Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

BRONSWICK BENJAMIN P.C. 8750 W. BRYN MAWR AVE., SUITE 650 CHICAGO, IL 60631 PHONE (312) 692-8300 847-947-0957

OCTOBER 22, 2021

IMERMAN ANGELS 205 W RANDOLPH STREET 19TH FLOOR CHICAGO, IL 60606

DEAR JON:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

ILLINOIS FORM AG990-IL:

THE ILLINOIS FORM AG990-IL SHOULD BE MAILED BY NOVEMBER 15, 2021 TO:

OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175

NO PAYMENT IS REQUIRED.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

CALEB D. LENDY, CPA

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-0047

For calendar year 2020, or fiscal year beginning , 2020, and ending

202

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number IMERMAN ANGELS 20-5621272 Name and title of officer or person subject to tax JOHN MAY CHAIRMAN OF THE BOARD Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1, 203, 101. b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) _______ **3b** _ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b b Total tax (Form 990-T, Part III, line 4) ______6b 6a Form 990-T check here 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 💹 I am an officer of the above organization or 🔃 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IAS (a) an acknowledgement of receipt or réason for rejection of the transmissión, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BRONSWICK BENJAMIN P.C. 60606 to enter my PIN ERO firm name Enter five numbers, but as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 36984160606 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ► BRONSWICK BENJAMIN P.C. Date \triangleright 10/22/21 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

11551022 135872 190006

Form **8879-EO** (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 20-5621272 IMERMAN ANGELS File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 205 W RANDOLPH STREET 19TH FLOOR instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60606 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STEPHANIE LIEBER The books are in the care of ► 205 W RANDOLPH ST 19TH FLOOR - CHICAGO, IL 60606 Telephone No. ► 312-273-1300 Fax No. $\rightarrow 312 - 274 - 5530$ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

3b

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

EXTENDED TO NOVEMBER 15, 2021

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. Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Α	For th	e 2020 calendar year, or tax year beginning and	l ending		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addr	iss IMERMAN ANGELS			
	Name chan			20-56212	72
	Initial returi	,	Room/suite	•	
	Final retur	205 W RANDOLPH STREET 19TH FLOOR		312-274-	
	termi ated		G Gross receipts \$	1,203,101.	
	Amer	CHICAGO, IL 00000	H(a) Is this a group re		
	Appli tion pend			for subordinates	? Yes X No
_		205 W RANDOLPH ST 19TH FLOOR, CHICAGO,		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: ► WWW.IMERMANANGELS.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 2006 N	M State of legal domicile: IL
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO P			
Governance		UNDERSTANDING FOR ALL CANCER FIGHTERS, SU		-	
ern	2	Check this box if the organization discontinued its operations or dispo			
Š	3			3	29
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			28
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			13
Activities &	6	Total number of volunteers (estimate if necessary)			2000
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
		0 17 17 17 17 17 17 17 17 17 17 17 17 17		Prior Year 1,827,181.	Current Year 1,192,752.
e	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		12,971.	10,349.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,9/1.	10,349.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,840,152.	1,203,101.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		827,487.	786,301.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line 25) 226, 8	65.		•
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		996,199.	437,533.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,823,686.	1,223,834.
	19	Revenue less expenses. Subtract line 18 from line 12		16,466.	-20,733.
	<u> </u>	Tierondo 1000 experiodo. Gubridot into 10 fforminto 12	Re	eginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		910,821.	1,599,399.
Ass	21	Total liabilities (Part X. line 26)		52,101.	714,714.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		858,720.	884,685.
P	art II	Signature Block		•	,
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	JOHN MAY, CHAIRMAN OF THE BOARD			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Pai	d	CALEB D LENDY CALEB D LENDY	1	L0/22/21 self-employ	P01696052
	parer	Firm's name BRONSWICK BENJAMIN P.C.		Firm's EIN ▶	36-4409576
Use	Only	Firm's address ► 8750 W BRYN MAWR AVE SUITE 650			
		CHICAGO, IL 60631		Phone no. 8 4	7-947-0957
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

	1 990 (2020) IMERMAN ANGELS	20-5621272 Pa	age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	NIMED C	
	TO PROVIDE COMFORT AND UNDERSTANDING FOR ALL CANCER FIG		
	SURVIVORS, PREVIVORS, AND CAREGIVERS THROUGH A PERSONAL ONE-ON-ONE CONNECTION WITH SOMEONE WHO HAS BEEN THERE.	ITAED,	
	ONE-ON-ONE CONNECTION WITH SOMEONE WHO HAS BEEN THERE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes X	No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.] 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes X	No
Ū	If "Yes," describe these changes on Schedule O.	·· 100 <u>[==</u>	
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported.	•	
4a	(Code:) (Expenses \$ 824,220 • including grants of \$) (Re	evenue \$ 10 , 349	9 <u>.</u>)
	IMERMAN ANGELS MATCHES A PERSON FIGHTING CANCER WITH SO		
	BEATEN CANCER, USUALLY OF THE SAME TYPE OF CANCER, AGE,		
	ONE-ON-ONE RELATIONSHIPS GIVE A FIGHTER THE CHANCE TO A		
	QUESTIONS AND GET SUPPORT FROM SOMEONE WHO IS UNIQUELY	FAMILIAR - A	
	SURVIVOR.		
	(6)	^	
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	— '
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4 -1	Other average and inco (December on Calcady Is O.)		
4d	Other program services (Describe on Schedule O.)	\	
 4е	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 824, 220 •)	
70	Total program delivide expended #	Form 990 ((2020)

