

**Return of Organization Exempt From Income Tax**

**2006**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2006 calendar year, or tax year beginning **JULY 1**, 2006, and ending **JUNE 30**, 20 **07**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

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

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

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

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

**G** Website: ▶ **www.africare.org**

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

**K** Check here ▶  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **44,361,144**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ .....  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See Instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶

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

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

		(A) Securities		(B) Other			
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:						
	<b>a</b> Contributions to donor advised funds						
	<b>b</b> Direct public support (not included on line 1a)						
	<b>c</b> Indirect public support (not included on line 1a)						
	<b>d</b> Government contributions (grants) (not included on line 1a)						
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>37,834,352</b> noncash \$ <b>1,707,927</b> )					<b>1e 39,542,279</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)					<b>2</b>	
	<b>3</b> Membership dues and assessments					<b>3 19,807</b>	
	<b>4</b> Interest on savings and temporary cash investments					<b>4</b>	
	<b>5</b> Dividends and interest from securities					<b>5 420,194</b>	
	<b>6a</b> Gross rents	<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a					<b>6c</b>		
<b>7</b> Other investment income (describe ▶)					<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory							
<b>b</b> Less: cost or other basis and sales expenses							
<b>c</b> Gain or (loss) (attach schedule)							
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)					<b>8d 275,325</b>		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>							
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)							
<b>b</b> Less: direct expenses other than fundraising expenses							
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a Stmt. 2					<b>9c 449,916</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances							
<b>b</b> Less: cost of goods sold							
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a							
<b>11</b> Other revenue (from Part VII, line 103)					<b>11 1,332,656</b>		
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					<b>12 42,040,177</b>		
Expenses	<b>13</b> Program services (from line 44, column (B))					<b>13 39,608,700</b>	
	<b>14</b> Management and general (from line 44, column (C))					<b>14 2,298,335</b>	
	<b>15</b> Fundraising (from line 44, column (D))					<b>15 437,221</b>	
	<b>16</b> Payments to affiliates (attach schedule)					<b>16</b>	
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)					<b>17 42,344,256</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12					<b>18 (304,079)</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))					<b>19 11,677,969</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation), Stmt. 3					<b>20 492,860</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20					<b>21 11,866,750</b>	

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>					
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>					
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	558,466		479,772	78,694	
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)					
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)					
26	Salaries and wages of employees not included on lines 25a, b, and c	11,888,976	11,204,005	274,953	190,018	
27	Pension plan contributions not included on lines 25a, b, and c	85,059	65,463	14,304	5,292	
28	Employee benefits not included on lines 25a - 27	1,582,786	1,282,213	227,737	82,836	
29	Payroll taxes	2,775,932	2,841,601	116,100	18,231	
30	Professional fundraising fees					
31	Accounting fees	339,766	186,047	163,709		
32	Legal fees	40,284	22,069	18,225		
33	Supplies	5,714,250	5,683,842	24,360	6,058	
34	Telephone	876,435	789,748	42,804	33,783	
35	Postage and shipping					
36	Occupancy	2,151,581	1,976,831	174,750	-	
37	Equipment rental and maintenance	239,183	205,105	33,542	536	
38	Printing and publications	154,982	106,378	8,258	40,326	
39	Travel	2,192,964	2,069,496	99,621	23,847	
40	Conferences, conventions, and meetings	2,230,759	2,183,882	28,257	18,610	
41	Interest	2,765	-	2,765	-	
42	Depreciation, depletion, etc. (attach schedule)	509,304	397,675	111,629	-	
43	Other expenses not covered above (itemize):					
a	-----					
b	-----					
c	-----					
d	-----					
e	-----					
f	-----					
g	Statement 4	43g	11,210,794	10,784,345	487,459	(61,010)
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	42,344,256	39,608,700	2,298,335	437,221

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose? ▶ <b>See Statement 6</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
<b>a Health-establish and strengthen rural health clinics and primary health services networks where basic medical care is limited or non-existent. Provide HIV/AIDS education and prevention training. Water resources development-well construction, irrigation and sanitation.</b>		
(Grants and allocations \$ <b>N/A</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		<b>16,236,002</b>
<b>b Food security, relief and refugee assistance-improved food access, availability, and utilization to promote active and healthy lives. Provide emergency aid to victims and refugees caused by natural and man-made disasters.</b>		
(Grants and allocations \$ <b>N/A</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		<b>6,985,216</b>
<b>c Agriculture and small scale irrigation-improve the cultivation of crops, livestock, irrigation, natural resource management, farm infrastructure and farmer credit, and training in agribusiness practices.</b>		
(Grants and allocations \$ <b>N/A</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		<b>6,986,565</b>
<b>d Integrated rural development-support rural areas with help in water resources, irrigation, agriculture and health to reduce food and water shortages caused by drought and large influxes of immigrants.</b>		
(Grants and allocations \$ <b>N/A</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		<b>6,523,325</b>
<b>e Other program services (attach schedule)</b> <b>Statement 6</b>		
(Grants and allocations \$ <b>N/A</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		<b>2,977,532</b>
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services).</b>		<b>39,808,700</b>

