

Short Form Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the **2006** calendar year, or tax year beginning , **2006**, and ending , **20**

B Check if applicable:

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

Please use IRS label or print or type. See Specific Instructions.	C Name of organization Asante Africa Foundation, Inc.	
	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
	1334 Carlton Place	
	City or town, state or country, and ZIP + 4 Livermore, CA 94550	

D Employer identification number 71 1010614
E Telephone number (925) 895-6508
F Group Exemption Number . . . ▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ <http://www.asanteafrica.org>

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

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

K Check if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	39,123
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	25
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	0
	6 Special events and activities (attach schedule). If any amount is from gaming , check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	39,148	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	24,887
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	5200
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	448
	16 Other expenses (describe ▶ Bank fees, startup costs, program travel, calendars sold)	16	1366
17 Total expenses (add lines 10 through 16)	17	31,901	
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	7,247
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	7,247

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0 22	7,247
23 Land and buildings	0 23	0
24 Other assets (describe ▶ _____)	0 24	0
25 Total assets	0 25	7,247
26 Total liabilities (describe ▶ _____)	0 26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	7,247

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? facilitate education through infrastructure and supplies in Africa			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Helping teachers be better teachers. Collected & distributed school supplies, teaching materials, and children's clothing for African children who would otherwise be unable to attend school. We collected and distributed 600 pounds of supplies to hundreds of children at schools in Kenya & Tanzania.		
	(Grants \$ 10,721.00) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	10,721.00
29	Creating a safer place to learn. Construction of Classrooms. We provided construction grants to construct the first nursery school in Mto Wa Mbu, and to complete two additional classrooms at Jangwani Primary school (Tanzania). In Kenya, we began building a dormitory to house 38 additional girls at St. Mary's Primary School, Narok, Kenya.		
	(Grants \$ 10,791.00) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	10,791.00
30	Providing the gift of Learning. Scholarships for high achieving students, based on need and scholastic achievement. In Kenya, two students were sponsored for 2 semesters, two students for one semester. In Tanzania, three children were sponsored for one semester.		
	(Grants \$ 2,189.00) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	2,189.00
31	Other program services (attach schedule)		
	(Grants \$ 1,186.00) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	1,186.00
32	Total program service expenses (add lines 28a through 31a)	32	24,887.00

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of 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	(E) Expense account and other allowances
Erna L. Grasz 1334 Carlton Place, Livermore, CA 94550	President, 46 hours/wk	0	0	0
Kristi L. Ashton 801 S. Winchester Blvd, # 6205, San Jose, CA 95128	Secretary, 8 hours/wk	0	0	0
Mary E. Druce 1025 Alison Circle, Livermore, CA 94550	Treasurer/CFO, 12 hrs/wk	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			<input checked="" type="checkbox"/>
35	<i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i>			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)			<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	0		
b	Did the organization file Form 1120-POL for this year?			<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?			<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 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 (4) organizations. 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 an explanation . . .

	Yes	No
40b		✓
40c		
40d		
40e		✓

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0

d Enter amount of tax on line 40c 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? . . .

41 List the states with which a copy of this return is filed. ▶ California

42a The books are in care of ▶ Mark Newton Telephone no. ▶ (925) 292-0245
 Located at ▶ 1334 Carlton Way, Livermore, CA ZIP + 4 ▶ 94550-6400

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)? . . .

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

Please Sign Here

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.

Signature of officer _____ Date _____
Mary E. Druce, Treasurer & CFO
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____ Phone no. ▶ () _____