20-5621272 Page **3**

Form 990 (2020) IMERMAN ANGELS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation and intrinsical first and the state of the Heiland Obstaco	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı -t a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	, 1 0	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	עדי		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		122
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		 ^
18		40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	21	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		y
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X

032003 12-23-20

Form **990** (2020)

Form 990 (2020) IMERMAN ANGELS
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ .
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			\ .
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₩.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			. v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
· <u>-</u>		_	000	_

190006_1

	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>	<u> </u>	age •
	continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	NO
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Cross income from ethan courses (De not not amounts due or noid to other pourses against	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
•	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x

Form **990** (2020)

If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) IMERMAN ANGELS 20-5621272 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	and the second s			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶IL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	T (Section 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	STEPHANIE LIEBER - 312-273-1300					
	205 W RANDOLPH ST 19TH FLOOR, CHICAGO, IL 60606					

Form **990** (2020)

Form 990 (2020) IMERMAN ANGELS 20-5621272 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)			((C)	•		(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is bot	n an	compensation	compensation	amount of
	week	-	cer ar	ia a a	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	99			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC)		organization and related
	below	lual tr	tional	١.	nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEPHANIE LIEBER	40.00		 	_		"				
EXECUTIVE DIRECTOR					Х			168,712.	0.	0.
(2) JOHNNY IMERMAN	8.00									
CO-FOUNDER		Х		Х				18,930.	0.	0.
(3) JOHN MAY	4.00									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(4) JEFF IMERMAN	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) CARL ALLEGRETTI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ANNIE BAO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) VALERIE BECK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) STEVEN CROWE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) TAI DUNCAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MELANIE GIGLIO	1.00									
BOARD MEMBER		Х				_		0.	0.	0.
(11) BONNIE GORDON	1.00									_
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(12) LAUREN GREEN	1.00	l								_
BOARD MEMBER	1	Х	_			_		0.	0.	0.
(13) NIMESH JHAVERI	1.00	↓								•
BOARD MEMBER	<u> </u>	X	_			_		0.	0.	0.
(14) STEPHEN LEE	1.00	↓								
BOARD MEMBER		X	_			_		0.	0.	0.
(15) VICTORIA MAGNUS	1.00	↓								
BOARD MEMBER	1	Х	_			_		0.	0.	0.
(16) IAN MAHONEY	1.00	 						_		_
BOARD MEMBER	1 0 00	Х	<u> </u>			<u> </u>		0.	0.	0.
(17) JOY MONAHAN	0.00									_
BOARD MEMBER	1	X						0.	0.	0.
032007 12-23-20										Form 990 (2020)

Form 990 (2020) IMERMAN ANGELS 20-5621272 Page 8

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	, and	iH t	ghe	st C	Compensated Employee	s (continued)				
(A)	(B) (C							(D)	(E)			(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Es	stimate	: d
	hours per	box	k, unle	ss per	rson i	is bot	h an	compensation	compensation	ו י	ar	nount	of
	week (list any		T a	T	I	T	1	from the	from related organizations		000	other	tion
	hours for	direct						organization	(W-2/1099-MIS			pensator	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 11110	·,		anizati	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee					_	d relate	
	below	vidual	itution	Jec	Key employee	nest c	ner				orga	anizatio	ons
	line)	Indi	lust	Officer	Key	High	Former						
(18) DR CARALYNN NOWINSKI COLLENS	0.00												
BOARD MEMBER		Х						0.		0.			0.
(19) DR ELIF OKER	0.00	l											
BOARD MEMBER		X	_					0.		0.			0.
(20) FLORIAN PFAHLER	0.00	ļ											_
BOARD MEMBER		Х	-					0.		0.			0.
(21) TIMO REHBOCK	0.00	l											_
BOARD MEMBER		X	_					0.		0.			0.
(22) SHARBEL SHAMOON	0.00	ļ											_
BOARD MEMBER		Х	_					0.		0.			0.
(23) CHRISTOPH SITZER	0.00	l											
BOARD MEMBER		Х	_					0.		0.			0.
(24) NOEL SMITH	0.00	ļ											_
BOARD MEMBER		Х	_					0.		0.			0.
(25) DARYL SNEED	0.00	ļ											•
BOARD MEMBER		Х				-		0.		0.			0.
(26) JULIUS TALLEY	0.00	ļ											•
BOARD MEMBER		X					<u> </u>	0.		0.			0.
1b Subtotal								187,642.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	187,642.		0.			<u> </u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed an	oove	e) wr	no re	eceived more than \$100,0	JUU of reportable				1
compensation from the organization												Yes	No
2 Did the executation list only former officer	diractor twict	ا ۵۵			مردما		. bie	shoot componented compl	0.100 0.0	ſ		103	140
3 Did the organization list any former officer.	•		•	•	•		•		•	ı	3		Х
line 1a? If "Yes," complete Schedule J for s										··· ⊦	3		
4 For any individual listed on line 1a, is the su										ı	4	х	
and related organizations greater than \$150Did any person listed on line 1a receive or a										····		25	
rendered to the organization? If "Yes," com					•			•		- 1	5		Х
Section B. Independent Contractors	ipiete Scriedui	e <i>J 1</i>	Or St	JCII Į	oers	SOLL							
Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ontr	acto	rs tl	hat received more than \$	100 000 of comp	-nsat	ion fr	nm	
the organization. Report compensation for										orioat		5111	
(A)	trio odiciradi y	oui c	<u>Ji i Gii</u>	19 W	1011	01 W		(B)	<u> </u>		((3)	
Name and business	address	N	INC	Ξ				Description of s	ervices	С		nsatio	n
2 Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	sted	l above) who received mo	re than				
0400 000 - (+ ! (! !					•	٦.							

