

Short Form

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)

OMB No. 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

**A For the 2010 calendar year, or tax year beginning and ending**

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

**C Name of organization**  
**ORPHAN SUPPORT AFRICA, INC**

**D Employer identification number**  
**20-3072291**

**E Telephone number**  
**215-454-2832**

**F Group Exemption Number**  
 Number ▶

**G Accounting Method:**  Cash  Accrual Other (specify) ▶

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

**I Website:** ▶ **WWW. ORPHANSUPPORTAFRICA.ORG**

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( ) ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **113,799.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
 Check if the organization used Schedule O to respond to any question in this Part I

|            |  | 1  | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8        | 9         | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|----|----------|-----------|----|----|----|----|----|----|----|----|----|----|----|----|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   |   |   |   |    |    |    |    |    |    |    |    |    |    |          | 113,531.  |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 2  | Program service revenue including government fees and contracts  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 3  | Membership dues and assessments  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 4  | Investment income SEE SCHEDULE O   |   |   |   |    |    |    |    |    |    |    |    |    |    |          | 268.      |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 5a   | Gross amount from sale of assets other than inventory  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 5b   | Less: cost or other basis and sales expenses   |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 6  | Gaming and fundraising events  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 6a   | Gross income from gaming (attach Schedule G if greater than \$15,000)  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
| 6b         | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) |  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
| 6c         | Less: direct expenses from gaming and fundraising events   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
| 6d         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
| 7a         | Gross sales of inventory, less returns and allowances  |  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
| 7b         | Less: cost of goods sold   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
| 7c         | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
| 8          | Other revenue (describe in Schedule O)   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  |  |   |   |   |    |    |    |    |    |    |    |    |    |    | 113,799. |           |    |    |    |    |    |    |    |    |    |    |    |    |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O  |   |   |   |    |    |    |    |    |    |    |    |    |    |          | 261,317.  |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 11   | Benefits paid to or for members  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 12   | Salaries, other compensation, and employee benefits  |   |   |   |    |    |    |    |    |    |    |    |    |    |          | 71,784.   |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 13   | Professional fees and other payments to independent contractors  |   |   |   |    |    |    |    |    |    |    |    |    |    |          |           |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 14   | Occupancy, rent, utilities, and maintenance  |   |   |   |    |    |    |    |    |    |    |    |    |    |          | 6,681.    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 15   | Printing, publications, postage, and shipping  |   |   |   |    |    |    |    |    |    |    |    |    |    |          | 24.       |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 16   | Other expenses (describe in Schedule O) SEE SCHEDULE O   |   |   |   |    |    |    |    |    |    |    |    |    |    |          | 15,529.   |    |    |    |    |    |    |    |    |    |    |    |    |
| 17         | <b>Total expenses.</b> Add lines 10 through 16   |  |   |   |   |    |    |    |    |    |    |    |    |    |    | 355,335. |           |    |    |    |    |    |    |    |    |    |    |    |    |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9)  |   |   |   |    |    |    |    |    |    |    |    |    |    |          | -241,536. |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 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) |   |   |   |    |    |    |    |    |    |    |    |    |    |          | 256,682.  |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   |   |   |   |    |    |    |    |    |    |    |    |    |    |          | 0.        |    |    |    |    |    |    |    |    |    |    |    |    |
|            | 21   | Net assets or fund balances at end of year. Combine lines 18 through 20  |   |   |   |    |    |    |    |    |    |    |    |    |    |          | 15,146.   |    |    |    |    |    |    |    |    |    |    |    |    |

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)



Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V [X]

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
b If "Yes," has it filed a tax return on Form 990-T for this year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37 a 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? 37b X
38 a 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 outstanding at the end of the tax year covered by this return? 38a X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9 39a N/A
b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40 a Section 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T 40e X
41 List the states with which a copy of this return is filed. PA, MA
42 a The organization's books are in care of TANYA PRIME Telephone no. 215-454-2832
Located at 2424 YORK STREET, PHILADELPHIA, PA ZIP + 4 19125
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)? 42b X
If "Yes," enter the name of the foreign country: SEE SCHEDULE O
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X
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 N/A
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
c Did the organization receive any payments for indoor tanning services during the year? 44c X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

|   | Yes | No                                  |
|---|-----|-------------------------------------|
| <b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?   |     | <input checked="" type="checkbox"/> |
| <b>a</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)?<br>If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ |     | <input checked="" type="checkbox"/> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?<br>If "Yes," complete Schedule C, Part I                                     |     | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

|  | Yes | No                                  |
|--|-----|-------------------------------------|
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II           |     | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |     | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?           |     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization?                                    |     |                                     |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (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 |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

**f** Total number of other employees paid over \$100,000  NONE

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000  NONE

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  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.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
**GARRY ARTHUR PRIME, CHAIRMAN**  
 Type or print name and title

**Paid Preparer Use Only**

|   |                      |      |   |      |
|---|----------------------|------|---|------|
| Print/Type preparer's name  | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>                                 |                      |      | Firm's EIN                                      |      |
| Firm's address <b>4550 MONTGOMERY AVE., SUITE 650 NORTH 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

