

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)

# 2011

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2011** calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AFRICARE</b> Doing Business As		<b>D</b> Employer identification number <b>23-7116952</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>440 R STREET, N.W.</b>		<b>E</b> Telephone number <b>(202) 462-3414</b>
	City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20001</b>		<b>G</b> Gross receipts \$ <b>68,787,443.</b>
	<b>F</b> Name and address of principal officer: <b>DARIUS MANS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.AFRICARE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1971</b>
<b>M</b> State of legal domicile: <b>DC</b>			

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>83</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>75,566,202.</b>	<b>67,627,634.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>371,062.</b>	<b>461,058.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>992,363.</b>	<b>-180,781.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>76,929,627.</b>	<b>67,907,911.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>2,003,512.</b>	<b>4,592,309.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>24,225,035.</b>	<b>25,226,865.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>898,830.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>49,870,770.</b>	<b>37,671,284.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>76,099,317.</b>	<b>67,490,458.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>830,310.</b>	<b>417,453.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>53,209,664.</b>	<b>34,808,867.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>38,331,417.</b>	<b>22,135,727.</b>
		<b>14,878,247.</b>	<b>12,673,140.</b>

### 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.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ <b>UKEME FALADE, CHIEF FINANCIAL OFFICER</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN ▶ <b>52-1392008</b>	Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930</b>		
					Phone no. <b>(301) 951-9090</b>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 31,549,263. including grants of \$ ) (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 \$ 15,950,942. including grants of \$ ) (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 \$ 5,878,793. including grants of \$ ) (Revenue \$ ) AGRICULTURE AND SMALL SCALE IRRIGATION - 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 \$ 9,442,365. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 62,821,363.

**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 <i>Schedule B, Schedule of Contributors</i> ? .....	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school 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 United States? .....	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and various input fields for numbers and text.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: UKEME FALADE - (202)462-3414 440 R STREET, N.W., WASHINGTON, DC 20001

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) W. FRANK FOUNTAIN CHAIRMAN	10.00	X		X				0.	0.	0.
(2) LARRY D. BAILEY VICE CHAIRMAN	5.00	X		X				0.	0.	0.
(3) BARBARA A. MCKINZIE TREASURER	5.00	X		X				0.	0.	0.
(4) JOSEPH C. KENNEDY SECRETARY	5.00	X		X				0.	0.	0.
(5) LAURETTA J. BRUNO DIRECTOR	2.00	X						0.	0.	0.
(6) STEPHEN D. CASHIN DIRECTOR	2.00	X						0.	0.	0.
(7) ALEXANDER B. CUMMINGS, JR. DIRECTOR	2.00	X						0.	0.	0.
(8) ALICE M. DEAR DIRECTOR	2.00	X						0.	0.	0.
(9) ALAN DETHERIDGE DIRECTOR	2.00	X						0.	0.	0.
(10) WILLIAM H. FRIST, SR. DIRECTOR	2.00	X						0.	0.	0.
(11) GEORGE W. HALEY DIRECTOR	2.00	X						0.	0.	0.
(12) HOWARD F. JETER DIRECTOR	2.00	X						0.	0.	0.
(13) MOSINA H. JORDAN DIRECTOR	2.00	X						0.	0.	0.
(14) GAIL KOFF DIRECTOR	2.00	X						0.	0.	0.
(15) WILLIAM O. KIRKER DIRECTOR	2.00	X						0.	0.	0.
(16) C. PAYNE LUCAS, SR. DIRECTOR	2.00	X						0.	0.	0.
(17) RODNEY E. SLATER 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) LOUIS W. SULLIVAN DIRECTOR	2.00	X					0.	0.	0.	
(19) F. EUCLID WALKER DIRECTOR	2.00	X					0.	0.	0.	
(20) CURTIN WINSOR, JR. DIRECTOR	2.00	X					0.	0.	0.	
(21) ZOUERA YOUSOUFOU DIRECTOR	2.00	X					0.	0.	0.	
(22) DARIUS MANS PRESIDENT	60.00			X			209,484.	0.	13,296.	
(23) SHIRANTHI GNANASELVAM COO (THROUGH OCTOBER 2011)	60.00			X			144,647.	0.	3,537.	
(24) JOHN D. CAMPBELL CHIEF FINANCIAL OFFICER	60.00			X			150,865.	0.	13,397.	
(25) DIANE WHITE COO (BEGAN OCTOBER 2011)	60.00			X			67,788.	0.	8,234.	
(26) CYDNEY BUNN DIRECTOR OF H.R.	50.00				X		101,033.	0.	8,925.	
<b>1b Sub-total</b>							673,817.	0.	47,389.	
<b>c Total from continuation sheets to Part VII, Section A</b>							433,688.	0.	49,983.	
<b>d Total (add lines 1b and 1c)</b>							1,107,505.	0.	97,372.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any <b>former</b> 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GELMAN, ROSENBERG & FREEDMAN, 4550 MONTGOMERY AVE. #650N, BETHESDA, MD 20814	EXTERNAL AUDIT	147,430.
MALCOM J. ODELL JR. 2712 POPLAR ST, NW, WASHINGTON, DC 20007	FOOD SECURITY	106,599.
STRATEGIC TRANSITIONS GROUP 8160 MADRILLON COURT, VIENNA, VA 22182	PROJECT MANAGEMENT	103,110.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS





**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	190,956.					
	<b>b</b> Membership dues	<b>1b</b>	6,900.					
	<b>c</b> Fundraising events	<b>1c</b>	823,000.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	42,323,519.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	24,283,259.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		6,281,352.					
	<b>h Total.</b> Add lines 1a-1f			67,627,634.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
		<b>b</b> _____						
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			418,861.			418,861.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss)			42,197.			42,197.
	<b>8 a</b> Gross income from fundraising events (not including \$ 823,000. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		118425.				
		<b>b</b> Less: direct expenses		454148.				
		<b>c</b> Net income or (loss) from fundraising events			-335,723.			-335723.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses								
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold							
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE		900099	154,942.			154,942.		
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d			154,942.					
<b>12 Total revenue.</b> See instructions.			67,907,911.	0.	0.	280,277.		

**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).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21	1,605,711.	1,605,711.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	2,986,598.	2,986,598.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	732,769.		732,769.	
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	18,288,749.	17,691,753.	297,515.	299,481.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	765,722.	594,204.	130,368.	41,150.
9 Other employee benefits	783,352.	705,944.	52,213.	25,195.
10 Payroll taxes	4,656,273.	4,532,418.	107,814.	16,041.
11 Fees for services (non-employees):				
a Management				
b Legal	59,016.	44,397.	14,619.	
c Accounting	262,476.	22,889.	239,587.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,125.		21,125.	
g Other	1,564,581.	1,380,635.	130,089.	53,857.
12 Advertising and promotion	462,564.	440,308.	4,985.	17,271.
13 Office expenses	1,516,401.	1,443,007.	59,241.	14,153.
14 Information technology	18,923.	8,941.	3,283.	6,699.
15 Royalties				
16 Occupancy	2,786,539.	2,692,726.	93,813.	
17 Travel	3,664,941.	3,478,931.	180,383.	5,627.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,056,482.	3,005,098.	38,778.	12,606.
20 Interest	18,890.	7,402.	11,479.	9.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	973,523.	783,960.	189,563.	
23 Insurance	244,926.	224,236.	20,690.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROG SUPPLIES/MATERIALS</b>	12,278,491.	12,195,689.	54,178.	28,624.
b <b>CONSTRUCTION/SUBCONTR.</b>	4,558,698.	4,169,962.	15,660.	373,076.
c <b>VEHICLE PURCHASE/MAINT.</b>	4,015,118.	3,985,041.	26,390.	3,687.
d <b>BAD DEBT EXPENSES</b>	1,223,621.		1,223,621.	
e All other expenses	944,969.	821,513.	122,102.	1,354.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	67,490,458.	62,821,363.	3,770,265.	898,830.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	14,143,506.	1	13,220,748.	
	<b>2</b> Savings and temporary cash investments .....	17,918,762.	2		
	<b>3</b> Pledges and grants receivable, net .....	7,607,911.	3	9,940,891.	
	<b>4</b> Accounts receivable, net .....	1,053,250.	4	548,002.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				5
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....				6
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	786,895.	8	817,941.	
	<b>9</b> Prepaid expenses and deferred charges .....	254,196.	9	8,230.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,840,884.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,892,109.	3,721,160.	<b>10c</b>	2,948,775.
	<b>11</b> Investments - publicly traded securities .....	7,723,984.	11	7,227,749.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	15	96,531.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	53,209,664.	16	34,808,867.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	19,207,373.	17	4,079,394.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	18,183,357.	19	16,498,866.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	940,687.	25	1,557,467.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	38,331,417.	26	22,135,727.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	10,446,935.	27	8,323,391.	
	<b>28</b> Temporarily restricted net assets .....	1,413,249.	28	1,331,686.	
	<b>29</b> Permanently restricted net assets .....	3,018,063.	29	3,018,063.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	14,878,247.	33	12,673,140.	
<b>34</b> Total liabilities and net assets/fund balances .....	53,209,664.	34	34,808,867.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,907,911.
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,490,458.
3	Revenue less expenses. Subtract line 2 from line 1	3	417,453.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,878,247.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,622,560.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,673,140.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