\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

Form 990 IMERMAN ANGELS 20-5621272

Form 990 IMERMAN A	STIGETIS								20-562	14/4
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
27) GARTH WALKER	0.00	.,								
BOARD MEMBER	0 00	Х						0.	0.	0
28) KARRIEM WATSON BOARD MEMBER	0.00	Х						0.	0.	c
29) THAD WONG	0.00	Λ						0.	0.	-
SOARD MEMBER	0.00	Х						0.	0.	c
30) JARIETTA BENTON	1.00									
BOARD MEMBER		Х						0.	0.	(
	1]	ı	I	1	ı	1	1	1	

Form 990 (2020) IMERMAN
Part VIII Statement of Revenue

			Check if Schedule O contains a resp	onse	or note to any lir	ne in this Part VIII			
			Officer if Ochedule O Contains a resp	OHSC	or flote to arry in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
ts ts	1	а	Federated campaigns1a						
ī ar		b	Membership dues1b						
e, E		С	Fundraising events 1c		243,318.				
ifts Ir A			Related organizations 1d						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e		10,000.				
Sic			All other contributions, gifts, grants, and			-			
ĒΈ		•			939,434.				
들 된			similar amounts not included above 11		333,434.	-			
ğ		•	Noncash contributions included in lines 1a-1f 1g			1 100 550			
<u>5</u> <u>5</u>		h	Total. Add lines 1a-1f			1,192,752.			
					Business Code				
σ.	2	а							
Ş.		b							
še		c							
e S		_							
ara Re		d							
Program Service Revenue		е							
			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends,						
			other similar amounts)			10,349.	10,349.		
	4		Income from investment of tax-exempt b						
	5		Royalties	•					
	Ū		(i) Re	al	(ii) Personal				
	_	_			()	-			
	О		Gross rents 6a			-			
			Less: rental expenses 6b			4			
			Rental income or (loss) 6c						
		d	` '		<u> </u>				
	7	а	Gross amount from sales of (i) Secu	ities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>o</u>			and sales expenses 7b						
Ĭ.		_	Gain or (loss) 7c			-			
Revenue									
π.	_		Net gain or (loss)						
ther	8	а	Gross income from fundraising events (not						
ŏ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a	0.				
		b	Less: direct expenses		0.				
		С	Net income or (loss) from fundraising even	ents	•	0.			
			Gross income from gaming activities. Se						
	Ū	_	Part IV, line 19						
						-			
			Less: direct expenses						
			Net income or (loss) from gaming activiti	es					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of invent	ory					
					Business Code				
ns	11	а							
Je Jue	• •	b							
Miscellaneous Revenue									
Sce		C	All allegeneration			1			
Ĕ			All other revenue						
			Total. Add lines 11a-11d			1 000 101	10 010	_	_
	12		Total revenue. See instructions		<u></u>	1,203,101.	10,349.	0.	0.

Form 990 (2020) IMERMAN ANGELS Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	107 (40	101 202	22 742	FO FOT
	trustees, and key employees	187,642.	101,393.	33,742.	52,507.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	400 144	255 441	EQ 246	75 457
7	Other salaries and wages	489,144.	355,441.	58,246.	75,457.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	54,415.	36,730.	7,396.	10 200
9	Other employee benefits	55,100.	37,193.	7,489.	10,289. 10,418.
10	Payroll taxes	33,100.	31,133.	7,409.	10,410.
11	Fees for services (nonemployees):				
a	Management	11,388.	7,157.	4,231.	
b	Legal	29,044.	7,157.	29,044.	
_	• • • • • • • • • • • • • • • • • • • •	23,044.		29,044.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees	9,154.		9,154.	
f g	Other. (If line 11g amount exceeds 10% of line 25,	J,134.		J,134.	
y	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	22,295.	19,510.		2,785.
13	Office expenses	14,781.	11,402.	1,754.	1,625.
14	Information technology	6,442.	5,154.	644.	644.
15	Royalties	- ,	.,	-	-
16	Occupancy	112,547.	84,410.	11,255.	16,882.
17	Travel	540.	540.	,	•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,095.		1,095.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,903.	2,177.	290.	436.
23	Insurance	9,295.	6,274.	1,301.	1,720.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	117 000	70 000		27 226
a	PROGRAM-RELATED EVENTS	117,089.	79,883.	4 000	37,206. 4,991.
b	CONTRACT STAFF	48,690.	38,809.	4,890.	4,991.
C	CONTRIBUTED MERCHANDISE	25,000. 12,364.	25,000. 9,273.	1,236.	1,855.
d	TELEPHONE AND INTERNET	14,906.	3,874.	982.	10,050.
	· · · · ·	1,223,834.	824,220.	172,749.	226,865.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,443,034.	044,440.	1/4,/43.	440,003.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				
	II IUIIUWING SUP 98-2 (ASC 998-720)				000

Form **990** (2020)

