

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2008

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 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AFRICARE Doing Business As 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	G Gross receipts \$ 49,662,082.
		F Name and address of principal officer: DARIUS MANS SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.AFRICARE.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1971 M State of legal domicile: DC	

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19
	5	Total number of employees (Part V, line 2a)	85
	6	Total number of volunteers (estimate if necessary)	20
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	47,996,412.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	406,559.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,397.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-140,891.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,847,870.
14		Benefits paid to or for members (Part IX, column (A), line 4)	47,988,918.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,751,610.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	13,938,220.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 743,683.	19,115,540.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	30,473,598.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,486,082.
Expenses	19	Revenue less expenses. Subtract line 18 from line 12	44,411,818.
	20	Total assets (Part X, line 16)	-563,948.
	21	Total liabilities (Part X, line 26)	635,686.
	22	Net assets or fund balances. Subtract line 21 from line 20	26,973,795.
			29,322,177.
Net Assets or Fund Balances			16,785,704.
			20,230,790.
			10,188,091.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer JOHN D. CAMPBELL, VICE PRESIDENT FINANCE Type or print name and title	Date	5/11/10
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:
AFRICARE WORKS TO IMPROVE THE QUALITY OF LIFE OF THE PEOPLE IN AFRICA BY BUILDING PARTNERSHIPS WITH AFRICAN PEOPLE TO BUILD SUSTAINABLE, HEALTHY AND PRODUCTIVE LIVES AND COMMUNITIES, AND IS A LEADING VOICE IN ADDRESSING AFRICAN DEVELOPMENT AND POLICY ISSUES.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 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 No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 19327373. including grants of \$ 1,178,852.) (Revenue \$)
HEALTH AND WATER RESOURCES DEVELOPMENT - CLEAN, ACCESSIBLE WATER IS ONE OF THE BUILDING BLOCKS OF GOOD HEALTH. AFRICARE WATER PROJECTS INCLUDE WELL CONSTRUCTION, IRRIGATION AND SANITATION. HEALTH INITIATIVES INCLUDE ESTABLISHING AND STRENGTHENING RURAL HEALTH CLINICS AND PRIMARY HEALTH SERVICES NETWORKS WHERE BASIC MEDICAL CARE IS LIMITED OR NON-EXISTENT. HIV/AIDS EDUCATION AND PREVENTION TRAINING IS ALSO PROVIDED.

4b (Code:) (Expenses \$ 8,362,483. including grants of \$ 170,281.) (Revenue \$)
FOOD SECURITY, RELIEF AND REFUGEE ASSISTANCE - AFRICARE PROVIDES IMPROVED ACCESS TO FOOD WHICH PROMOTES ACTIVE AND HEALTHY LIVES. IT ALSO MANAGES SEVERAL LARGE REFUGEE CAMPS, PRIMARILY IN CHAD FOR SUDANESE AND CENTRAL AFRICAN REPUBLIC REFUGEES, PROVIDING FOOD, WATER AND SUSTAINABLE LIFE SKILLS TRAINING TO PREPARE PEOPLE FOR THEIR RETURN TO THEIR HOME COUNTRIES.

4c (Code:) (Expenses \$ 6,187,317. including grants of \$ 1,324,127.) (Revenue \$)
INTEGRATED RURAL DEVELOPMENT - AFRICARE WORKS CLOSELY WITH VILLAGE FARMERS TO IMPROVE THE CULTIVATION OF CROPS THROUGH IRRIGATION, NATURAL RESOURCE MANAGEMENT AND CROP ROTATION. EQUIPMENT IS PROVIDED TO CONVERT CROPS INTO NUTRITIOUS FOODS. AFRICARE ALSO PROVIDES ASSISTANCE IN LIVESTOCK MANAGEMENT, FARM INFRASTRUCTURE, FARMER CREDIT AND TRAINING IN AGRIBUSINESS PRACTICES.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 9,895,584. including grants of \$ 78,350.) (Revenue \$)

