

**Return of Organization Exempt From Income Tax**

**2005**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2005 calendar year, or tax year beginning JUL 1, 2005, and ending JUN 30, 20 06**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**AFRICARE**  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**440 R STREET, N.W.**  
City or town, state or country, and ZIP + 4  
**WASHINGTON, DC 20001**

**D Employer identification number**  
**23 : 7116952**

**E Telephone number**  
**( 202 ) 462-3614**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** ▶ **WWW.AFRICARE.ORG**

**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here ▶  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **49,654,836**

**I Group Exemption Number** ▶

**M** Check ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>10,460,235</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>198,439</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>26,917,238</b>		
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>36,012,310</b> noncash \$ <b>1,563,602</b> )	<b>1d</b>			<b>37,575,912</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			<b>28,410</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>467,725</b>
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶)	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>6,393,249</b>	<b>8a</b>			
	<b>6,393,859</b>	<b>8b</b>			
	<b>(610)</b>	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			<b>(610)</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	<b>819,820</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>528,287</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) <b>STMT 2</b>	<b>9c</b>			<b>291,533</b>
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>4,369,720</b>	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>42,732,690</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>38,533,012</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>2,920,129</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>830,853</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>			<b>42,283,994</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>448,696</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>10,228,433</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>STMT 3</b>	<b>20</b>			<b>1,000,840</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>11,677,969</b>

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	542,477	424,001	118,476	
26	Other salaries and wages	26	11,900,362	11,312,995	268,959	
27	Pension plan contributions	27	745,601	574,262	65,911	
28	Other employee benefits	28	1,402,865	1,114,236	108,737	
29	Payroll taxes	29	2,501,826	2,376,762	29,477	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees and audit	32	553,181	312,439	240,742	
33	Supplies	33	5,186,585	5,033,123	114,220	
34	Telephone	34	857,064	786,722	16,825	
35	Postage and shipping	35				
36	Occupancy	36	1,957,173	1,806,782	150,391	
37	Equipment rental and maintenance	37	247,265	215,969	60	
38	Printing and publications	38				
39	Travel	39	1,915,714	1,784,169	38,271	
40	Conferences, conventions, and meetings	40	2,093,852	2,019,171	44,996	
41	Interest	41	4,133	4,133		
42	Depreciation, depletion, etc. (attach schedule)	42	361,525	185,264	176,261	
43	Other expenses not covered above (itemize):					
a	.....	43a				
b	.....	43b				
c	.....	43c				
d	.....	43d				
e	.....	43e				
f	.....	43f				
g	Statement 4	43g	12,014,371	11,011,118	24,921	
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	42,283,994	38,533,012	2,920,129	830,853

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 5</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
<b>a Health- establish and strengthen rural health clinics and primary health services networks where basic medical care is limited or non-existent. Provide HIV/AIDS education and prevention training. Water resources development-well construction, irrigation and sanitation.</b> ..... ..... (Grants and allocations \$ <b>N/A</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>14,818,687</b>
<b>b Food security, relief and refugee assistance-improved food access, availability, and utilization to promote active and healthy lives. Provide emergency aid to victims and refugees caused by natural and man-made disasters.</b> ..... ..... (Grants and allocations \$ <b>N/A</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>8,023,006</b>
<b>c Agriculture and small scale irrigation-improve the cultivation of crops, livestock, irrigation, natural resource management, farm infrastructure and farmer credit, and training in agribusiness practices.</b> ..... ..... (Grants and allocations \$ <b>N/A</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>7,884,983</b>
<b>d Integrated rural development-support rural areas with help in water resources, irrigation, agriculture and health to reduce food and water shortages caused by drought and large influxes of immigrants.</b> ..... ..... (Grants and allocations \$ <b>N/A</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>5,422,242</b>
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ <b>N/A</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,384,094</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . ►	<b>38,533,012</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing . . . . .	16,437,169	45	10,625,788	
	46 Savings and temporary cash investments . . . . .		46		
	47a Accounts receivable . . . . .	4,680			
	47b Less: allowance for doubtful accounts . . . . .		12,907	4,680	
	48a Pledges receivable . . . . .	6,525,633			
	48b Less: allowance for doubtful accounts . . . . .	150,000	8,381,492	6,375,633	
	49 Grants receivable . . . . .		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
	51a Other notes and loans receivable (attach schedule) . . . . .				
	51b Less: allowance for doubtful accounts . . . . .				
	52 Inventories for sale or use . . . . .		52		
	53 Prepaid expenses and deferred charges . . . . .		53		
	54 Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,875,328	54	6,750,139
	55a Investments—land, buildings, and equipment: basis . . . . .				
	55b Less: accumulated depreciation (attach schedule) . . . . .				
56 Investments—other (attach schedule) . . . . .			56		
57a Land, buildings, and equipment: basis . . . . .	5,933,646				
57b Less: accumulated depreciation (attach schedule) . . . . .	2,947,024	2,386,853	57c	2,986,622	
58 Other assets (describe ► <b>STATEMENT 8</b> . . . . .)		1,794,278	58	2,288,144	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .		35,888,027	59	29,031,006	
Liabilities	60 Accounts payable and accrued expenses . . . . .	6,865,762	60	7,233,093	
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .	18,732,405	62	10,095,949	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
	64a Tax-exempt bond liabilities (attach schedule) <b>Cap. Lease</b> . . . . .			64a	
	64b Mortgages and other notes payable (attach schedule) . . . . .		61,427	64b	23,995
	65 Other liabilities (describe ► . . . . .)			65	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		25,659,594	66	17,353,037	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted . . . . .	6,864,998	67	8,311,109	
	68 Temporarily restricted . . . . .	345,372	68	348,797	
	69 Permanently restricted . . . . .	3,018,063	69	3,018,063	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds . . . . .		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		10,228,433	73	11,677,969
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .		35,888,027	74	29,031,006