20-5621272 Page **11**

IMERMAN ANGELS

Form 990 (2020) Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			290,060.	1	930,698
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			12,500.	4	0
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial contr	ributor, or 35%			
		controlled entity or family member of any of the	ese persons			5	
	6	Loans and other receivables from other disqua	-				
		under section 4958(f)(1)), and persons describ	ed in section	4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		154 650			
		basis. Complete Part VI of Schedule D	. 10a	151,659.	0.000		
	b	Less: accumulated depreciation		142,567.	8,920.		9,092
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			F00 241	14	CEO COO
	15	Other assets. See Part IV, line 11			599,341. 910,821.	15	659,609
	16	Total assets. Add lines 1 through 15 (must ed			45,914.	16	1,599,399 36,036
	17	Accounts payable and accrued expenses	43,314.	17	30,030		
	18	Grants payable		18			
	19 20	Deferred revenue			19 20		
	21	Escrow or custodial account liability. Complet				21	
	22	Loans and other payables to any current or fo				21	
Liabilities	22	trustee, key employee, creator or founder, suk					
		controlled entity or family member of any of the				22	
<u>n</u>	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	-			24	665,357
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	•				
		of Schedule D	,		6,187.	25	13,321
	26	Total liabilities. Add lines 17 through 25			52,101.		714,714
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			264,624.	27	172,701
Ra	28	Net assets with donor restrictions			594,096.	28	711,984
9		Organizations that do not follow FASB ASC					
Ī		and complete lines 29 through 33.					
S Q	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			858,720.	32	884,685
	33	Total liabilities and net assets/fund balances			910,821.	33	1,599,399
							Form 990 (202

20-5621272 Page **12**

Form 990 (2020)

IMERMAN ANGELS

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		1,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,22		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,7	
5	Net unrealized gains (losses) on investments	5	4	<u>6,6</u>	98.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	88	4,6	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

20-5621272

Name of the organization

IMERMAN ANGELS

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions

<u>. u</u>		Ticacon for Fabile C	marity Otatas.	All organizations must c	ompiete ti	iis part.) S	ee iristructions.			
Γhe	organ	unization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	\bigcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	Ħ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	H	A medical research organiza					-	the hospital's name		
-		city, and state:	ation operated in cor	ijanotion with a nospital	acscribed	III Sectio	ii ii o(b)(i)(A)(iii). Littor	the hospital s hame,		
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in		
•		section 170(b)(1)(A)(iv). (C		.		, 9-				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	•				• •	oublic described in		
		section 170(b)(1)(A)(vi). (C	•		Ü					
8		A community trust describe	•	1)(A)(vi). (Complete Part	: II)					
9	H	An agricultural research org			•	ad in coni	unction with a land-grant	college		
J	ш	or university or a non-land-g				-	_	-		
		· · · · · · · · · · · · · · · · · · ·	rant college of agrici	ulture (see instructions).	Litter tile i	iairie, city	, and state of the college	; OI		
10	X	university: An organization that norma	lly rocciyos (1) moro:	than 33 1/30/ of its supp	ort from o	ontribution	ne momborship foos and	d gross rossints from		
10		activities related to its exem								
				•	` '		• •	· ·		
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	mer June 30, 1975.		
		See section 509(a)(2). (Cor	•							
11	\vdash	An organization organized a	•	•	•			_		
12	Ш	An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·	•		
		more publicly supported or	-					Check the box in		
	_	lines 12a through 12d that	* *							
а			ınization operated, sı	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	ıpporting		
		organization. You must o	omplete Part IV, Se	ctions A and B.						
b			anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	quirement and an attentiv	veness .		
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information	-					•		
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed no document?	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				,						

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f				601(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	າ			▶□
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pi	ublicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circur	nstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Ti	ne organization qu	alifies as a publicly	supported organi	zation	▶∐

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sed	ction A. Public Support	'	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1440725.	1779264.	1317126.	1743075.	1145895.	7426085.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,073.	2,000.				6,073.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1444798.	1781264.	1317126.	1743075.	1145895.	7432158.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						7432158.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	1444798.	1781264.	1317126.	1743075.	1145895.	7432158.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,311.	11,835.	12,522.	12,971.	10,349.	62,988.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	15,311.	11,835.	12,522.	12,971.	10,349.	62,988.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	1460109.	1793099.	1329648.	1756046.	1156244.	7495146.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						.
	ction C. Computation of Publi						00 16
	Public support percentage for 2020 (li	, (,,	,	olumn (f))		15	99.16 %
	Public support percentage from 2019					16	98.89 %
	ction D. Computation of Inves			40 1 (0)		4=	9.1
	Investment income percentage for 20					17	.84 % .89 %
	Investment income percentage from 2					18 2 1/20/ and line 17	
198	33 1/3% support tests - 2020. If the						r is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						>
20	Drivate foundation If the organization	n did not chack a l	nov on line 14 10c	or 10h chock th	ic hav and can incl	ructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization?	1	+
	A family member of a person described in line 11a above?)	_
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	;	
Sec	tion B. Type I Supporting Organizations		_
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>			Τ
	Mars a majority of the averagization's divertors by twisters during the tay year also a majority of the divertors	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	INO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
•	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		\bot
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions						
	All other Type III non-functionally integrated supporting organizations mus		•	T			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	anization (see			
	instructions)	, ,		•			

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations _{(continued}	<u> </u>	
Secti	on D - Distributions			Current	Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	0	
		(i)	(ii)	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distribu Amount fe	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Part VI	Supplemental Information Desired the explanation and the Dath Sec 10, Dath Sec 17, and The Dath Sec 10.
· art vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	Too management.
-	
-	
_	
_	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

IMERMAN ANGELS

20-5621272

Filers of:		Section:						
Form 990	or 990-EZ	X 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						
Note: On	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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special I	Rules							
	For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \left\frac{\text{\text{\text{clusively}}}{\text{\text{\text{\text{\text{clusively}}}}} \right\rig							
but it mu	st answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to le filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

