line 18 Less: direct expenses	1	1			
ŏ		Net income or (loss) from fundraising			i		
		Gross income from gaming activities.				·•	
		Part IV, line 19					
	b						
	С	Net income or (loss) from gaming activ	/ities				
	10 a	Gross sales of inventory, less returns					
		and allowances	a	_			
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of inve				-	
		Miscellaneous Revenue	Business Cod		10.655		
		FUNDRAISING	900099	10,677	10,677.		-
	b	OTHER INCOME		6,171.	6,171.		
	С			 			
		All other revenue		16,848.			
	_	Total Add lines 11a-11d		487,910.	48,833.	0.	0.
	12	Total revenue. See instructions		1 20117100			<u>, </u>

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-	se or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		<u>.</u> .		
4	Benefits paid to or for members				
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)	070 606	070 606		
7	Other salaries and wages	278,626.	278,626.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	04 510		24 512	
9	Other employee benefits	24,512.	10 020	24,512.	
10	Payroll taxes	19,928.	19,928.		
11	Fees for services (non-employees):				
а		2 125		2 125	
b	Legal	3,125.		3,125.	
С		21,000.		21,000.	
d	, •				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	•		j		
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	13,433.	13,433.		
13	Office expenses	13,433.	13,433.		
14	Information technology				
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16 47	Occupancy	5,764.	5,764.		
17 40	Payments of travel or entertainment expenses	3,704.	3,704.	-	
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	9,983.	9,983.	· · · · · · · · · · · · · · · · · · ·	
19 20	Interest	2,303.	2,7555		
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization		· <u>-</u>		
23	Insurance	4,839.	4,839.		
24	Other expenses, Itemize expenses not covered				
_ '	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TOOD	35,126.	35,126.		
b	MISCELLANEOUS	10,135.	805.	9,330.	
c	DUES & MEMBERSHIP	1,758.	1,758.		
d		-			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	428,229.	370,262.	57,967.	0.
<u> </u>	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)				

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Part X Balance Sheet

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Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 238,214. 333,854. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 120,050. 134,145. 3 Pledges and grants receivable, net 3 36,270. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 2,730. 2,506. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ [10a 10c b Less: accumulated depreciation 10b 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 14 Intangible assets _____ 15 15 Other assets. See Part IV, line 11 456,410. Total assets. Add lines 1 through 15 (must equal line 34) 411,359 16 16 22,576. 22,184. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties ______ 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 15,022. 0. 25 Schedule D 37,206. 22,576. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 374,153. 433,834. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 374,153. 433,834. 33 Total net assets or fund balances 33 411,359. 456,410. 34 Total liabilities and net assets/fund balances

11-2708250 Page 12 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 487,910. Total revenue (must equal Part VIII, column (A), line 12) 428,229. 2 2 Total expenses (must equal Part IX, column (A), line 25) 59,681. Revenue less expenses. Subtract line 2 from line 1 3 374,153. 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 6 Donated services and use of facilities 6 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33. 433,834. 10 column (B)) Part XII Financial Statements and Reporting \Box Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes." check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis 2b Х 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, consolidated basis, or both: Consolidated basis Both consolidated and separate basis X Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form 990 (2017)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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

2017

Open to Public Inspection

Employer identification number

11-2708250 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) 8 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. X Type I. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (vi) Amount of other (iii) Type of organization (v) Amount of monetary (i) Name of supported in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)) MEDGAR EVERS 272,302. 2 0. 13-3893536 X COLLEGE

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990 or 990-EZ) 2017 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE11-2708250 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

Section A. Public Support (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 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 Total. Add lines 1 through 3 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 (d) 2016 (e) 2017 (f) Total (a) 2013 **(b)** 2014 (c) 2015 Calendar year (or fiscal year beginning in) 7 Amounts from line 4 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) 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 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2017

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Schedule A (Form 990 or 990 EZ) 2017 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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ĺ		ļ	
	include any "unusual grants.")					<u> </u>	
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses	l					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization,
	check this box and stop here						▶ □
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2017 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	<u>%</u>
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the					33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box as						
t	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