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

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing . . . . .	8,868,920	45	7,127,025
	46 Savings and temporary cash investments . . . . .	1,756,868	46	1,728,746
	47a Accounts receivable . . . . .			
	b Less: allowance for doubtful accounts . . . . .	4,680	47c	52,967
	48a Pledges receivable . . . . .	6,237,316		
	b Less: allowance for doubtful accounts . . . . .	161,000	48c	6,076,316
	49 Grants receivable . . . . .		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		50b	
	51a Other notes and loans receivable (attach schedule) . . . . .		51c	
	b Less: allowance for doubtful accounts . . . . .		52	
	52 Inventories for sale or use . . . . .		53	
	53 Prepaid expenses and deferred charges . . . . .		54a	7,183,566
	54a Investments—publicly-traded securities <i>Statement 7</i> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV . . . . .	6,750,139	54b	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV . . . . .			
	55a Investments—land, buildings, and equipment: basis . . . . .	6,535,430		
	b Less: accumulated depreciation (attach schedule) . . . . .	3,319,690	55c	3,215,740
	56 Investments—other (attach schedule) . . . . .		56	
	57a Land, buildings, and equipment: basis . . . . .		57c	
b Less: accumulated depreciation (attach schedule) . . . . .				
58 Other assets, including program-related investments (describe <i>▶ Statement 8</i> ) . . . . .	2,288,144	58	1,362,388	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	29,031,006	59	26,746,748	
Liabilities	60 Accounts payable and accrued expenses . . . . .	7,193,008	60	6,271,750
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .	10,095,949	62	8,489,008
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) <i>Capital Leases</i> . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .	64,080	64b	119,240
	65 Other liabilities (describe <i>▶</i> ) . . . . .		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	17,353,037	66	14,879,988	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. . . . .			
	67 Unrestricted . . . . .	8,311,109	67	8,477,858
	68 Temporarily restricted . . . . .	348,797	68	370,829
	69 Permanently restricted . . . . .	3,018,063	69	3,018,063
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. . . . .			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	11,677,969	73	11,866,750	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	29,031,006	74	26,746,748	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	47,702,762
<b>b</b> Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	354,222
2	Donated services and use of facilities	b2	4,689,121
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>Special event direct costs shown as fund raising exp. on F/S but netted against rev. on Form 990</u>	b4	619,242
Add lines b1 through b4		<b>b</b>	5,662,585
<b>c</b> Subtract line b from line a		<b>c</b>	42,040,177
<b>d</b> Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		<b>d</b>	
<b>e</b> Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	42,040,177

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	47,652,819
<b>b</b> Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	4,689,121
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>Special event direct costs</u>	b4	619,242
Add lines b1 through b4		<b>b</b>	5,308,363
<b>c</b> Subtract line b from line a		<b>c</b>	42,344,256
<b>d</b> Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		<b>d</b>	
<b>e</b> Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	42,344,256

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<u>Julius E. Coles</u>	President, 60 hrs.	148,411	36,219	
<u>Jeannine B. Scott</u>	Senior VP, 60 hrs.	133,974	14,644	
<u>John D. Campbell</u>	VP, Fin. & Mgt. 60 hrs.	120,688	25,816	
<u>LMichael Green</u>	VP, Dev's Mktg. 40 hrs.	69,178	9,516	
<u>See Statement 13 for Board of Directors</u>				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 26

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.

75c

d Does the organization have a written conflict of interest policy?

75d

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: Not Applicable.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a

b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt

80b

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

81a -0-

b Did the organization file Form 1120-POL for this year?