IMERMAN ANGELS 20-5621272

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	ai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ABBVIE 1 NORTH WAUKEGAN RD DEPT ZA01 BLDG AP51 NORTH CHICAGO, IL 60064	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GATEHOUSE MEDIA 175 SULLYS TRAIL 3RD FLOOR PITTSFORD, NY 14534	\$ 70,409.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PFIZER 235 EAST 42ND STREET NEW YORK, NY 10017	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ALKERMES INC 852 WINTER ST WALTHAM, MA 02451-1420	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TONI WISNE SABINA FOUNDATION PO BOX 758 NOVI, MI 48376	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0053	\$	Person X Payroll

Name of organization Employer identification number

IMERMAN ANGELS 20-5621272 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 UNITED JEWISH FOUNDATION X Person **Payroll** 6735 TELEGRAPH ROAD 30,250. Noncash (Complete Part II for BLOOMFIELD HILLS , MI 48301 noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 THE COLEMAN FOUNDATION X Person 651 WEST WASHINGTON BOULEVARD SUITE **Payroll** 306 25,000. Noncash (Complete Part II for CHICAGO, IL 60661 noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 THE GREER FOUNDATION X Person **Payroll** 4501 W 127TH ST SUITE D 25,000. Noncash (Complete Part II for ALSIP, IL 60803 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

IMERMAN ANGELS 20-5621272

Partii	(see instructions). Use duplicate copies of Part II	i if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** IMERMAN ANGELS 20-5621272 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

IMERMAN ANGELS

Employer identification number 20-5621272

Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charactel purposes and not for the benefit of the donor or divisors in writing that grant funds can be used only for charactel purposes and not for the benefit of the donor or divisors in writing that grant funds can be used only for charactel purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Yes No No Purposes of conservation assements held by the organization check all that apply Preservation of a latitorically important land area Preservation of land for public use (for example, recreation or education) Preservation of a conservation assements held by the organization (check all that apply Preservation of a certified historic structure Preservation of open space Complete inse? at through 2 of it the organization held a qualified conservation contribution in the form of a conservation easement on a certified historic structure Preservation of conservation easements 2 2	Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	or Accounts. Complete if the	
2 Aggregate value of contributions to (quring year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donors advisions in writing that the assets helid in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor. Writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of ordonor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education). Preservation of a chesisted in the preservation of public use (for example, recreation or education). Preservation of open space 2 Complete lines 2a through 2 off if the organization held a qualified conservation contribution in the form of a centified historic structure instead of the tax year. 1 Total number of conservation easements. 2 Total number of conservation easements. 2 Total number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure instead in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of states where property subject to conservation easement is located the value of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of states where property subject to conservation easement is located the value of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year to solutions, and enforcing conservation easements during the year of conservation easement		organization answered Tes Ori Orii 550, Fartiv, iiio		ed funds	(b) Funds and other accounts	_
2 Aggregate value of contributions to (quring year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donors advisions in writing that the assets helid in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor. Writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of ordonor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education). Preservation of a chesisted in the preservation of public use (for example, recreation or education). Preservation of open space 2 Complete lines 2a through 2 off if the organization held a qualified conservation contribution in the form of a centified historic structure instead of the tax year. 1 Total number of conservation easements. 2 Total number of conservation easements. 2 Total number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure instead in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of states where property subject to conservation easement is located the value of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of states where property subject to conservation easement is located the value of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year to solutions, and enforcing conservation easements during the year of conservation easement	1	Total number at end of year				_
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's acclusive legal contro?	2					_
A Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation fassements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation assements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 altrough 2 did the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Total anceage restricted by conservation easements 5 Total acreage restricted by conservation easements 20	3					_
5 Did the organization inform all clonors and clonor advisors in writing that the assets held in donor advised funds are the organization inform, subject to the organization is closure legal control?	4					_
are the organization's property, subject to the organization's exclusive legal control?	5			eld in donor advise	ed funds	_
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or dovisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(9) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education)			-			10
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imposmissible private benefit? Part Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Protection of natural habitat Preservation of a public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space	6					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of penservation easements □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Total acreege restricted by conservation easements 5 Total acreege restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 8 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 9 Number of states where property subject to conservation easement is located ► 10 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 10 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 10 See each conservation easement reported on line 2(d) above satisfy the requirements of section 170(i)(4)(B)(ii)						
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)4/(B)(i) and section 170(h)4/(B)(ii)? In Part XIII, describe how the organization reports conservation easement		impermissible private benefit?			Yes I	10
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 3 Total number of conservation easements 2a Held at the End of the Tax Year 2	Pai	t II Conservation Easements. Complete if the organization	anization answered "Y	es" on Form 990, P	art IV, line 7.	
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	•		
□ Preservation of open space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Attriand volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 5 B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)) and section 170(h)(4)(B)(l))? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization sharitaning Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1b If the organization sected, as permitted under FASB ASC 958, not oreport in its revenue statement and balance sheet works of art, historical trea		Preservation of land for public use (for example, recreati	ion or education)	Preservation of a	a historically important land area	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2		Protection of natural habitat		Preservation of a	a certified historic structure	
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(fi) and section 170(h)(4)(B)(fi)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organization simulationing Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: b If the organization elected, as permitted under FASB ASC 958, to re		Preservation of open space				
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ▼ ↑ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▼ ↑ S ↑ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▼ ↑ S ↑ One seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, nor to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the follo	2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contril	oution in the form o	of a conservation easement on the last	
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >		day of the tax year.			Held at the End of the Tax Ye	ar
c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(li) and section 170(h)(4)(B)(li)) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. b If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items: are No III the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, hi	а	Total number of conservation easements			2a	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	b	Total acreage restricted by conservation easements			2b	
listed in the National Register	С	Number of conservation easements on a certified historic structure	cture included in (a)		2c	
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XII. line 1 (ii) Assets included in Form 990, Part XIII, line 1 (iii) Assets included in Form 990, Part XIII, line 1 (iv) Assets included on Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII. line 1 (iv) Assets included on Form 990, Part XIII. line 1 (iv) Assets included in Form 990, Part XIII. line 1	d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not o	n a historic structur	e	
Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XII. line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be		listed in the National Register			2d	
Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 (iii) Assets included on Form 990, Part XIII, line 1 (iv) Assets included in Form 990, Part XIII, lin	3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization during the tax	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Sobes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Per XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on For		year ▶				
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ↑ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ↑ S	4	Number of states where property subject to conservation ease	ement is located			
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\sigma\$ \square\$ Bose seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?	5	Does the organization have a written policy regarding the period	odic monitoring, inspec	ction, handling of		
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?		violations, and enforcement of the conservation easements it	holds?		Yes I	10
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X	6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	and enforcing conse	ervation easements during the year	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X		>				
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X	7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	on easements during the year	
and section 170(h)(4)(B)(ii)?						
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part VIII, line 1 c Assets included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	8		•	•		
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X						ю
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X	9	,		•		
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Assets included in Form 990, Part X b Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	ote to the organization	s financial statemer	nts that describes the	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X III, line 1 b Assets included in Form 990, Part X Assets included in Form 990, Part X b Assets included in Form 990, Part X	Do	organization's accounting for conservation easements.	Art Historical Tr	accurac or Oth	or Similar Assats	
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Assets included in Form 990, Part X	Га			easures, or Oth	iei Siiiliidi Assets.	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ \$ b Assets included in Form 990, Part X \$ \$ b Assets included in Form 990, Part X \$ \$	_					—
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	та	, .				
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		•			•	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		• •				
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	р		•			
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		•	exhibition, education, of	or research in furthe	erance of public service,	
 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 		•			.	
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 						—
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$	^					—
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ▶ \$	2				gain, provide	
b Assets included in Form 990, Part X \$\infty\$	_				• •	
						—
						120

