Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , and ending

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: ORPHANS AFRICA

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 241

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: FOX ISLAND WA 98333-0241

D Employer identification number: 26-1494192

E Telephone number: 253-252-3544

G Gross receipts $: 376,436

F Name and address of principal officer:
CARL GANN
284 SHOREWOOD CT
FOX ISLAND WA 98333-9725

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.ORPHANSAFRICA.ORG

H(c) Group exemption number

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2007

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ORPHANS AFRICA IS DEDICATED TO THE EDUCATION OF ORPHAN CHILDREN IN AFRICA, PROVIDING ASSISTANCE TO CONSTRUCT AND SUPPORT SELF-SUSTAINABLE SCHOOLS THAT FOCUS ON EDUCATIONAL EXCELLENCE AND LEADERSHIP.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	24
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	255,647	373,661
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,279	-10,765
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	252,368	362,896
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	237,155	332,954
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	357	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	17,887	0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34,042	39,372
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	289,441	372,326
	19 Revenue less expenses. Subtract line 18 from line 12	-37,073	-9,430

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	21,277	11,847
	21 Total liabilities (Part X, line 26)	385,500	385,500
	22 Net assets or fund balances. Subtract line 21 from line 20	-364,223	-373,653

Part II Signature Block

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

Sign Here

Signature of officer

Date

CARL GANN PRESIDENT

Type or print name and title

Paid Preparer Use Only

Preparer's name: CASSANDRA D ELLIS	Preparer's signature: Cassandra Ellis	Date: 11/10/25	Check [ ] if self-employed	PTIN: P01417905
Firm's name: FULLAWAY LAMPHEAR & SAUVE PLLC			Firm's EIN: 91-2055146	
Firm's address: 4301-A INDUSTRY DRIVE E FIFE, WA 98424-1833			Phone no. 253-952-3478	

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No