81b

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b   4,689,121		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
	N/A		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c   N/A		
d	Section 162(e) lobbying and political expenditures		
	85d   N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e   N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f   N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a   N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b   N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a   N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b   N/A		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		✓
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ -0-; section 4912 ▶ -0-; section 4955 ▶ -0-		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		✓
	N/A		
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	-0-		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	-0-		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		✓
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		✓
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	N/A		
89g			
90a	List the states with which a copy of this return is filed ▶ Statement 9		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	80b	78
91a	The books are in care of ▶ AFRICARE Telephone no. ▶ ( )		
	Located at ▶ 440 R STREET, N.W. ZIP + 4 ▶ 20001		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ Statement 10 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	✓

**Part VI Other Information (continued)**

	<b>Yes</b>	<b>No</b>
c At any time during the calendar year, did the organization maintain an office outside of the United States? <b>91c</b> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes," enter the name of the foreign country <b>▶ France</b>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶ 92</b>		

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					19,807
<b>95</b> Interest on savings and temporary cash investments			14	420,194	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	275,325	
<b>101</b> Net income or (loss) from special events . . . . .			01	449,916	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a <u>Miscellaneous</u>					1,332,656
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				1,145,435	1,352,483
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . . <b>▶</b>					2,497,898

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

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

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

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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

**Please Sign Here**

Signature of officer: *John D. Campbell* Date: 11/19/08

**John D. Campbell, VP, Finance and Management**  
Type or print name and title

---

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 11/19/08 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: Gelman, Rosenberg & Freedman Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no.: ( ) \_\_\_\_\_

**Gelman, Rosenberg & Freedman**  
4550 Montgomery Ave. #650-N  
Bethesda, MD 20814

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

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

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

OMB No. 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>William Noble</b>	<b>Regional Director 40 hrs</b>	<b>97,930</b>	<b>9,346</b>	
<b>Claudette Bailey</b>	<b>Chief of Party Lib. 40 hrs</b>	<b>97,811</b>	<b>4,653</b>	
<b>Kevin Lowther</b>	<b>Regional Director 40 hrs</b>	<b>95,997</b>	<b>9,350</b>	
<b>Charles De Bose</b>	<b>Director, OHHA 40 hrs</b>	<b>79,766</b>	<b>23,492</b>	
<b>Michael Finley</b>	<b>Country Rep., Angola</b>	<b>63,458</b>	<b>4,513</b>	<b>26,590</b>
Total number of other employees paid over \$50,000 ▶	<b>29</b>			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>PricewaterhouseCoopers</b> <b>1800 Tysons Boulevard, McLean, VA 22102</b>	<b>External Audit</b>	<b>805,269</b>
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NATIONAL VAN LINES</b> <b>2800 ROOSEVELT ROAD, BROADVIEW, IL, 60155</b>	<b>Contract Shipping</b>	<b>84,423</b>
<b>STAR INTERNATIONAL MOVERS</b> <b>21598 ATLANTIC BLVD. SUITE 100, STERLING, VA 20166</b>	<b>Contract Shipping</b>	<b>82,709</b>
<b>PARAMOUNT TRANSPORTATION SYSTEMS</b> <b>1350 GRAND AVENUE, SAN MARCOS, CA 92069</b>	<b>Contract Shipping</b>	<b>78,595,</b>
<b>OMNI STUDIO</b> <b>1140 19TH ST. NW SUITE 320, WASH, DC 20036</b>	<b>Web Site Design/Maint.</b>	<b>71,307</b>
<b>Image Studio</b> <b>4900 Auburn Ave. Suite 201, Bethesda, MD 20814</b>	<b>Graphic Design</b>	<b>59,800</b>
Total number of other contractors receiving over \$50,000 for other services ▶	<b>2</b>	

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

Yes No

**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)

1		✓

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

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

- a Sale, exchange, or leasing of property? . . . . .
- b Lending of money or other extension of credit? . . . . .
- c Furnishing of goods, services, or facilities? . . . . . See Form 990 Part V
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .
- e Transfer of any part of its income or assets? . . . . .

2a		✓
2b		✓
2c		✓
2d	✓	
2e		✓

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

b Did the organization have a section 403(b) annuity plan for its employees?