4e Total program service expenses ▶ \$ 43,772,757. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	37	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	85	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	4a		
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a	19
b Enter the number of voting members that are independent	1b	19
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	JOHN D. CAMPBELL - (202)462-3614 440 R STREET, N.W., WASHINGTON, DC 20001

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
W. FRANK FOUNTAIN CHAIRMAN	10.00	X		X			0.	0.	0.	
LARRY D. BAILEY VICE CHAIRMAN	5.00	X		X			0.	0.	0.	
BARBARA A. MCKINZIE TREASURER	5.00	X		X			0.	0.	0.	
JOSEPH C. KENNEDY SECRETARY	5.00	X		X			0.	0.	0.	
LAURETTA J. BRUNO DIRECTOR	2.00	X					0.	0.	0.	
STEPHEN D. CASHIN DIRECTOR	2.00	X					0.	0.	0.	
ALEXANDER CUMMINGS, JR. DIRECTOR	2.00	X					0.	0.	0.	
HONORABLE ALICE M. DEAR DIRECTOR	2.00	X					0.	0.	0.	
ALAN DETHERIDGE DIRECTOR	2.00	X					0.	0.	0.	
SENATOR WILLIAM H. FRIST DIRECTOR	2.00	X					0.	0.	0.	
AMB. GEORGE W. HALEY DIRECTOR	2.00	X					0.	0.	0.	
AMB. HOWARD F. JETER DIRECTOR	2.00	X					0.	0.	0.	
AMB. MOSINA H. JORDAN DIRECTOR	2.00	X					0.	0.	0.	
JOSEPH C. KENNEDY DIRECTOR	2.00	X					0.	0.	0.	
WILLIAM O. KIRKER DIRECTOR	2.00	X					0.	0.	0.	
GAIL KOFF DIRECTOR	2.00	X					0.	0.	0.	
C. PAYNE LUCAS, SR. DIRECTOR	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RODNEY E. SLATER DIRECTOR	2.00	X					0.	0.	0.	
JULIUS E. COLES PRESIDENT	60.00			X			177,844.	0.	18,813.	
JEANNINE B. SCOTT SENIOR VICE PRESIDENT	60.00			X			140,657.	0.	11,208.	
JOHN D. CAMPBELL VP, FINANCE AND MGT.	60.00			X			140,858.	0.	17,574.	
NANCY D. KYGER VP, DEVELOPMENT AND MKTG	60.00			X			103,435.	0.	7,959.	
FRANCIS T. HAMMOND COUNTRY REPRESENTATIVE	40.00					X	116,577.	0.	10,860.	
WILLIAM NOBLE DIRECTOR, WEST REGION	40.00					X	100,684.	0.	16,186.	
EDWARD BAXTER COUNTRY REPRESENTATIVE	40.00					X	104,395.	0.	11,102.	
1b Total							884,450.	0.	93,702.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 7

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., BETHESDA, MD 20814	EXTERNAL AUDIT	206,546.
PARAMOUNT TRANSPORTATION SYSTEMS 1350 GRAND AVENUE, SAN MARCOS, CA 92069	SHIPMENT OF HOUSEHOLD GOODS	109,371.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 2