Schedule A (Form 990 or 990-EZ) 2017 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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	X	
2		X
		X
3b_		
3c		
4a		X
→a		
4b		
4c		 1
]
5a		X
5b		
5c		
6		X
7		X
8		
3		
9a		X
9b		<u> X</u>
		-
9c		<u>X</u>
10a		

	dule A (Form 990 or 990 EZ) 2017 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2	0825	U Pa	age 5
Pa	rt IV Supporting Organizations (continued)		1	_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	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
	A family member of a person described in (a) above?	11b	<u> </u>	X
	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	l	<u>X</u>
<u>Sec</u>	tion B. Type I Supporting Organizations		١	Γ
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			İ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	L	<u> X</u>
Sec	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	-		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	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			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_	By reason of the relationship described in (2), did the organization's supported organizations have a	-		1
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
	supported organizations played in this regard.			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 yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	taration	-1	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		No
2	Activities Test. Answer (a) and (b) below.		Yes	No
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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	_	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ļ		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<u> </u>	<u> </u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990 EZ) 2017 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11 - 2708250 Page 6

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

	anization satisfied the Integral Part Test as a qualifyin			Part VI.) See instruction
other Type III non-fu	nctionally integrated supporting organizations must co	mplete Sec	ctions A through E	
Section A - Adjusted Net Incor	ne		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain		1		
2 Recoveries of prior-year dis	stributions	2		
3 Other gross income (see in		3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expen	ses paid or incurred for production or			
	or for management, conservation, or			
maintenance of property h	eld for production of income (see instructions)	6		
7 Other expenses (see instru		7		
	otract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Am			(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value	e of all non-exempt-use assets (see			
instructions for short tax y	ear or assets held for part of year):			
a Average monthly value of s	ecurities	1a		
b Average monthly cash bala	inces	1b		
c Fair market value of other	non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and		1d		
e Discount claimed for block				
factors (explain in detail in	Part VI):			
	applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1c		3		
4 Cash deemed held for exe	mpt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exempt-u	se assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year dis	stributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amou				Current Year
1 Adjusted net income for pr	ior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for	prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or lin		4		
5 Income tax imposed in price		5		
	btract line 5 from line 4, unless subject to			
emergency temporary redu		6		

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11 - 270 8 250 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 1 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 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 al **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016e Excess from 2017

Schedule A	(Form 990 or 990-E	Z) 2017 DE	V <u>ELOPME</u> I	NT CTR.	OF 1	<u>MEDGAR</u>	EVERS	COLLEGE	<u>11-2708250</u>	Page 8
Part VI	Supplemental Part IV Section A	I Information Innes 1, 2, 3b tion Dulines 2	on. Provide th , 3c, 4b, 4c, 5a , and 3: Part IV	ne explanatio a, 6, 9a, 9b, 9 /. Section E. I	ns require c, 11a, 1 ⁻ ines 1c. 2	ed by Part II, 1b, and 11c; a. 2b. 3a. ar	line 10; Part Part IV, Sec nd 3b: Part V	II, line 17a or 1 tion B, lines 1 a . line 1: Part V. S	7b; Part III, line 12; nd 2; Part IV, Section Section B, line 1e; F	on C,
	(See instructions.)						- This part is			
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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.

Inspection Employer identification number

OMB No. 1545-0047

Open to Public

Name of the organization

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

Pai	organizations Maintaining Donor Advi- organization answered "Yes" on Form 990, Part Ⅳ,		GOF ACCOUNTS. Complete if the
_	organization answered Tes Off Form 990, Factiv,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	1	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	F:	
5	Did the organization inform all donors and donor advisors		ed funds
	are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and dono		
	for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	till Conservation Easements. Complete if the		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiz		
	Preservation of land for public use (e.g., recreation of	or education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		I I
С	Number of conservation easements on a certified historic		
d	Number of conservation easements included in (c) acquire	ed after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the p		
	violations, and enforcement of the conservation easement		
6	Staff and volunteer hours devoted to monitoring, inspecting	ng, handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conservat	tion easements during the year
	S		() () () ()
8	Does each conservation easement reported on line 2(d) ab		
	and section 170(h)(4)(B)(ii)?		Yes L_ No
9	In Part XIII, describe how the organization reports conserv		
	include, if applicable, the text of the footnote to the organization	zation's financial statements that describes t	the organization's accounting for
n _=	conservation easements. †	of Art Historical Treasures or Of	ther Similar Assets
rar	Complete if the organization answered "Yes" on Fo		aner cilinar 7.000to.
	If the organization elected, as permitted under SFAS 116 (cont and balance sheet works of art
1a			
	historical treasures, or other similar assets held for public e		ice of public service, provide, in rain xiii,
	the text of the footnote to its financial statements that des		and halance sheet works of art, historical
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement	allo palatice street works of art, historical
	treasures, or other similar assets held for public exhibition,	, education, or research in furtherance of put	one service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical t		i gaiii, provide
	the following amounts required to be reported under SFAS		> \$
	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