TMT 7





Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b		7,416,496	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ -0-; section 4912 ▶ -0-; section 4955 ▶ -0-		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-0-
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		-0-
90a	List the states with which a copy of this return is filed ▶ STMT 9		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	78
91a	The books are in care of ▶ AFRICARE Telephone no. ▶ (. 202 ) 462-3614 Located at ▶ 440 R STREET, N.W. WASHINGTON, DC ZIP + 4 ▶ 20001		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ STMT 10 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	✓
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ STMT 10	91c	✓
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		☐

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					<b>28,410</b>
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>	<b>467,725</b>	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			<b>18</b>	<b>(610)</b>	
<b>101</b> Net income or (loss) from special events . . . . .					<b>291,533</b>
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> MISCELLANEOUS					<b>4,369,720</b>
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				<b>467,115</b>	<b>4,689,664</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					<b>5,156,778</b>

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	<b>STATEMENT 11</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

**Please Sign Here**

Signature of officer: John D. Campbell Date: 12/10/07

**JOHN D. CAMPBELL VICE PRESIDENT, FINANCE AND MANAGEMENT**

Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization <b>AFRICARE</b>	Employer identification number <b>23 7116952</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Chinwe Effiong 440 R STREET, N.W. WASH, DC 20001	COUNTRY REP, NIGERIA	\$78,309		\$35,873
CHARLENE MCKOIN 440 R STREET, N.W. WASH, DC 20001	COUNTRY REP, MOZAMBIQUE	\$81,200		\$21,264
MBELLA NGONGI 440 R STREET, N.W. WASH, DC 20001	CHIEF OF PARTY, BENIN	\$86,275		\$14,335
ALAN ALEMIAN 440 R STREET, N.W. WASH, DC 20001	REGIONAL DIRECTOR	\$97,852		
Peter Persell 440 R STREET, N.W. WASH, DC 20001	COUNTRY REP, TANZANIA	\$79,577		\$14,360
Total number of other employees paid over \$50,000 . . . ▶	35			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PricewaterhouseCoopers 1800 Tysons Boulevard, McLean, VA 22102	EXTERNAL AUDIT	\$793,983
HELLER, HURON, CHERTLKOF, LERNER, SIMON & SALZMAN 1730 M STREET, NW, SUITE 412, WASH, DC 20036	LEGAL SERVICES	\$54,346
Total number of others receiving over \$50,000 for professional services . . . ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HILTON WASHINGTON AND TOWERS HOTEL 1919 CONNECTICUT AVE NW, WASH, DC 20009	ANNUAL EVENT DINNER	\$187,646
OMNI STUDIO 1140 19TH ST. NW SUITE 320, WASH, DC 20036	PUBLICATIONS AND WEBSITE DESIGN	\$79,065
Total number of other contractors receiving over \$50,000 for other services . . . ▶	0	

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
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**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

<b>1</b>		✓
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Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

<b>2a</b>		✓
<b>2b</b>		✓
<b>2c</b>		✓
<b>2d</b>	✓	
<b>2e</b>		✓
<b>3a</b>		✓
<b>3b</b>	✓	
<b>3c</b>		✓
<b>4a</b>		✓
<b>4b</b>		✓

**a** Sale, exchange, or leasing of property?

**b** Lending of money or other extension of credit?

**c** Furnishing of goods, services, or facilities?

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**e** Transfer of any part of its income or assets?