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 232,865.				
	b Membership dues	1b 7,740.				
	c Fundraising events	1c 768,004.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 33,580,474.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 13,407,329.				
	g Noncash contributions included in lines 1a-1f: \$	1,838,501.				
	h Total. Add lines 1a-1f	47,996,412.				
	Program Service Revenue	2 a _____	Business Code			
		b _____				
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	237,108.			237,108.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,092,196.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,195,907.			
		c Gain or (loss)	-103,711.			
	d Net gain or (loss)	-103,711.			-103,711.	
	8 a Gross income from fundraising events (not including \$ 768,004. of contributions reported on line 1c). See Part IV, line 18	a	201836.			
		b Less: direct expenses	477257.			
		c Net income or (loss) from fundraising events	-275,421.			-275,421.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS REVENUE	900099	134,530.			134,530.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		134,530.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		47,988,918.	0.	0.	-7,494.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21	1,376,913.	1,376,913.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,374,697.	1,374,697.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	601,645.		523,425.	78,220.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,895,577.	13,154,372.	390,919.	350,286.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	317,800.	225,446.	58,867.	33,487.
9 Other employee benefits	1,118,306.	876,189.	144,976.	97,141.
10 Payroll taxes	3,182,212.	3,037,244.	110,630.	34,338.
11 Fees for services (non-employees):				
a Management	959,523.	839,783.	105,310.	14,430.
b Legal	83,194.	15,768.	67,426.	
c Accounting	134,847.	11,991.	122,856.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,884.	41.	36,843.	
g Other				
12 Advertising and promotion	87,218.	39,055.	5,935.	42,228.
13 Office expenses	2,625,268.	2,391,771.	163,935.	69,562.
14 Information technology	5,254.	18.	736.	4,500.
15 Royalties				
16 Occupancy	1,648,237.	1,525,704.	122,533.	
17 Travel	5,679,712.	5,457,166.	214,961.	7,585.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,068,552.	3,031,585.	33,832.	3,135.
20 Interest	15,049.		15,049.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	950,454.	786,578.	163,876.	
23 Insurance	278,142.	255,521.	22,621.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONSTRUCT. / SUBCONTRACTS	4,951,061.	4,942,685.	6,378.	1,998.
b PROG SUPPLIES/MATERIALS	3,443,827.	3,443,317.	510.	
c BAD DEBT EXPENSES	487,787.		487,787.	
d FOREIGN EXCHANGE LOSS	384,472.	385,162.	-690.	
e EQUIPMENT RENTAL/MAINT.	286,046.	249,104.	35,479.	1,463.
f All other expenses	360,555.	352,647.	2,598.	5,310.
25 Total functional expenses. Add lines 1 through 24f	47,353,232.	43,772,757.	2,836,792.	743,683.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,348,443.	1	8,266,572.
	2 Savings and temporary cash investments	2,016,658.	2	1,347,272.
	3 Pledges and grants receivable, net	5,904,657.	3	6,591,192.
	4 Accounts receivable, net	559,018.	4	604,514.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	881,209.	8	2,403,394.
	9 Prepaid expenses and deferred charges	297,379.	9	363,320.
	10a Land, buildings, and equipment: cost basis ... 10a	8,822,163.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b	4,827,991.	3,437,441.	10c 3,994,172.
	11 Investments - publicly traded securities	6,528,990.	11	5,751,741.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,973,795.	16	29,322,177.	
Liabilities	17 Accounts payable and accrued expenses	4,015,174.	17	5,184,385.
	18 Grants payable		18	
	19 Deferred revenue	11,196,126.	19	12,493,909.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,574,404.	25	2,552,496.
	26 Total liabilities. Add lines 17 through 25	16,785,704.	26	20,230,790.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,104,514.	27	5,586,931.
	28 Temporarily restricted net assets	1,065,514.	28	486,393.
	29 Permanently restricted net assets	3,018,063.	29	3,018,063.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,188,091.	33	9,091,387.
	34 Total liabilities and net assets/fund balances	26,973,795.	34	29,322,177.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 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?	2c	X
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?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	X

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization **AFRICARE** Employer identification number **23-7116952**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,431,121.	37,604,322.	39,562,086.	41,917,529.	47,996,412.	204,511,470.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	37,431,121.	37,604,322.	39,562,086.	41,917,529.	47,996,412.	204,511,470.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						204,511,470.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	37,431,121.	37,604,322.	39,562,086.	41,917,529.	47,996,412.	204,511,470.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	362,665.	467,725.	420,194.	309,022.	237,108.	1,796,714.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,258,862.	137,093.	589,249.	858,400.	134,530.	2,978,134.
11 Total support. Add lines 7 through 10						209,286,318.
12 Gross receipts from related activities, etc. (see instructions)					12	4,103,837.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	97.72 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.60 %
16a 33 1/3% support test - 2008. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

AFRICARE

Employer identification number

23-7116952

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization AFRICARE	Employer identification number 23-7116952
---	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,350,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,766,854.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,284,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,155,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AFRICARE

Employer identification number

23-7116952

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____ 0.