Part IIII 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): Loan or exchange programs Public exhibition Other Scholarly research b Preservation for future generations C 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 Part IV 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 on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d Additions during the year 1e 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 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V 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 (b) Prior year (a) Current year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment 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 No by: (i) unrelated organizations 3a(i) 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. (b) Cost or other (c) Accumulated (a) Cost or other (d) Book value Description of property basis (other) depreciation basis (investment) 1a Land ______ **b** Buildings Leasehold improvements Equipment Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2017

11-2708250 Page **2**

Schedule D (Form 990) 2017

ELLA BAKER/CHARLES ROMAIN CHILD 11-2708250 Page 3 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE Schedule D (Form 990) 2017 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (b) Book value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (b) Book value (a) Description of investment (1) (2) (3) (4) (5)(6)(7)(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)(7)(8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability Federal income taxes (1) (2) (3)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 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 X
 Schedule D (Form 990) 2017

(4) (5) (6) (7) (8) (9)

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250 Page 4 Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 760,212. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 272,302. **b** Donated services and use of facilities 2b 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 272,302. 2e Add lines 2a through 2d 487,910. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c $\overline{487}$,910. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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. 700,531. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 272,302. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 272,302. 2e Add lines 2a through 2d 428,229. 3 Subtract line 2e from line 1 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 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) 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

HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES. MANAGEMENT HAS CONCLUDED

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

THAT THE CENTER HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE11-2708250 Page 5 Schedule D (Form 990) 2017 Part XIII Supplemental Information (continued)

SCHEDULE J (Form 990)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

ELLA BAKER/CHARLES ROMAIN CHILD

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

Employer identification number 11-2708250

OMB No. 1545-0047

Pá	art I Questions Regarding Compensation									
			Yes	No						
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			1						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or charter travel Housing allowance or residence for personal use									
	Travel for companions Payments for business use of personal residence									
	Tax indemnification and gross-up payments Health or social club dues or initiation fees									
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)									
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or									
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b								
2	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?										
3	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			1 1						
	establish compensation of the CEO/Executive Director, but explain in Part III.									
	Compensation committee Written employment contract									
	Independent compensation consultant Compensation survey or study									
	Form 990 of other organizations Approval by the board or compensation committee			1						
	Tomicoso di otnoi digamenticio									
4	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:									
а	Receive a severance payment or change-of-control payment?	4a		X						
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X						
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X						
	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.									
5	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:									
а	The organization?	5a		X						
ь	Any related organization?	5b		X						
	If "Yes" on line 5a or 5b, describe in Part III.			1						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation									
	contingent on the net earnings of:									
а	The organization?	6a		X						
	Any related organization?	6b		X						
	If "Yes" on line 6a or 6b, describe in Part III.									
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1								
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>						
8	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	8_		<u>X</u>						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in									
	Regulations section 53.4958-6(c)?	9								

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE 11-2708250

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.