See Form 990 Part V

**3a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

**b** Do you have a section 403(b) annuity plan for your employees?

**c** During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

**4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

**b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	36,883,159	38,144,585	32,550,724	33,004,535	140,583,003
16 Membership fees received . . . . .	12,614	13,700	29,000	10,020	65,334
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	549,555	639,182	771,019	(288,302)	1,671,454
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	362,665	543,133	975,188	852,373	2,733,359
19 Net income from unrelated business activities not included in line 18. . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 12 1,258,862	1,668,037	329,892	175,802	3,432,593
23 Total of lines 15 through 22 . . . . .	39,066,855	41,008,637	34,655,823	33,754,428	148,485,743
24 Line 23 minus line 17 . . . . .	38,517,300	40,369,455	33,884,804	34,042,730	146,814,289
25 Enter 1% of line 23 . . . . .	390,669	410,086	346,558	337,544	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . ▶	26a	2,936,286
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	442,051
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶	26c	146,814,289
d Add: Amounts from column (e) for lines: 18 <u>2,733,359</u> 19 _____	26d	6,608,003
22 <u>3,432,593</u> 26b <u>442,051</u> . . . . . ▶		
e Public support (line 26c minus line 26d total) . . . . . ▶	26e	140,206,286
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶	26f	95.5 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: **N / A**

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 _____ 16 _____	27c	
17 _____ 20 _____ 21 _____ . . . . . ▶		
d Add: Line 27a total, _____ and line 27b total, _____ . . . . . ▶	27d	
e Public support (line 27c total minus line 27d total) . . . . . ▶	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. **None**

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs?. . . . .		
h	Other extracurricular activities?. . . . .		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying). . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	<b>41</b>	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000. \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41). . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		✓	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		✓	
<b>c</b> Media advertisements. . . . .		✓	
<b>d</b> Mailings to members, legislators, or the public . . . . .		✓	
<b>e</b> Publications, or published or broadcast statements . . . . .		✓	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body. . . . .		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		✓	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



Form 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MERRILL LYNCH/HOLLAND CAPITAL	6,393,249	6,393,859	0	(610)
TO FORM 990, PART I, LINE 8	6,393,249	6,393,859	0	(610)

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUTION INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BISHOP WALKER MEMORIAL DINNER	819,820		819,820	528,287	291,533
TO FM 990, PART I, LINE 9	819,820		819,820	528,287	291,533

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	(78,180)
NONOPERATING ADDITIONAL MINIMUM LIABILITY PENSION GAIN	1,079,020
TOTAL TO FORM 990, PART I, LINE 20	1,000,840

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**FORM 990** **OTHER EXPENSES** **STATEMENT 4**


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<u>DESCRIPTION</u>	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FREIGHT	8,186,979	8,186,880	99	-
CONSTRUCTION AND SUBCONTRACTS	4,585,978	4,258,772	1,208	325,998
VEHICLE PURCHASES, REPAIR AND MAINTENANCE	3,717,669	3,651,300	52,399	13,970
PROFESSIONAL AND CONTRACTUAL SERVICES	610,481	505,849	54,781	49,851
OFFICE EQUIPMENT & FURNISHINGS	437,710	413,782	12,710	11,218
INSURANCE	387,685	353,680	34,005	-
ADVERTISING	236,008	88,765	4,479	142,764
RECRUITMENT	29,096	25,351	3,745	-
OTHER	1,767,548	943,235	814,906	9,407
DONATED FREIGHT	(7,416,496)	(7,416,496)	-	-
SPECIAL EVENT - DIRECT EXPENSE	(528,287)	-	-	(528,287)
<b>TOTAL TO FORM 990, PART 1, LINE 43</b>	<b>12,014,371</b>	<b>11,011,118</b>	<b>978,332</b>	<b>24,921</b>

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**FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE** **STATEMENT 5**  
**PART III**


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EXPLANATION

THE PURPOSE OF THE ORGANIZATION IS TO ASSIST IN THE IMPROVEMENT OF THE HEALTH OF THE PEOPLE OF AFRICA, RESULTING FROM IMPROVED ECONOMIC, AGRICULTURAL, EDUCATIONAL, FOOD SECURITY AND SOCIAL DEVELOPMENT IN HARMONY WITH THE ENVIRONMENT.