(ii) Assets included in Form 990, Part X

▶ \$ _____ 579,135.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____ 0.

b Assets included in Form 990, Part X

▶ \$ _____ 0.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 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? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6584140.				
b Contributions					
c Investment earnings or losses	-644,556.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	175,427.				
g End of year balance	5764157.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 44.00 %
- b Permanent endowment 56.00 %
- c Term endowment .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		224,756.		224,756.
b Buildings		2,266,872.	983,826.	1,283,046.
c Leasehold improvements				
d Equipment		5,751,400.	3,844,165.	1,907,235.
e Other		579,135.		579,135.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,994,172.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
PENSION	2,312,550.
CAPITAL LEASE PAYABLE	239,946.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	2,552,496.

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	47,988,918.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	47,353,232.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	635,686.
4	Net unrealized gains (losses) on investments	4	-663,927.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,068,463.
9	Total adjustments (net). Add lines 4-8	9	-1,732,390.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,096,704.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	53,033,220.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	4,463,334.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	580,968.
e	Add lines 2a through 2d	2e	5,044,302.
3	Subtract line 2e from line 1	3	47,988,918.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	47,988,918.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	52,293,823.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,463,334.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	477,257.
e	Add lines 2a through 2d	2e	4,940,591.
3	Subtract line 2e from line 1	3	47,353,232.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	47,353,232.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART III, LINE 4: AFRICARE HAS A COLLECTION OF AFRICAN ART ON DISPLAY AT

ITS WASHINGTON, DC HEADQUARTERS. THE COLLECTION HELPS TO EDUCATE VISITORS

ON THE CULTURAL RICHNESS OF AFRICAN COUNTRIES AND ITS PEOPLE.

PART V, LINE 4: PERMANENT ENDOWMENT ASSETS ARE NOT ACCESSIBLE FOR

OPERATIONS BUT INVESTMENT RETURNS ARE AVAILABLE. BOARD DESIGNATED

ENDOWMENT FUNDS CAN BE ACCESSED FOR EMERGENCY FUNDING SITUATIONS WITH

BOARD APPROVAL. INVESTMENT RETURNS ARE AVAILABLE FOR OPERATIONS.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NON-OPERATING MINIMUM PENSION LIABILITY ADJUSTMENT : -1068463.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

103,711 OF REALIZED LOSSES NOT INCLUDED AS REVENUE IN THE
AUDITED FINANCIAL STATEMENTS.

\$477,257 OF SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

\$477,257 OF SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990.

PART X, FIN48: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD
(FASB) RELEASED FASB INTERPRETATION NO. (FIN) 48, ACCOUNTING FOR UNCERTAINTY
IN INCOME TAXES. FIN 48 INTERPRETS THE GUIDANCE IN FASB STATEMENT OF
FINANCIAL ACCOUNTING STANDARDS (SFAS) NO. 109, ACCOUNTING FOR INCOME
TAXES. WHEN FIN 48 IS IMPLEMENTED, REPORTING ENTITIES UTILIZE DIFFERENT
RECOGNITION THRESHOLDS AND MEASUREMENT REQUIREMENTS WHEN COMPARED TO PRIOR
TECHNICAL LITERATURE.

ON DECEMBER 30, 2008, THE FASB STAFF ISSUED FASB STAFF POSITION (FSP) FIN
48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC
ENTERPRISES. AS DEFERRED BY THE GUIDANCE IN FSP FIN 48-3, AFRICARE IS NOT
REQUIRED TO IMPLEMENT THE PROVISIONS OF FIN 48 UNTIL FISCAL YEARS
BEGINNING AFTER DECEMBER 15, 2008. AS SUCH, AFRICARE HAS NOT IMPLEMENTED
THOSE PROVISIONS IN THE 2009 FINANCIAL STATEMENTS.