	(B) Break	down of M	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	sation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)·(I)(B)	in column (B) reported as deferred on prior Form 990
(1) SHEILAH M. PAUL	0	0	0	0	0	0	0	0
IRPERSON	(ii) 202,	949.	0	0.	66,973.	13,656.	283,578.	0
LINE CLARK		0	0.	0.	1	1	4	0
OF ADMIN & FINANCE	(ii) 166,	. 906.	0	0.	55,013.	28,213.	249,932.	
	()	0	0.	0.	(1	4	
RD MEMBER	(ii) 133,	484.	0.	0	0	51,243.	184,727.	
ARAN	(1)	0	0.	0.	0	il	4 1	
	(ii) 97,	,191.	.0	• 0	0	56,073.	153,264.	
(5) VANESSA VASQUEZ	(1)	0	0	0	0	0.	0	
D MEMBER	(ii) 121,	,727.	0.	0	0	67,029.	188,756.	
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ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

Schedule J (Form 990) 2017 [Part III] Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 11-2708250

										Schedule J (Form 990) 2017

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

ELLA BAKER/CHARLES ROMAIN CHILD Name of the organization

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE

OMB No. 1545-0047 Open to Public Inspection

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 9	90-EZ) (2017)		Pag
Name of the organization	ELLA BAKER/CHARLES DEVELOPMENT CTR. OF	ROMAIN CHILD MEDGAR EVERS COLL	Employer identification numb EGE 11-2708250
FORM 990, PAR'	r VI, SECTION C, LIN	E 19:	
DOCUMENTATION	IS PROVIDED UPON RE	QUEST TO THE GENER	AL PUBLIC.
FORM 990, PAR	r XII, LINE 2C:		
THE ORGANIZAT	ON HAS THE BOARD OF	DIRECTORS THAT OV	ERSEES THE AUDIT.
THERE HAS BEEN	N NO CHANGE FROM THE	PRIOR YEAR.	
			<u> </u>
<u> </u>			
			10 m 10 m 10 m 10 m 10 m 10 m 10 m 10 m
			100

SCHEDULE R (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

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.

2017

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. ELLA BAKER/CHARLES ROMAIN CHILD

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

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 or foreign country)	(d) Total income	(e) End-of-year assets	assets Direct controlling entity) ntrolling ity	
		•					
The same same							
						į	
- Carlo dan Carlo	1						
Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year.	ations. Complete if the organization a	if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, be	cause it had one	or more related tax-exer	npt	
(a)	(q)	(0)	(p)	(e)	(J)	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled	Z(b)(13) led
		oreign country)		501(c)(3))	(min)	Yes	2
MEDGAR EVERS COLLEGE - 13-3893536					THE CITY		
1150 CARROLL STREET					UNIVERSITY OF NEW		
BROOKLYN, NY 11225	EDUCATION	NEW YORK	501(C)(3) I	LINE 6	YORK (CUNY)		×
MEDGAR EVERS COLLEGE STUDENT FACULTY							
ASSOCIATION - 11-2464804, 1650 BEDFORD							
AVENUE, BROOKLYN, NY 11225	SUPPORT	NEW YORK	501(C)(3)	LINE 11			×
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Schedule R (Form 990) 2017

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE Schedule R (Form 990) 2017 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

11-2708250

General or Percentage managing ownership 3 Yes No 9 Code V.UBI amount in box 120 of Schedule K.1 (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets 6 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization <u>a</u>

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. Part IV

		<u>ر</u> ق	ا م. ا	8 N	l			}						1					
	Ξ	Section 512(b)(1	controlled entity?	Yes															
	(£)	_ e a																	
		Share of	end-of-year																
	Œ	Share of total	, income																
	(e)	(e) ype of entity corp, S corp or trust)																	
	(p)	Direct controlling entity																	
	(၁)	Legal domicile	(state or foreign	country)															
	(q)	(b) Primary activity																	
organizations treated as a corporation of this during the tax year.	(a)	Name, address, and EIN	of related organization									·							

Schedule R (Form 990) 2017

Page 3

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

Schedule R (Form 990) 2017

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes
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?	with one or more re	lated organizations listed	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				-E	×
b Gift, grant, or capital contribution to related organization(s)				a	×
c Gift, grant, or capital contribution from related organization(s)				5	×
d Loans or loan guarantees to or for related organization(s)				19	×
e Loans or loan guarantees by related organization(s)				- 1e	×
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)				두	×
				;=	×
j Lease of facilities, equipment, or other assets to related organization(s)	4			÷	×
					:
K Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			E L	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s) uc			1n	X
 Sharing of paid employees with related organization(s) 				9	×
				H	
p Reimbursement paid to related organization(s) for expenses				đ	×
q Reimbursement paid by related organization(s) for expenses				₽	×
r Other transfer of cash or property to related organization(s)			-	11	×
s Other transfer of cash or property from related organization(s)				1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1) MEDGAR EVERS COLLEGE	N	89,915.	FMV		
(2) MEDGAR EVERS COLLEGE	0	182,387.	.FMV		
(3) MEDGAR EVERS COLLEGE STUDENT FACULTY ASSN	M	35,313.	FMV		
(4)					
(5)					
(9)					
T. 14 DO CO. CO. CO. CO. CO. CO. CO. CO. CO. CO			clibrate O	1,00	100

DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE ELLA BAKER/CHARLES ROMAIN CHILD Schedule R (Form 990) 2017

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.

General or Percentage DisproporCode V-UBI General or Percentage
amount in box 20 managing ownership
of Schedule K-1 partner?
Ves No (Form 1065) Yes No Yes No \equiv Yes No Ξ end-of-year Share of assets 6 Share of income total Ξ (e) Are all partners sec. 501(c)(3) orgs.? Yes No Predominant income par (related, unrelated, excluded from tax under sections 512-514) ত্ত (state or foreign Legal domicile country) <u>ပ</u> Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2017

ELLA BAKER/CHARLES ROMAIN CHILD DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE11-2708250 Page 5 Schedule R (Form 990) 2017 Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.

Financial Statements

June 30, 2018 and 2017

(With Independent Auditors' Report Thereon)

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* * * * * *



6390 Main Street, Suite 200 Williamsville, NY 14221

P 716.634.0700

TF 800.546.7556

F 716.634.0764

w EFPRgroup.com

INDEPENDENT AUDITORS' REPORT

The Board of Directors

Ella Baker/Charles Romain Child Development

Center of Medgar Evers College:

Report on the Financial Statements

We have audited the accompanying financial statements of Ella Baker/Charles Romain Child Development Center of Medgar Evers College (the Center), as of and for the years ended June 30, 2018 and 2017, 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, whether due to 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 of Medgar Evers College as of June 30, 2018 and 2017, 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 Government 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, 2018

Management's Discussion and Analysis June 30, 2018

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 of Medgar Evers College, Inc. (the Center) financial position as of June 30, 2018, and the changes in its net position for the year ended. The MD&A is designed to focus on current activities, resulting changes, and relevant facts. The document should be read in conjunction with the accompanying audited financial statements and related notes.

Financial Highlights

- The Center's net position increased by \$59,681 or 16%.
- Operating revenue increased by \$32,093 or 4%.
- Operating expenses increased by \$86,512 or 14%.

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 indictor 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, 2018 and 2017, under the accrual basis of accounting:

	<u>2018</u>	<u>2017</u>	Dollar <u>change</u>	Percent change
Total current assets	\$ <u>456,410</u>	411,359	<u>45,051</u>	11%
Total liabilities	22,576	<u>37,206</u>	(14,630)	(39%)
Total net position	\$ <u>433,834</u>	<u>374,153</u>	<u>59,681</u>	16%

At June 30, 2018, the Center's total net position increased by \$59,681 or 16% when compared to the previous year.

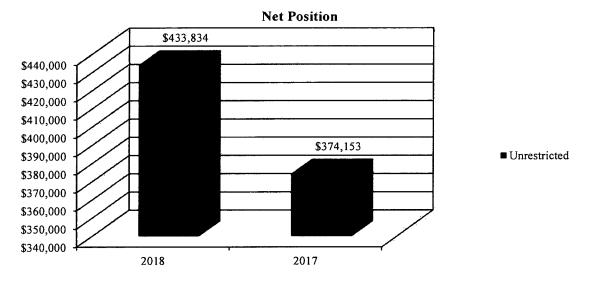
At June 30, 2018, the Center's total current assets increased by \$45,051 or 11%, compared to the previous year. The majority of this variance is primarily attributed to the increase in cash and equivalents due to the collection of the grant receivable and related party receivable.