**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

**2010**

Open to Public Inspection

Name of the organization **ORPHAN SUPPORT AFRICA, INC** Employer identification number **20-3072291**

**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? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |    |
- 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>                       |          |   |   |    |  |    |   |    |                         |

**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) 2006 | (b) 2007 | (c) 2008   | (d) 2009 | (e) 2010 | (f) Total  |
|--|----------|----------|------------|----------|----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 788,345. | 212,537. | 1,047,855. | 985,361. | 113,531. | 3,147,629. |
| <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 .....  | 788,345. | 212,537. | 1,047,855. | 985,361. | 113,531. | 3,147,629. |
| <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) ..... |          |          |            |          |          | 2,188,326. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |            |          |          | 959,303.   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008   | (d) 2009 | (e) 2010 | (f) Total                |
|--|----------|----------|------------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 788,345. | 212,537. | 1,047,855. | 985,361. | 113,531. | 3,147,629.               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 2,076.   | 19,993.  | 8,495.     | 2,896.   | 268.     | 33,728.                  |
| <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.) .....  |          |          |            |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |            |          |          | 3,181,357.               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |            |          | 12       |                          |
| <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 2010 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 30.15 | % |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 31.12 | % |
| <b>16a 33 1/3% support test - 2010.</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 type="checkbox"/>            |       |   |
| <b>b 33 1/3% support test - 2009.</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 - 2010.</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 checked="" type="checkbox"/> |       |   |
| <b>b 10% -facts-and-circumstances test - 2009.</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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> |  | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> |  | % |

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

|  |           |  |   |
|--|-----------|--|---|
| <b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> |  | % |
| <b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....                        | <b>18</b> |  | % |

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

ORPHAN SUPPORT AFRICA. QUALIFIES AS A PUBLIC CHARITY UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF 1.170A-9(E)(3) OF THE TREASURY REGULATIONS, BASED UPON THE FOLLOWING:

1. ITS SUPPORT, AS REPORTED FOR 2010, IS 30.15%, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(E)(3)(I)

2. IT IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC AND GOVERNMENTAL FUNDING ON A CONTINUOUS BASIS, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(E)(3)(II).

3. ORPHAN SUPPORT AFRICA PUBLIC SUPPORT, AT 30.15%, IS WELL ABOVE THE 10% MINIMUM REQUIRED FOR THE "FACTS AND CIRCUMSTANCES" TEST, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(E)(3)(II).

4. IN MEETING THE REQUIREMENT OF 1.170A-9(E)(3)(I), ORPHAN SUPPORT AFRICA HAS RECEIVED SUPPORT FROM A REPRESENTATIVE NUMBER OF PERSONS, RATHER THAN RECEIVING ALL OR MOST OF ITS SUPPORT FROM THE MEMBERS OF A SINGLE FAMILY, OR FROM A SINGLE DONOR. IN THIS RESPECT, ORPHAN SUPPORT AFRICA MEETS THE REQUIREMENT OF 1.170A-9(E)(3)(IV)

5. THROUGH ITS PROGRAMS, ORPHAN SUPPORT AFRICA MAKES ITS MISSION AVAILABLE TO THE PUBLIC. ITS PROGRAMS SUPPORT COMMUNITIES IN AFRICA THROUGH EFFECTIVE AND SUSTAINABLE MEASURES, WHICH IMPROVE THE WELL BEING OF ORPHANS AND VULNERABLE CHILDREN AND NURTURE THESE CHILDREN TO BECOME SELF-RELIANT ADULTS. IN THIS MANNER, ORPHAN SUPPORT AFRICA MEETS THE REQUIREMENT OF 1.170A-9(E)(3)(VI).



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

ORPHAN SUPPORT AFRICA, INC

Employer identification number

20-3072291

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, aggregate 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 aggregate 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 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) (2010)

|   |   |
|---|---|
| Name of organization<br><b>ORPHAN SUPPORT AFRICA, INC</b> | Employer identification number<br><b>20-3072291</b> |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | <u>MARK &amp; PATRICE COTHAM</u><br><u>1616 S VOSS STREET, SUITE 200</u><br><u>HOUSTON, TX 77057</u> | \$ <u>43,521.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | <u>GERSON FAMILY FOUNDATION</u><br><u>19 W 95TH STREET</u><br><u>NEW YORK, NY 10025</u>              | \$ <u>40,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | <u>GARRY &amp; TEREZA PRIME</u><br><u>703 MAIN STREET</u><br><u>HINGHAM, MA 02043</u>                | \$ <u>20,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | <u>TOM &amp; KAT STEYER</u><br><u>225 BUSH ST, STE 500</u><br><u>SAN FRANCISCO, , CA 94104</u>       | \$ <u>5,000.</u>               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | <u>CRAIG &amp; MAUREEN SULLIVAN</u><br><u>P.O. BOX 15203</u><br><u>ALBANY, NY 12212</u>              | \$ <u>5,000.</u>               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            | <u> </u><br><u> </u><br><u> </u>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>Name of organization</b> | <b>Employer identification number</b> |
| ORPHAN SUPPORT AFRICA, INC  | 20-3072291                            |