SINCE THE PROVISIONS OF FIN 48 HAVE NOT BEEN IMPLEMENTED IN ACCOUNTING FOR

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Open to Public Inspection

Name of the organization

Employer identification number

AFRICARE

23-7116952

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SUB-SAHARAN AFRICA	22	1021	PROGRAM SERVICES	HEALTH, FOOD SECURITY, AGRICULTURE, REFUGEE ASSISTANCE, RURAL DEVELOPMENT	43772757.
Totals	22	1021			43,772,757.

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

Schedule F (Form 990) 2008

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	BOREHOLE REHABILITATION	57,440	CHECK	0		
			SUB-SAHARAN AFRICA	HOME BASED CLINICAL CARE	28,406	CHECK	0		
			SUB-SAHARAN AFRICA	HIV/AIDS TRAINING	31,695	CHECK	0		
			SUB-SAHARAN AFRICA	COMMUNITY AGRICULTURAL TRAINING	531888	CHECK	0		
			SUB-SAHARAN AFRICA	HIV/AIDS TREATMENT AND TRAINING	295164	WIRE	0		
			SUB-SAHARAN AFRICA	CHILD MEDICAL CARE AT CLINICS AND SHELTERS	200599	WIRE	0		
			SUB-SAHARAN AFRICA	CARE AND SUPPORT FOR HIV PATIENTS AND CARETAKERS	136841	WIRE	0		
			SUB-SAHARAN AFRICA	LIVELIHOODS TRAINING AND SUPPORT	71,479	CHECK	0		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities 9

Schedule F (Form 990) 2008

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: SUB-RECIPIENT MONITORING PROCEDURES FOR ORGANIZATIONS RECEIVING SUB-GRANT FUNDS FROM AFRICARE ARE PERFORMED BY AFRICARE STAFF ON-SITE. TYPICALLY, THE AFRICARE COUNTRY REPRESENTATIVE OR PROJECT COORDINATOR WILL MONITOR SUB-GRANTEE WORK TO ENSURE COMPLIANCE WITH THE PROVISIONS OF THE PROJECT AGREEMENT. THIS INCLUDES, BUT IS NOT LIMITED TO, ON-SITE VISITS AND REVIEW OF PROGRAM AND FINANCIAL REPORTS.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		DINNER (event type)	RECEPTION (event type)	NONE (total number)	
Revenue	1	Gross receipts	959,840.	10,000.	969,840.
	2	Less: Charitable contributions	761,673.	6,331.	768,004.
	3	Gross revenue (line 1 minus line 2)	198,167.	3,669.	201,836.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	198,167.	2,400.	200,567.
	7	Other direct expenses	270,000.	6,690.	276,690.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			(477,257.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			-275,421.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

Open to Public
Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Name of the organization

Employer identification number
23-7116952

AFRICARE

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE 151 ELLIS STREET, NE ATLANTA, GA 30303	13-1685039	501(C)(3)	57,165.	0.			FLOOD RELIEF, RESTORING LIVELIHOODS AND FOOD SECURITY.
ADRA 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	52-1314847	501(C)(3)	862,635.	0.			IMPROVING FOOD SECURITY IN CHAD.
EMERGING MARKETS GROUP COLONIAL PLAZA III, 2107 WILSON BLVD, SUITE 800 - ARLINGTON, VA 22201	52-1788060		93,081.	0.			TECHNICAL SUPPORT FOR INCOME GENERATION IN MOZAMBIQUE, TANZANIA, RWANDA AND UGANDA.
JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH - 111 MARKET PLACE - BALTIMORE, MD 21202	52-0595110		85,444.	0.			BEHAVIOR CHANGE COMMUNICATIONS FOR LIBERIA HEALTH PROJECT.
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	13-1687001	501(C)(3)	278,588.	0.			CONDUCT OF BASELINE, MID-TERM AND FINAL EVALUATIONS FOR RAPIDS PROJECT IN ZAMBIA.