Management's Discussion and Analysis, Continued

At June 30, 2018, the Center's total liabilities decreased by \$14,630 or 39%, compared to the previous year. The accounts payable and expense accruals decreased 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, 2018 and 2017 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 non-operating revenue and expenses, if any. The major components of revenue and expenses for the years ended June 30, 2018 and 2017 are as follows:

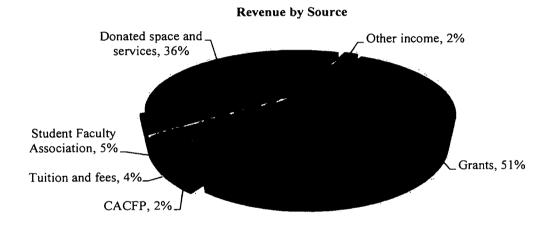
Revenue

			Dollar	Percent
	<u>2018</u>	<u>2017</u>	<u>change</u>	<u>change</u>
Operating revenue:				
Grants	\$ 391,277	385,662	5,615	1%
CACFP	12,487	15,803	(3,316)	(21%)
Tuition and fees	31,985	26,174	·5,811	22%
Student Faculty Association	35,313	36,270	(957)	(3%)
Donated space and services	272,302	258,557	13,745	5%
Other income	<u>16,848</u>	<u>5,653</u>	11,195	198%
Total revenue	\$ <u>760,212</u>	<u>728,119</u>	<u>32,093</u>	4%

Management's Discussion and Analysis, Continued

The Center's total revenue for the year ended June 30, 2018 amounted to \$760,212, an increase of \$32,093 or 4%, compared to the previous year. A major contributing factor to this variance is the increase in donated space and services, other income and tuition and fees in the sum of \$13,745, \$11,195 and \$5,811, respectively. Donated space and services increased largely as a result of changes in board members and a 17% market rate increase for space rental. Other income increased as a result fundraising activities. Tuition and fees increased due to an increase in enrollment. These increases were offset by the decrease in CACFP grant income in the amount of \$3,316. This figure is directly associated to the Universal Pre-K's low enrollment.

The following illustrates the Center's revenue, by source, for the year ended June 30, 2018:



Grants and donated space and services represent 51% and 36%, 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

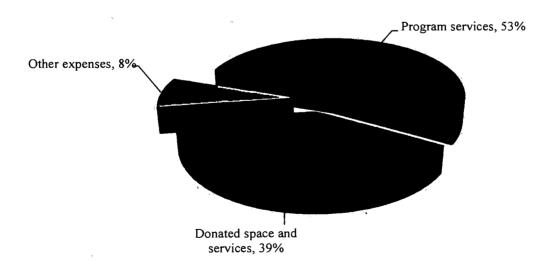
	<u>2018</u>	<u>2017</u>	Dollar <u>change</u>	Percent change
Program services	\$ 370,262	310,326	59,936	19%
Donated space and services	272,302	258,557	13,745	5%
Other expenses	57,967	<u>45,136</u>	<u>12,831</u>	28%
Total expenses	\$ <u>700,531</u>	<u>614,019</u>	<u>86,512</u>	14%

Total expenses for the year ended June 30, 2018 amounted to \$700,531, an increase of \$86,512 or 14%, compared to the previous year. The major component of the variance is related to an increase in program services and donated space and services in the amount of \$59,936 and \$13,745, respectively. Program services increased largely due to hiring new teachers. Donated space and services increased largely due to changes in board members and a 17% increase in the market rate for space rental. Other expenses increased as a result of the fundraising initiatives.

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, 2018:

Expenses by Category

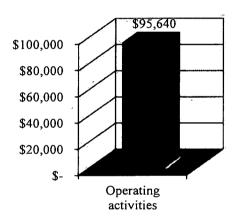


Management's Discussion and Analysis, Continued

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, 2018:

Cash Flows



Economic Factors That May Affect the Future

The Center receives a substantial amount of its support from grants and donated services for 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 program and activities.