<b>Name of the organization</b> AFRICARE	<b>Employer identification number</b> 23-7116952
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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)**.
- 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 Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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
(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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(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	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	41,917,529.	47,996,412.	53,273,993.	75,566,202.	67,627,634.	286,381,770.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	41,917,529.	47,996,412.	53,273,993.	75,566,202.	67,627,634.	286,381,770.
<b>5</b> 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) .....						430,295.
<b>6 Public support.</b> Subtract line 5 from line 4.						285,951,475.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	41,917,529.	47,996,412.	53,273,993.	75,566,202.	67,627,634.	286,381,770.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	309,022.	237,108.	199,905.	327,367.	418,861.	1,492,263.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	858,400.	134,530.	784,053.	1,253,015.	154,942.	3,184,940.
<b>11 Total support.</b> Add lines 7 through 10						291,058,973.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,172,026.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.25 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	98.06 %
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization <b>AFRICARE</b>	Employer identification number <b>23-7116952</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>6,628,982.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>1,346,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>2,528,644.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>1,535,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>30,559,331.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>3,240,227.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AFRICARE</b>	Employer identification number <b>23-7116952</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization <b>AFRICARE</b>	Employer identification number <b>23-7116952</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
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, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X .....

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

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

- 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 Escrow and Custodial Arrangements.** Complete if the 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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 the 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	7,660,504.	6,293,333.	5,764,157.	6,584,140.	
b Contributions					
c Net investment earnings, gains, and losses	-159,499.	1,606,917.	742,234.	-644,556.	
d Grants or scholarships					
e Other expenditures for facilities and programs	182,840.	239,746.	213,058.	175,427.	
f Administrative expenses					
g End of year balance	7,318,165.	7,660,504.	6,293,333.	5,764,157.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  44.98 %
- b Permanent endowment  13.78 %
- c Temporarily restricted endowment  41.24 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		224,756.		224,756.
b Buildings		2,274,663.	1,122,131.	1,152,532.
c Leasehold improvements				
d Equipment		6,762,330.	5,769,978.	992,352.
e Other		579,135.		579,135.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,948,775.

**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
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>PENSION PAYABLE</b>	<b>1,305,504.</b>	
(3) <b>CAPITAL LEASE PAYABLE</b>	<b>251,963.</b>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>1,557,467.</b>	

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	67,907,911.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	67,490,458.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	417,453.
4	Net unrealized gains (losses) on investments	4	-422,109.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-2,200,451.
9	Total adjustments (net). Add lines 4 through 8	9	-2,622,560.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,205,107.

**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	74,891,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-422,109.
b	Donated services and use of facilities	2b	6,951,566.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	454,148.
e	Add lines 2a through 2d	2e	6,983,605.
3	Subtract line 2e from line 1	3	67,907,911.
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 must equal Form 990, Part I, line 12.)	5	67,907,911.

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

1	Total expenses and losses per audited financial statements	1	74,896,172.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,951,566.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	454,148.
e	Add lines 2a through 2d	2e	7,405,714.
3	Subtract line 2e from line 1	3	67,490,458.
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 must equal Form 990, Part I, line 18.)	5	67,490,458.

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**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 X, LINE 2: FOR THE YEAR ENDED JUNE 30, 2012, AFRICARE HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NON-OPERATING MINIMUM PENSION LIABILITY ADJUSTMENT	-916,511.
NON-OPERATING LOSSES ON FOREIGN EXCHANGE	-1,283,940.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-2,200,451.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990.	454,148.
--	----------

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990.	454,148.
--	----------

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **AFRICARE** Employer identification number **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 its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
SUB-SAHARAN AFRICA	19	1100	PROGRAM SERVICES	HEALTH, FOOD SECURITY, AGRICULTURE, REFUGEE ASSISTANCE, RURAL DEVELOPMENT	59603868.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,986,598.
<b>3 a</b> Sub-total .....	19	1100			62,590,466.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	19	1100			62,590,466.