032051 12-01-20

a Public exhibition d	Pai	rt III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	er Simi	lar Assets	(conti	nued)	<u></u>
a Public exhibition d	_							•	,	
b Scholarly research e		collection items (check all that apply):								
c	а	Public exhibition	d	Loan or excl	hange program					
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds wither than to be maintained as part of the organization answered. "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 2 Beginning balance 3 Distributions during the year 4 Ending balance 4 Additions during the year 5 Ending balance 5 Distributions during the year 6 Distributions during the year 7 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. 1a Beginning of year balance 5 Set 97. 5 Set 97.	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?	С	Preservation for future generations								
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's coll	ections and explain	how they further th	e organization's exe	empt pur	pose in Part	XIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simila	ar assets				
Teported an amount on Form 990, Part X, line 21.										No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			te if the organization	n answered "Yes" o	n Form 9	990, Part IV,	ine 9, or		
on Form 990, Part X?		•	·							
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a							7		٦
C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1							L	」Yes		No
C Beginning balance 1c	b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table:				_		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability*						-		Amoun	ıt	
E Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
tending balance	d									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the organization answered "Yes" on Form 990, Part IX, line 10.							f	٦.,		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four year back (e) Four years back (e) Four years back (e) Four year back (e) Four years back (e) Four years back (e) Four year back (e) Four years back (e) Four years back (e) Four year back		-				•		」Yes	F	」No □
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Four	_									
1a Beginning of year balance 564,097, 503,948, 618,269, 678,234, 942,689, b Contributions 0 c Net investment earnings, gains, and losses of Grants or scholarships 57,041, 68,991, -5,185, 56,515, 47,685, e Other expenditures for facilities and programs 100,000, 104,000, 300,000, 104,000, 300,000, 104,000, 300,000, 104,000, 300,000, 104,000, 300,000, 104,000, 300,000, 104,000, 104,000, 300,000, 104,000	Pai	Elidowillent Fullus. Complete if								
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs								(e) Fou		
c Net investment earnings, gains, and losses d'arants or scholarships	1a		564,097.	503,948.	618,269.		6/8,234.		942,	689.
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 9,154, 8,842, 9,136, 12,480, 12,140, g End of year balance 611,984, 564,097, 503,948, 618,269, 678,234. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b		F7 041	CO 001	F 10F		F.C. F.1.F.		47	<u> </u>
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 611,984, 564,097, 503,948, 618,269, 678,234. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment be Permanent endowment 100 C Term endowment 100 C Term endowment to 100 (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Other 151,659,142,567,9,092.	С		57,041.	68,991.	-5,185.		56,515.		47,	685.
and programs f. Administrative expenses										
f Administrative expenses g End of year balance 611,984. 564,097. 503,948. 618,269. 678,234. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е				100 000		104 000		200	000
g End of year balance 611,984. 564,097. 503,948. 618,269. 678,234. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			0.154	0.040	,		<u> </u>			
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f					+				
a Board designated or quasi-endowment ▶	_		· · · · · ·	•	,		618,269.		6/8,	234.
b Permanent endowment ▶			nt year end balance) held as:					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) I "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 151,659. 142,567. 9,092.				_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In		· · · · · · · · · · · · · · · · · · ·								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) X (3a(iii) X (3b)	С									
Ves No (i) Unrelated organizations 3a(i) X X (ii) Related organizations 3a(ii) x X (iii) Related organizations 3a(ii) x X (iii) Related organizations 3a(ii) x X (iii) Related organizations (iii)			•							
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 151,659. 142,567. 9,092.	За		sion of the organizat	ion that are held an	id administered for t	the organ	nization			
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 151,659. 142,567. 9,092.		-						- m	Yes	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other 151,659. 142,567. 9,092.										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land basis (investment) basis (other) (c) Accumulated depreciation 1b Buildings c Leasehold improvements d Equipment 151,659. 142,567. 9,092.		(ii) Related organizations								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 151,659. 142,567. 9,092.								3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other 151,659. Description answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 151,659. 142,567. 9,092.				ment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or othe	ı aı			Doubly line 11 - C	Faura 000 David	/ line 10				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 151,659. 142,567. 9,092.								/ N D		
b Buildings C Leasehold improvements c Leasehold improvements C Leasehold improvements d Equipment Display 151,659. e Other 151,659. 142,567. 9,092.		Description of property	, , ,	, ,	', '		II.	(a) Boo	ok valu	e
b Buildings C Leasehold improvements c Leasehold improvements C Leasehold improvements d Equipment Display 151,659. e Other 151,659. 142,567. 9,092.	1a	Land								
c Leasehold improvements d Equipment d Equipment 151,659. 142,567. 9,092.	_									
d Equipment 151,659. 142,567. 9,092.	С									
e Other 151,659. 142,567. 9,092.	d									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	е			15	1,659.	142,	567.			
	Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X	(, column (B), line 10	Oc.)		▶		9,0	92.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 IMERMAN ANG	ELS	20-	-5621272 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
		14 O E 000 B 1 V II 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Welfied of Valuation. Gost of Cha	or year market value
<u>(1)</u>			
(2)			
<u>(3)</u>			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSITS			9,480.
(2) DONOR DESIGNATED ENDOWMEN	T		615,608.
(3) PREPAID EXPENSES			34,521.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	659,609.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	l 1e or 11f. See Form 990, Part X, line 25.	41.5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			12 201
(2) ACCRUED RENT			13,321.
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	. 05)	<u> </u>	13,321.
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 25.)		10,041.