Statements of Net Position June 30, 2018 and 2017

<u>Assets</u>		<u>2018</u>	<u>2017</u>
Current assets:	_		
Cash and equivalents	\$	333,854	238,214
Accounts receivable:		120,050	134,145
Grant Related party		120,030	36,270
Related party		····	
Total accounts receivable		120,050	170,415
Prepaid expenses		2,506	2,730
Total current assets		456,410	411,359
<u>Liabilities</u> Liabilities:			
Accounts payable and accrued expenses		22,576	22,184
Due to related party		<u>-</u>	15,022
Total liabilities		22,576	37,206
Net Position	c	422.024	274 152
Unrestricted net position	\$	433,834	374,153

Statements of Revenue, Expenses and Changes in Net Position Years ended June 30, 2018 and 2017

		<u>2018</u>	<u>2017</u>
Operating revenue:			
Grants	\$	391,277	385,662
CACFP		12,487	15,803
Tuition and fees		31,985	26,174
Student Faculty Association		35,313	36,270
Donated space and services		272,302	258,557
Other income		16,848	5,653
Total operating revenue	_	760,212	728,119
Operating expenses:			
Program services		529,185	460,629
Management and general		171,346	153,390
Total operating expenses	_	700,531	614,019
Increase in net position		59,681	114,100
Net position at beginning of year		374,153	260,053
Net position at end of year	\$_	433,834	374,153

Statement of Functional Expenses Year ended June 30, 2018 with comparative totals for 2017

		Program	Management	Tc	otal
		<u>services</u>	and general	<u>2018</u>	<u>2017</u>
Salaries and employee benefits	\$	298,554	24,512	323,066	251,434
Professional fees		-	24,125	24,125	25,275
Donated space		68,740	21,175	89,915	77,070
Donated services		90,183	92,204	182,387	181,487
Conferences and seminars		9,983	-	9,983	6,329
Office expenses		13,433	-	13,433	12,395
Food expenses		35,126	-	35,126	40,056
Field trip		5,764	-	5,764	8,185
Dues and membership		1,758	-	1,758	1,182
Insurance		4,839	-	4,839	7,843
Miscellaneous	_	805	9,330	10,135	2,763
Total operating expenses	<u>\$</u>	529,185	171,346	700,531	614,019

Statement of Functional Expenses Year ended June 30, 2017

	Program		Management	
	,	services	and general	<u>Totals</u>
Salaries and employee benefits	\$	235,257	16,177	251,434
Professional fees		-	25,275	25,275
Donated space		58,920	18,150	77,070
Donated services		91,383	90,104	181,487
Conferences and seminars		6,329	-	6,329
Office expenses		12,395	-	12,395
Food expenses		40,056	-	40,056
Field trip		8,185	-	8,185
Dues and membership		1,182	-	1,182
Insurance		4,159	3,684	7,843
Miscellaneous		2,763	-	2,763
Total operating expenses	\$	460,629	153,390	614,019

Statements of Cash Flows Years ended June 30, 2018 and 2017

		<u>2018</u>	2017
Cash flows from operating activities:			
Cash receipts from:			
Grants	\$	405,372	317,801
CACFP		12,487	15,803
Tuition and fees		31,985	26,174
Student Faculty Association		71,583	14,897
Other income		16,848	5,653
Cash payments to/for:		(225.550)	(0.40.1.47)
Employees' salaries and benefits		(325,559)	(249,147)
Vendors		(66,036)	(82,057)
Services and other		(51,040)	(29,198)
Net cash provided by operating activities		95,640	19,926
Net increase in cash and equivalents		95,640	19,926
Cash and equivalents at beginning of year		238,214	218,288
Cash and equivalents at end of year	<u>\$</u>	333,854	238,214
Reconciliation of income from operations to net cash provided by operating activities: Income from operations Adjustments to reconcile income from operations to net cash provided by operating activities:	\$	59,681	114,100
Changes in:			
Grant receivable		14,095	(67,861)
Prepaid expenses		224	954
Due from related party		36,270	(21,373)
Accounts payable and accrued expenses		392	(5,916)
Due to related party		(15,022)	22
Net cash provided by operating activities	<u>\$</u>	95,640	19,926
Supplemental schedule of cash flow information:			
Donated space and services revenue	\$	272,302	258,557
•	<u> </u>		
Donated space		89,915	77,070
Donated services	_	182,387	181,487
Donated space and services expenses	<u>\$</u>	272,302	258,557

Notes to Financial Statements June 30, 2018 and 2017

(1) Nature of Organization

Ella Baker/Charles Romain Child Development Center of Medgar Evers College (the Center) is a not-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 (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:

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

At June 30, 2018, 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. Revenue 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, restricted - expendable net position is reclassified to 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, 2018 and 2017 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 day care services. The Center received \$150,100 and \$150,000, respectively, during each of the years ended June 30, 2018 and 2017 from CUNY for providing child day care services for children of students enrolled at the College. For the years ended June 30, 2018 and 2017, the Center received \$110,103 and \$96,510, respectively, as an allocation from the Child Care Development Block Grant. For the years ended June 30, 2018 and 2017, the Center received \$107,897 and \$107,870, respectively, from the NYC-UPK Program.