**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  Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	51,731.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	9,676.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	7,958.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	13,337.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	5,426.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	11,433.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	49,905.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	21,180.	CHECK	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 78

**3** Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	16,166.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	57,106.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	6,457.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	28,899.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	7,360.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	7,700.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	40,481.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	9,098.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	54,384.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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	HEALTH, EDUCATION, AND PROTECTION SERVICES TO CHILDREN	28,535.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	23,193.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	761076.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	16,986.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	22,107.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	50,247.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	6,964.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	23,168.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	107249.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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	COMMUNITY BASED ACTIVITIES TO ACCEPT HIV PREVENTION TRAINING	23,936.	CHECK	0.		
		SUB-SAHARAN AFRICA	COMMUNITY BASED ACTIVITIES TO ACCEPT HIV PREVENTION TRAINING	33,554.	CHECK	0.		
		SUB-SAHARAN AFRICA	COMMUNITY BASED ACTIVITIES TO ACCEPT HIV PREVENTION TRAINING	79,871.	CHECK	0.		
		SUB-SAHARAN AFRICA	DISTRIBUTION OF AGRICULTURAL PRODUCTS AND TRAINING	608324.	CHECK	0.		
		SUB-SAHARAN AFRICA	MICRO-FINANCE AND LENDING TO PURCHASE FARM EQUIPMENT	6,829.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	9,954.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	14,294.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	9,576.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	8,740.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	16,289.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	14,819.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	15,140.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	19,572.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	5,542.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	36,452.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	35,477.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	12,096.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	14,491.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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	HEALTH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	23,397.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	27,140.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	24,998.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	11,740.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	32,430.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	11,376.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	10,569.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	8,877.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEALTH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	8,406.	CHECK	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	5,692.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	12,960.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	7,057.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	10,944.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	6,908.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	7,843.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	44,508.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	14,838.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	25,177.	CHECK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	5,280.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	12,688.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	16,936.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	17,303.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	6,389.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	6,334.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	6,825.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	41,660.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	15,851.	CHECK	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	44,323.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	13,824.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	19,036.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	5,131.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	23,289.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	48,939.	CHECK	0.		
		SUB-SAHARAN AFRICA	HEATH EDUCATION AND LIVELIHOOD TRAINING FOR CHILDREN	5,154.	CHECK	0.		



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2011

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: SUB-RECIPIENT MONITORING PROCEDURES FOR ORGANIZATIONS RECEIVING SUB-GRANT FUNDS FROM AFRICARE ARE PERFORMED ON-SITE BY AFRICARE STAFF. 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))
		<b>DINNER</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	941,425.			941,425.
	<b>2</b> Less: Charitable contributions .....	823,000.			823,000.
	<b>3</b> Gross income (line 1 minus line 2) .....	118,425.			118,425.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	90,750.			90,750.
	<b>7</b> Food and beverages .....	152,613.			152,613.
	<b>8</b> Entertainment .....	8,600.			8,600.
	<b>9</b> Other direct expenses .....	202,185.			202,185.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 454,148 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				- 335,723.

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**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?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**AFRICARE**

**Employer identification number  
23-7116952**

**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" to 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. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADRA 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	52-1314847	501(C)(3)	1,054,257.	0.			IMPROVING FOOD SECURITY IN CHAD.
UNIVERSITY OF MICHIGAN 515 EAST JEFFERSON STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	28,699.	0.			OPERATIONS RESEARCH, MATERNAL AND CHILD HEALTH IN LIBERIA
FUTURES GROUP ONE THOMAS CIRCLE, NW, SUITE 200 WASHINGTON, DC 20005	26-1509671	N/A	27,470.	0.			MONITORING AND EVALUATION FOR THE COORDINATED CARE GRANT IN TANZANIA
LUCY & RICHARD MANOFF FOUNDATION 1114 AVENUE OF THE AMERICAS, FL 17 NEW YORK, NY 10036	13-6115271	501(C)(3)	495,285.	0.			NUTRITION PROGRAM IN TANZANIA

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2011)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated 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 DIRECTORS AND PROJECT STAFF ENSURE COMPLIANCE BY SUBRECIPIENTS BY ONSITE MEETINGS AND OBSERVATION OF THEIR ACTIVITIES AND REVIEW OF FINANCIAL AND PROGRAM REPORTS. IN ADDITION, INTERNAL AUDITORS AND OTHER HEADQUARTERS STAFF REVIEW A-133 AND OTHER REPORTS TO ENSURE COMPLIANCE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**AFRICARE**