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**FORM 990** **OTHER PROGRAM SERVICES** **STATEMENT 6**


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<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>EXPENSES</u>
OTHER DEVELOPMENT PROGRAMS - LITERACY AND VOCATIONAL TRAINING, MICRO-ENTERPRISE, AND CIVIL SOCIETY DEVELOPMENT	-	2,384,094
<b>TOTAL TO FORM 990, PART III, LINE E</b>	<b>-</b>	<b>2,384,094</b>

AFRICARE

23-7116952

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FORM 990 OTHER INVESTMENTS STATEMENT 7

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DESCRIPTION	VALUATION METHOD	AMOUNT
U.S. GOVERNMENT BONDS	MARKET VALUE	1,855,881
COMMON STOCK	MARKET VALUE	4,140,252
CORPORATE BONDS	MARKET VALUE	645,277
MUTUAL FUNDS	MARKET VALUE	108,729
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<u>6,750,139</u>

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FORM 990 OTHER ASSETS STATEMENT 8

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DESCRIPTION	AMOUNT	
EMPLOYEE RECEIVABLES AND ADVANCES	61,329	
OTHER RECEIVABLES AND ADVANCES	377,991	
COMMODITY INVENTORY AND PREPAID EXPENSES	<u>1,848,824</u>	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		<u>2,288,144</u>

AFRICARE  
23-7116952 STATEMENT 9

List of States Where Form 990 Is Filed

- |               |                |
|---------------|----------------|
| Alabama       | New Hampshire  |
| Alaska        | New Jersey     |
| Arizona       | New Mexico     |
| Arkansas      | New York       |
| California    | North Carolina |
| Connecticut   | North Dakota   |
| Florida       | Ohio           |
| Georgia       | Oklahoma       |
| Illinois      | Oregon         |
| Kansas        | Pennsylvania   |
| Kentucky      | Rhode Island   |
| Maine         | South Carolina |
| Maryland      | Tennessee      |
| Massachusetts | Utah           |
| Michigan      | Virginia       |
| Minnesota     | Washington     |
| Mississippi   | West Virginia  |
|               | Wisconsin      |

COUNTRY	FINANCIAL ACCOUNTS	OFFICES
ANGOLA	√	√
BENIN	√	√
BURKINA FASO	√	√
BURUNDI	√	√
CHAD	√	√
DR CONGO	√	√
EGYPT	√	
ERITREA	√	
ETHIOPIA	√	
GHANA	√	
GUINEA	√	√
LIBERIA	√	√
MALAWI	√	√
MALI	√	√
MOZAMBIQUE	√	√
NAMIBIA	√	√
NIGER	√	√
NIGERIA	√	√
RWANDA	√	√
SENEGAL	√	√
SIERRA LEONE	√	√
SOUTH AFRICA	√	√
TANZANIA	√	√
UGANDA	√	√
ZAMBIA	√	√
ZIMBABWE	√	√

FORM 990  
PART VI  
LINE 91 B

FORM 990  
PART VI  
91 C

PART VII LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
94	PUBLIC AWARENESS OF THE SOCIAL PROBLEMS IN AFRICA IS ENHANCED THROUGH MEMBERSHIP. SPECIAL FUND RAISING EVENT PROMOTES AFRICARE'S OBJECTIVE TO AID AFRICAN COUNTRIES; THE FUNDS PRODUCED BY THIS ACTIVITY ARE USED TO SUPPORT AFRICARE'S ACTIVITIES.
101	
103a	MISCELLANEOUS, NONRECURRING INCOME ITEMS PERTAINING TO AFRICARE'S EXEMPT PURPOSE

FORM 990, SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS, NONRECURRING INCOME	1,258,862	1,668,037	329,892	175,802
TOTAL TO SCHEDULE A, PART IV-A, LINE 22	<u>1,258,862</u>	<u>1,668,037</u>	<u>329,892</u>	<u>175,802</u>