032053 12-01-20

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial S	tatements With R	evenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,240,645.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	, ,			
а	Net unrealized gains (losses) on investments	2a	46,698.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		Г	2e	46,698.
3	Subtract line 2e from line 1			3	1,193,947.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		9,154.		
b	Other (Describe in Part XIII.)	4b			0 154
С	Add lines 4a and 4b			4c	9,154. 1,203,101.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XII Reconciliation of Expenses per Audited Financial S	<u>12.)</u> Statamenta With I	Evnonoso nor D	5	1,203,101.
Pai			Expenses per n	eturi	l.
	Complete if the organization answered "Yes" on Form 990, Part IV			. 1	1 214 600
1	Total expenses and losses per audited financial statements			1	1,214,680.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С.	Other losses				
d	Other (Describe in Part XIII.)			0.	0
e	Add lines 2a through 2d			2e	0. 1,214,680.
3	Subtract line 2e from line 1			3	1,214,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40	9,154.		
a b	Investment expenses not included on Form 990, Part VIII, line 7b		7,1340		
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	9 154.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	9,154. 1,223,834.
	rt XIII Supplemental Information.	<u>e 18.) </u>		<u> </u>	1/223/0310
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional informa	tion.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer ide	ntification number
				20-5621272			
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includantes)	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organizatio or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	irt i	of fundraising events. Complete if the	•	·		•
		or iditidialsing event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
			` '	FUNDRAISING	(C) Other events	(d) Total events
					2	(add col. (a) through
			- GALA	- BRUNCH RUN		col. (c))
æ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	128,528.	114,692.	98.	243,318.
	2	Less: Contributions	128,528.	114,692.	98.	243,318.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
v	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	0: 1 (1)		•	
	11				_	
Pa	rt I					•
		\$15,000 on Form 990-EZ, line 6a.				
-			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) Birigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Revenue	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes%	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
0	En	ter the state(s) in which the organization condu	ete gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
L		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
-	_	· · ·				
	_				Cabatata O.	000 000 F7\ 0000
0320	32 11	-25-20			Schedule G (For	m 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 IMERMAN ANGELS	20-5621272 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other er	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events boo	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ of gaming revenue retained by the third party ▶ \$	_ and the amount
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceed	s to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizat	ions or spent in the
organization's own exempt activities during the tax year ▶ \$	·
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colun	nns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	S

Schedule G (Form 990 or	990-EZ) IMERMAN ANGELS	20-	-5621272	Page 4
Part IV Suppleme	990-EZ) IMERMAN ANGELS ental Information (continued)			
	100.1			

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Open to Public

OMB No. 1545-0047

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

IMERMAN ANGELS

Part I Questions Regarding Compensation

Employer identification number 20-5621272

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1)(0)	reported as deferred on prior Form 990	
(1) STEPHANIE LIEBER	(i)	168,712.	0.	0.	0.	0.	168,712.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
·	(ii)								
	(i)								
	(ii)								
	(i)								
·	(ii)								
	(i)								
	(ii)								
	(i) /::\								
	(ii)								
	(i) (ii)								
	(i)								
	(') (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)	_							
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

Schedule J (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

IMERMAN ANGELS

Employer identification number 20-5621272

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CAREGIVERS THROUGH A PERSONALIZED, ONE-ON-ONE CONNECTION WITH SOMEONE
WHO HAS BEEN THERE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GOVERNING BODY APPROVES THE 990 AT COMMITTEE MEETINGS BEFORE IT IS
FINALIZED.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST
FORM 990, PART XII, LINE 2C
NO CHANGE FROM PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) 2020