Employer identification number

**23-7116952**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>X</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>X</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		<b>X</b>								
		<b>X</b>								
		<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DARIUS MANS	(i)	209,484.	0.	0.	8,124.	5,172.	222,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN D. CAMPBELL	(i)	150,865.	0.	0.	3,243.	10,154.	164,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 1A: AFRICARE PROVIDES HOUSING TO COUNTRY DIRECTOR LEVEL

STAFF IN ACCORDANCE WITH INTERNAL AND EXTERNAL POLICIES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	1	20,469.	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	8	6,260,883.	COST
20 Drugs and medical supplies				
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 Acknowledgement **29** 0

	Yes	No
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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

AFRICARE

Employer identification number

23-7116952

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

INTEGRATED RURAL DEVELOPMENT - AFRICARE LINKS INTERRELATED PROGRAMS

WHICH INCLUDE WATER, FOOD, AGRICULTURE AND HEALTH TO PROVIDE AN

INTEGRATED STRUCTURE FOR COMMUNITIES TO ADDRESS FOOD AND WATER

SHORTAGES CAUSED BY DROUGHT AND LARGE INFLUXES OF IMMIGRANT AND REFUGEE

POPULATIONS.

EXPENSES \$ 4,773,191. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER DEVELOPMENT PROGRAMS - AFRICARE CONDUCTS COMPLIMENTARY PROGRAM

ACTIVITIES SUCH AS LITERACY AND VOCATIONAL TRAINING, MICRO-ENTERPRISE

AND CIVIL SOCIETY DEVELOPMENT IN ORDER TO STRENGTHEN COMMUNITY

INFRASTRUCTURES, ENABLING THEM TO SUCCESSFULLY CONDUCT PROGRAM

ACTIVITIES LONG AFTER AFRICARE LEAVES.

EXPENSES \$ 4,669,174. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

ANGOLA, BENIN (DAHOMEY), BURUNDI, GUINEA,

COTE D IVOIRE, MALAWI, BURKINA FASO, CHAD,

MALI, SIERRA LEONE, EGYPT, ERITREA,

ETHIOPIA, GHANA, LIBERIA, NIGERIA,

UGANDA, ZIMBABWE, MOZAMBIQUE, NIGER,

RWANDA, SENEGAL, SOUTH AFRICA, TANZANIA,

ZAMBIA, CONGO, DEM REP

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND WAS REVIEWED BY SENIOR MANAGEMENT. PRIOR TO FILING

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12



Name of the organization

AFRICARE

Employer identification number

23-7116952

WITH THE IRS, FORM 990 WAS PROVIDED TO THE FULL BOARD FOR THEIR REVIEW,  
COMMENTS AND QUESTIONS.

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  
RELATIONSHIPS ARE REVIEWED DURING THE PROCUREMENT PROCESS. AFRICARE  
REQUIRES FULL DISCLOSURE OF THE FACTS AND CIRCUMSTANCES OF ANY PERCEIVED OR  
ACTUAL CONFLICT OF INTEREST AND REQUIRES THAT THE INDIVIDUAL INVOLVED NOT  
BE A PART OF ANY DECISION ABOUT THE SITUATION. DEPENDING UPON THE NATURE  
AND EXTENT OF THE CONFLICT OF INTEREST, SENIOR MANAGEMENT OR THE BOARD MAY  
REQUIRE THAT THE RELATIONSHIP BE DISCONTINUED.

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

COMPENSATION OF OTHER KEY STAFF AT THE SENIOR MANAGEMENT LEVEL IS DONE BY  
THE PRESIDENT. IN ADDITION, INDEPENDENT SURVEYS ARE CONDUCTED PERIODICALLY  
TO ENSURE THAT COMPENSATIONS LEVELS FOR ALL STAFF ARE COMPETITIVE. THE LAST  
COMPENSATION REVIEW TOOK PLACE IN JANUARY 2012.

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

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE

Name of the organization <b>AFRICARE</b>	Employer identification number <b>23-7116952</b>
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ACCESSIBLE AT THE ORGANIZATION'S WEB SITE OR UPON REQUEST. THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-422,109.
NON-OPERATING MINIMUM PENSION LIABILITY ADJUSTMENT	-916,511.
NON-OPERATING LOSSES ON FOREIGN EXCHANGE	-1,283,940.
TOTAL TO FORM 990, PART XI, LINE 5	-2,622,560.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>AFRICARE</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>23-7116952</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>440 R STREET, N.W.</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20001</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**UKEME FALADE**

• The books are in the care of  **440 R STREET, N.W. - WASHINGTON, DC 20001**

Telephone No.  **(202) 462-3414** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **MAY 15, 2013**.
- For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CPA** Date