

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:
☒ 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) Room/suite
PO BOX 241

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

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

D Employer identification number
26-1494192

E Telephone number
253-252-3544

G Gross receipts \$ **376,436**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW. ORPHANS AFRICA. ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **2007**

M State of legal domicile: **WA**

Part I Summary

Activities & Governance

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) **11**

4 Number of independent voting members of the governing body (Part VI, line 1b) **11**

5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) **0**

6 Total number of volunteers (estimate if necessary) **24**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **0**

Revenue

8 Contributions and grants (Part VIII, line 1h) **255,647**

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**

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) **252,368**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) **237,155**

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**

16a Professional fundraising fees (Part IX, column (A), line 11e) **17,887**

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**

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) **289,441**

19 Revenue less expenses. Subtract line 18 from line 12 **-37,073**

Net Assets or Fund Balances

20 Total assets (Part X, line 16) **21,277**

21 Total liabilities (Part X, line 26) **385,500**

22 Net assets or fund balances. Subtract line 21 from line 20 **-364,223**

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
CARL GANN
Type or print name and title
PRESIDENT

Date

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 ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form 990 (2024)