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3a		✓
3b	✓	
3c		✓
3d		✓

**4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

b Did the organization make any taxable distributions under section 4966? . . . . . N/A

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . N/A

4a		✓
4b		
4c		

d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ NA

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 6 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> ▶					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	37,575,912	37,418,507	38,144,585	32,550,724	145,689,728
16 Membership fees received	28,410	12,614	13,700	29,000	83,724
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	291,533	549,555	639,182	771,019	2,251,289
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	467,725	362,665	543,133	975,188	2,348,711
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	4,369,720	1,258,862	1,668,037	329,892	7,626,511
23 Total of lines 15 through 22	42,733,300	39,602,203	41,008,637	34,655,823	157,999,963
24 Line 23 minus line 17	42,441,767	39,052,648	40,369,455	33,884,804	155,748,674
25 Enter 1% of line 23	427,333	396,022	410,086	346,558	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 3,114,973
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,286,050
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 155,748,674
d Add: Amounts from column (e) for lines: 18 2,348,711 19 _____					26d 11,261,272
22 7,626,511 26b 1,286,050					26e 144,487,402
e Public support (line 26c minus line 26d total)					26f 92.8 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 26 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					27d _____
d Add: Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total)					27f _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g _____ %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. None

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV) N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-60, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) *N/A*

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers . . . . .
- b** Paid staff or management (include compensation in expenses reported on lines c through h.) . . . . .
- c** Media advertisements . . . . .
- d** Mailings to members, legislators, or the public . . . . .
- e** Publications, or published or broadcast statements . . . . .
- f** Grants to other organizations for lobbying purposes . . . . .
- g** Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i** Total lobbying expenditures (Add lines c through h.) . . . . .

Yes	No	Amount
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash . . . . .
- (ii) Other assets . . . . .

**b** Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization . . . . .
- (ii) Purchases of assets from a noncharitable exempt organization . . . . .
- (iii) Rental of facilities, equipment, or other assets . . . . .
- (iv) Reimbursement arrangements . . . . .
- (v) Loans or loan guarantees . . . . .
- (vi) Performance of services or membership or fundraising solicitations . . . . .

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

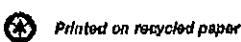
	Yes	No
51a(i)		✓
a(ii)		✓
b(i)		✓
b(ii)		✓
b(iii)		✓
b(iv)		✓
b(v)		✓
b(vi)		✓
c		✓

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship





Form 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES				STATEMENT 1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
MERRILL LYNCH/HOLLAND CAPITAL	1,977,050	1,701,725	0	275,325	
TO FORM 990, PART I, LINE 8	1,977,050	1,701,725	0	275,325	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT 2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUTION INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BISHOP WALKER MEMORIAL DINNER	1,089,158		1,089,158	619,242	449,916
TO FM 990, PART I, LINE 9	1,089,158		1,089,158	619,242	449,916

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT 3
DESCRIPTION			AMOUNT
UNREALIZED GAIN ON INVESTMENTS			354,222
NONOPERATING ADDITIONAL MINIMUM LIABILITY PENSION GAIN			138,638
TOTAL TO FORM 990, PART I, LINE 20			492,860

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FREIGHT	5,231,883	5,224,386	513	6,984
CONSTRUCTION AND SUBCONTRACTS	4,914,265	4,523,652	5,319	385,294
VEHICLE PURCHASES, REPAIR AND MAINTENANCE	3,335,238	3,298,857	27,462	8,919
PROFESSIONAL AND CONTRACTUAL SERVICES	624,956	515,464	62,684	46,808
OFFICE EQUIPMENT & FURNISHINGS	333,278	322,289	10,977	12
INSURANCE	279,708	255,739	23,969	-
PUBLIC AND COMMUNITY RELATIONS	97,736	40,588	3,931	53,237
RECRUITMENT	110,793	41,884	11,936	56,973
OTHER	1,591,300	1,250,627	340,688	5
DONATED FREIGHT	(4,689,121)	(4,689,121)	-	-
SPECIAL EVENT - DIRECT EXPENSE	(619,242)	-	-	(619,242)
<b>TOTAL TO FORM 990, PART 1, LINE 43</b>	<b>11,210,794</b>	<b>10,784,345</b>	<b>487,459</b>	<b>(61,010)</b>

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

STATEMENT 5

## EXPLANATION

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

FORM 990	OTHER PROGRAM SERVICES	STATEMENT 6
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
OTHER DEVELOPMENT PROGRAMS - LITERACY AND VOCATIONAL TRAINING, MICRO-ENTERPRISE, AND CIVIL SOCIETY DEVELOPMENT		2,877,532
<b>TOTAL TO FORM 990, PART III, LINE E</b>		<b>2,877,532</b>

AFRICARE

23-7116952

FORM 990	OTHER INVESTMENTS	STATEMENT 7
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DESCRIPTION	VALUATION METHOD	AMOUNT
U.S. GOVERNMENT BONDS	MARKET VALUE	2,074,861
COMMON STOCK	MARKET VALUE	3,994,729
CORPORATE BONDS	MARKET VALUE	1,032,726
MUTUAL FUNDS	MARKET VALUE	81,250
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		<u>7,183,566</u>