**Part II Noncash Property** (see instructions)

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

|   |   |
|---|---|
| <b>Name of organization</b><br><br>ORPHAN SUPPORT AFRICA, INC | <b>Employer identification number</b><br><br>20-3072291 |
|---|---|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

| (a) No.<br>from<br>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> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |

**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

**2010**

Open to Public  
Inspection

Name of the organization **ORPHAN SUPPORT AFRICA, INC** Employer identification number **20-3072291**

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

| DESCRIPTION OF PROPERTY: | AMOUNT: |
|--------------------------|---------|
| INTEREST                 | 268.    |

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION: GRANT**

**GRANTEE NAME: MANGOE TREE**

**GRANTEE ADDRESS: THE WHITE HOUSE, PUDDINGTON**

**CHESIRE, UNITED KINGDOM CH64 5 SR**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 78,017.**

**ACTIVITY CLASSIFICATION: GRANT**

**GRANTEE NAME: OSA UGANDA**

**GRANTEE ADDRESS: PO BOX 342 OBIA, UGANDA**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 20,000.**

**ACTIVITY CLASSIFICATION: GRANT**

**GRANTEE NAME: OSA MALAWI**

**GRANTEE ADDRESS: PO BOX 19 ZOMBA, MALAWI**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 163,300.**

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10 261,317.**

**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

**2010**

Open to Public  
Inspection

Name of the organization

ORPHAN SUPPORT AFRICA, INC

Employer identification number

20-3072291

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

|                               |         |
|-------------------------------|---------|
| OFFICE SUPPLIES               | 1,027.  |
| TELEPHONE/INTERNET            | 1,663.  |
| BANK CHARGES                  | 1,254.  |
| DUES AND SUBSCRIPTION         | 1,349.  |
| WEBSITE                       | 325.    |
| FUNDRAISING                   | 1,700.  |
| MISCELLANEOUS                 | 4,623.  |
| TRAVEL                        | 3,588.  |
| TOTAL TO FORM 990-EZ, LINE 16 | 15,529. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF ORPHAN  
SUPPORT AFRICA IS TO SUPPORT COMMUNITIES IN AFRICA THROUGH EFFECTIVE  
AND SUSTAINABLE PROGRAMS, WHICH IMPROVE THE WELL BEING OF ORPHANS AND  
VULNERABLE CHILDREN AND NURTURE THESE CHILDREN TO BECOME SELF-RELIANT  
ADULTS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM 1 - RE-GRANTING TO COMMUNITY BASED

ORGANIZATIONS(CBOS) IN RURAL MALAWI, TANZANIA AND UGANDA.

THESE MONIES ARE AWARDED CBOS WHO SUCCESSFULLY SUBMIT

PROPOSALS FOR IMPROVEMENT PROGRAMS WITHIN THEIR COMMUNITIES. THE

PROGRAMS MUST SATISFY SEVERAL REQUIREMENTS, FOR EXAMPLE 1) COMMUNITY

PARTICIPATION, 2) POTENTIAL FOR SUSTAINED IMPROVEMENT IN THE LIFE OF

THE COMMUNITY, & 3) IMPROVED CARE OF ORPHAN AND VULNERABLE CHILDREN

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

**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

**2010**

Open to Public  
Inspection

Name of the organization **ORPHAN SUPPORT AFRICA, INC** Employer identification number **20-3072291**

(OVC). MOST OF THESE PROJECTS ARE CHILD-FOCUSED, OR INCOME GENERATING  
ONES WHOSE REVENUES ARE DIRECTED AT IMPROVED CARE, EDUCATION AND  
NURTURING OF OVC.

PROGRAM 2 - TULANE UNIVERSITY RESEARCH PROGRAM - THESE FUNDS WENT TO  
COVER 2010 PORTION OF A THREE YEAR OBJECTIVE, REAL-TIME ASSESSMENT BY  
TULANE UNIVERSITY, THE OBJECTIVE OF WHICH AS AN ASSESSMENT OF THE  
EFFECTIVENESS OF THE ORPHAN SUPPORT AFRICA APPROACH TO OVC CARE.

PROGRAM 3 - COMMUNITY BASED ORGANIZATION VOLUNTEER TRAININGS - THESE  
INCLUDE SKILL BUILDING IN: GRANT WRITING, ACCOUNTING, COMPREHENSIVE  
CHILD CARE, AND LEADERSHIP. THE OBJECTIVE OF THE TRAININGS IS TO BUILD  
SUSTAINABLE SKILL SETS AMONG THE VOLUNTEER LEADERSHIP WITHIN  
COMMUNITIES CARING FOR ORPHANS AND VULNERABLE CHILDREN TO PROVIDE  
PERMANENT RISE IN HUMAN CAPITAL, AND HENCE THE LIFESTYLE OF THE  
COMMUNITY AND ALL ITS CONSTITUENTS.

FORM 990-EZ, PART V LINE 42B, FOREIGN COUNTRIES WITH FINANCIAL INTEREST:  
MALAWI  
UGANDA