- 2 Enter total number of section 501(c)(3) and government organizations **3.**
- 3 Enter total number of other organizations **2.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

Part II Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: AFRICARE COUNTRY REPRESENTATIVES AND PROJECT COORDINATORS ENSURE COMPLIANCE WITH SUB-GRANT AGREEMENTS THROUGH MEETING WITH GRANT RECIPIENTS AND ON-SITE OBSERVATION OF THEIR WORK. IN ADDITION, PROGRAM AND FINANCIAL REPORTS ARE REVIEWED TO ENSURE CONSISTENCY WITH OBSERVATIONS.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: JULIUS E. COLES PARTICIPATED IN A SECTION 457F RABBI TRUST SPONSORED BY AFRICARE. TAX-DEFERRED CONTRIBUTIONS OF \$15,500 WERE MADE BY MR. COLES. THERE WERE NO EMPLOYER CONTRIBUTIONS.

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization

AFRICARE

Employer identification number
23-7116952

Part I		Types of Property		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues		
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	5	25,843	MARKET VALUE				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution (historic structures)								
14	Qualified conservation contribution (other)								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	34	1,434,553	COST				
20	Drugs and medical supplies	X	2	378,105	COST				
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ▶ ()								
26	Other ▶ ()								
27	Other ▶ ()								
28	Other ▶ ()								
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment						29	0	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?						30a	Yes	No
31	b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?						31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?						32a		X
33	b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.								

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AFRICARE

Employer identification number

23-7116952

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AGRICULTURE AND SMALL SCALE IRRIGATION

EXPENSES \$ 5200112. INCLUDING GRANTS OF \$ 57165. REVENUE \$ 0.

OTHER DEVELOPMENT PROGRAMS

EXPENSES \$ 4695472. INCLUDING GRANTS OF \$ 21185. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ANGOLA, BENIN (DAHOMEY), BURUNDI, GUINEA,

COTE D IVOIRE, MALAWI, CONGO, DEM REP, BURKINA FASO,

CHAD, MALI, SIERRA LEONE, EGYPT,

ERITREA, ETHIOPIA, GHANA, LIBERIA,

NIGERIA, UGANDA, ZIMBABWE, MOZAMBIQUE,

NAMIBIA, NIGER, RWANDA, SENEGAL,

SOUTH AFRICA, TANZANIA, ZAMBIA, CANADA,

FRANCE

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. IT WAS THEN

FORWARDED TO THE AUDIT COMMITTEE FOR REVIEW. THE BOARD WAS PROVIDED A COPY

OF THE DRAFT AND THE AUDIT COMMITTEE CHAIRMAN BRIEFED THE BOARD REGARDING

THE RESULTS OF THE REVIEW BEFORE IT WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: MANAGEMENT REVIEWS RESPONSES TO

THE CONFLICT OF INTEREST ASSERTION BY EMPLOYEES AND BOARD MEMBERS TO ENSURE

THAT THERE ARE NO PERCEIVED OR REAL CONFLICTS. IN ADDITION, BUSINESS

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AFRICARE

Employer identification number

23-7116952

RELATIONSHIPS ARE REVIEWED DURING THE PROCUREMENT PROCESS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE PRESIDENT IS BASED ON INDEPENDENT DATA PREPARED BY OUTSIDE CONSULTANTS AND IS REVIEWED AND APPROVED BY THE BOARD.

COMPENSATION OF OTHER KEY STAFF AT THE SENIOR MANAGEMENT LEVEL IS DONE BY THE PRESIDENT AND IS REVIEWED WITH THE EXECUTIVE COMMITTEE PRIOR TO HIRING. IN ADDITION, INDEPENDENT SURVEYS ARE CONDUCTED PERIODICALLY TO ENSURE THAT COMPENSATIONS LEVELS FOR ALL STAFF ARE COMPETITIVE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE ACCESSIBLE AT THE ORGANIZATION'S WEB SITE OR UPON REQUEST.