FORM 990	OTHER ASSETS	STATEMENT 8
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DESCRIPTION	AMOUNT	
EMPLOYEE RECEIVABLES AND ADVANCES	66,437	
OTHER RECEIVABLES AND ADVANCES	458,141	
OTHER ASSETS	<u>838,810</u>	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		<u>1,362,388</u>

AFRICARE  
23-7116952

STATEMENT 9

List of States Where Form 990 is Filed

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

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

FORM 990  
PART VI  
LINE 91 B

FORM 990  
PART VI  
91 C

AFRICARE

23-7116952

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF  
EXEMPT PURPOSES

STATEMENT 11

PART VII  
LINE

EXPLANATION OF RELATIONSHIP OF ACTIVITIES

94 PUBLIC AWARENESS OF THE SOCIAL PROBLEMS IN AFRICA IS ENHANCED THROUGH MEMBERSHIP.  
103a MISCELLANEOUS, NONRECURRING INCOME ITEMS PERTAINING TO AFRICARE'S EXEMPT PURPOSE

FORM 990, SCHEDULE A

OTHER INCOME

STATEMENT 12

DESCRIPTION	2006 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS, NONRECURRING INCOME	137,093	1,258,862	1,666,037	329,892
TOTAL TO SCHEDULE A, PART IV-A, LINE 22	137,093	1,258,862	1,666,037	329,892

STATEMENT (S) 11, 12

FORM 990, PART V-A CURRENT OFFICERS, DIRECTORS, TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN	EXPENSE ACCT. AND OTHER ALLOWANCES
W. Frank Fountain 440 R Street, NW Washington, DC 20001	Chairman, 15 hours	-	-	-
Valerie Dickson-Horton 440 R Street, NW Washington, DC 20001	Vice-Chairman, 10 hours	-	-	-
Larry D. Bailey, CPA 440 R Street, NW Washington, DC 20001	Treasurer, 10 hours	-	-	-
Joseph C. Kennedy 440 R Street, NW Washington, DC 20001	Secretary, 10 hours	-	-	-
Stephen D. Castain 440 R Street, NW Washington, DC 20001	Board Member, 4 hours	-	-	-
Alexander B. Cummings, Jr. 440 R Street, NW Washington, DC 20001	Board Member, 4 hours	-	-	-
Alice M. Dear 440 R Street, NW Washington, DC 20001	Board Member, 4 hours	-	-	-
William R. Ford 440 R Street, NW Washington, DC 20001	Board Member, 4 hours	-	-	-
William H. Frist 440 R Street, NW Washington, DC 20001	Board Member, 4 hours	-	-	-

George W. Haley 440 R Street, NW Washington, DC 20001	Board Member, 4 hours
James A. Harmon 440 R Street, NW Washington, DC 20001	Board Member, 4 hours
Ludwick Hayden, Jr. 440 R Street, NW Washington, DC 20001	Board Member, 4 hours
Howard F. Jeter 440 R Street, NW Washington, DC 20001	Board Member, 4 hours
William O. Kirker, MD 440 R Street, NW Washington, DC 20001	Board Member, 4 hours
C. Payne Lucas 440 R Street, NW Washington, DC 20001	Board Member, 4 hours
Gay J. McDougall 440 R Street, NW Washington, DC 20001	Board Member, 4 hours
Barbara A. McKinzie 440 R Street, NW Washington, DC 20001	Board Member, 4 hours
Philip W. Pillsbury, Jr. 440 R Street, NW Washington, DC 20001	Board Member, 4 hours
Clyde E. Richardson	Board Member, 4 hours

440 R Street, NW  
Washington, DC 20001

Board Member, 4 hours

Yvonne K. Seon  
440 R Street, NW  
Washington, DC 20001

Board Member, 4 hours

Rodney E. Slater  
440 R Street, NW  
Washington, DC 20001

Board Member, 4 hours

Louis W. Sullivan, MD  
440 R Street, NW  
Washington, DC 20001

Board Member, 4 hours

F. Euclid Walker  
440 R Street, NW  
Washington, DC 20001

Board Member, 4 hours

J.C. Watts, Jr.  
440 R Street, NW  
Washington, DC 20001

Board Member, 4 hours

Curtin Winsor, Jr.  
440 R Street, NW  
Washington, DC 20001

Board Member, 4 hours

Howard Wolpe  
440 R Street, NW  
Washington, DC 20001