(j) Functional Allocation of Expenses

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

(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.

(I) 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) Cash and Equivalents

Custodial credit risk of deposits is the risk that the Center's deposits may not be returned in the event of a bank failure. At June 30, 2018, of the \$340,454 Center's bank balance, \$90,454 was exposed to custodial credit risk as it was uninsured and uncollateralized.

Notes to Financial Statements, Continued

(4) 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, 2018 and 2017, the estimated fair value of space utilized was \$89,915 and \$77,070, respectively. In addition, College employee salaries donated to the Center totaled \$182,387 and \$181,487, respectively, for the years ended 2018 and 2017. 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.

(5) Grants

A summary of grant revenue for the years ended June 30, 2018 and 2017 are as follows:

	<u>2018</u>	<u>2017</u>
Child Care Development Block Grant	\$ 110,103	96,510
New York State Grant	150,100	150,000
New York City UPK	107,897	107,870
Administration for Children Services	23,177	31,282
·	\$ 391,277	<u>385,662</u>

(6) Related Party Transactions

The Center had an amount due from the Medgar Evers College Student Faculty Association, Inc. in the amount of \$36,270 at June 30, 2017. This amount was received during the current year.

The Center had an amount due to Medgar Evers College (the College) in the amount of \$15,022 at June 30, 2017 for accounting services provided by the College for the Center. This amount was paid during the current year.

(7) 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.

Notes to Financial Statements, Continued

(8) Accounting Standards Issued But Not Yet Implemented

- GASB Statement No. 83 "Certain Asset Retirement Obligations." This Statement, issued in November 2016, addresses accounting and financial reporting for certain asset retirement obligations (AROs). Governments that have legal obligations to perform certain future asset retirement activities related to its tangible capital assets should recognize a liability based on the guidance in this Statement. The requirements of this Statement are effective for reporting periods beginning after June 15, 2018, which is the fiscal year beginning July 1, 2018 for the Center. This Statement is not expected to have a material effect on the financial statements of the Center.
- 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.
- GASB Statement No. 88 "Certain Disclosures Related to Debt, Including Direct Borrowings and Direct Placements." This Statement, issued in April of 2018, requires that additional essential information related to debt be disclosed in notes to financial statements, including unused lines of credit; assets pledged as collateral for the debt; and terms specified in debt agreements related to significant events of default with finance-related consequences, significant termination events with finance-related consequences, and significant subjective acceleration clauses. This Statement also requires that existing and additional information be provided for direct borrowings and direct placements of debt separately from other debt. The provisions of this Statement are effective for reporting periods beginning after June 15, 2018, which is the fiscal year beginning July 1, 2018 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

(8) 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.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

A

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or ELLA BAKER/CHARLES ROMAIN CHILD print 11-2708250 DEVELOPMENT CTR. OF MEDGAR EVERS COLLEGE File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1150 CARROLL STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BROOKLYN, NY 11225 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return Return **Application** Application Is For Code Is For Code Form 990-T (corporation) 07 01 Form 990 or Form 990-EZ 02 Form 1041-A 80 Form 990-BL Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 990-T (trust other than above) 06 Form 8870 12 JEAN DUFOUR • The books are in the care of ▶ 1650 BEDFORD AVENUE - BROOKLYN, NY 11225 Telephone No. ► 718-270-6993 Fax No. > If the organization does not have an office or place of business in the United States, check this box . If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. MAY 15, 2019 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ___ calendar year or ► X tax year beginning <u>JUL</u> 1, 2017 , and ending JUN 30, 2018 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

nonrefundable credits. See instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 1-2017)

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DEC 1 9 2018

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