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	PHONE SYSTEM	06/15/07	200DB	5.00	HY17	3,021.				3,021.	3,021.		0.	3,021.
2	DATABASE	06/15/07	200DB	5.00	НҮ17	16,000.				16,000.	16,000.		0.	16,000.
3	DATABASE	06/15/08	200DB	5.00	HY17	29,694.				29,694.	29,694.		0.	29,694.
4	COMPUTER EQUIPMENT	06/15/08	200DB	5.00	HY17	10,036.				10,036.	10,036.		0.	10,036.
5	OFFICE FURNITURE	06/15/08	200DB	7.00	HY17	2,462.				2,462.	2,462.		0.	2,462.
6	DATABASE	06/15/09	200DB	3.00	HY17	24,701.				24,701.	24,701.		0.	24,701.
7	COMPUTER EQUIPMENT	06/15/09	200DB	5.00	HY17	8,874.				8,874.	8,874.		0.	8,874.
8	DELL COMPUTERS	03/22/10	200DB	5.00	HY17	1,749.				1,749.	1,749.		0.	1,749.
9	DELL COMPUTERS	03/27/13	SL	5.00	16	2,513.				2,513.	2,513.		0.	2,513.
10	DELL COMPUTERS	04/02/13	SL	5.00	16	928.				928.	928.		0.	928.
11	IPHONE	07/29/13	SL	5.00	16	426.				426.	426.		0.	426.
12	IMPROVEMENTS	04/01/13		5.00	16	31,962.				31,962.	31,962.		0.	31,962.
13	COMPUTER	01/09/15		5.00	16	2,943.				2,943.	2,943.		0.	2,943.
14	IT INTFRASTRUCTURE - ROUTER	09/03/15		5.00	16	2,843.				2,843.	2,466.		377.	2,843.
15	LENOVO COMPUTERS	04/22/16		5.00	16	2,158.				2,158.	1,584.		432.	2,016.
16	NEW COMPUTER	02/09/18		5.00	16	794.				794.	305.		159.	464.
				5.00	16						505.			
17	NEW COMPUTERS 2019 CUBICLES	12/25/19		7.00	16	7,480. 3,075.				7,480. 3,075.			1,496. 439.	1,496. 439.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL 990 PAGE 10 DEPR						151,659.				151,659.	139,664.		2,903.	142,567.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						148,584.			0.	148,584.	139,664.			142,128.
	ACQUISITIONS						3,075.			0.	3,075.	0.			439.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						151,659.			0.	151,659.	139,664.			142,567.
	ENDING ACCUM DEPR											142,567.			
	ENDING BOOK VALUE											9,092.			

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

For Of	ffice Use Only	ILLINOIS CHARITABLE Attorney General I	ORGANIZATION A					Form AG990-IL Revised 1/19
			Bureau, 100 West		ph	CO	# 01	01051483
	-		, Chicago, Illinois 6 the Fiscal Period:	00001		X		all items attached:
AM		neport for	tile Fiscal Feriou.		Make Checks	X		f IRS Return d Financial Statements
		Beginning	01/01/2020		Payable to			f Form IFC
INIT	- 	& Ending	10/21/2020		the Illinois Charity			Annual Report Filing Fee
Fode	ral ID # 20-5621272	& Ending	12/31/2020 MO DAY YR		Bureau Fund			0 Late Report Filing Fee MO DAY YR
	contributions to the organization	tax deductible? X Yes	No	Date Or	ganization was	create		IVIO DAT TR
	LEGAL				Year-end			
	NAME IMERMAN A	NGELS			amounts		A) (f)	1 500 300
١,	MAIL	DOLPH STREET 19TH	FLOOR		A) ASSETS B) LIABILITIE	S	A) \$ B) \$	1,599,399. 714,714.
	Y, STATE CHICAGO,		1 10011		C) NET ASSE		C) \$	884,685.
Z	IP CODE 60606				,			•
I.		REVENUE ITEMS DURING			PERCENTA			AMOUNT
	,	TRIBUTIONS & PROGRAM SERVICE RE	W. (GROSS AMTS.)		98.30		D) \$ E) \$	1,182,752.
	E) GOVERNMENT GRANTSF) OTHER REVENUES	& MEMBERSHIP DUES			0.86		F) \$	10,000.
	,	ME AND CONTRIBUTIONS RECEIVED (A	DD D. E. & F)			00 %	G) \$	1,203,101.
II.		EXPENDITURES DURING						
	H) OPERATING CHARITABL	E PROGRAM EXPENSE			67.34	7 %	H) \$	824,220.
	I) EDUCATION PROGRAM S	SERVICE EXPENSE				%	1) \$	
	J) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENSE (ADD H & I)		67.34	7 %	J) \$	824,220.
	J1) JOINT COSTS ALLOCATE	ED TO PROGRAM SERVICES (INCLUDE	D IN J):	\$	T			
	K) GRANTS TO OTHER CHA	RITABLE ORGANIZATIONS				%	K) \$	
	L) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENDITURE (ADD	J & K)		67.34	7 %	L) \$	824,220.
	M) MANAGEMENT AND GEN	IERAL EXPENSE			14.11	5 %	M) \$	172,749.
	N) FUNDRAISING EXPENSE				18.53	7 %	N) \$	226,865.
	0) TOTAL EXPENDITURES T	THIS PERIOD (ADD L, M, & N)			10	00 %	0) \$	1,223,834.
III.	(Attach Attorney General Repo	PAID FUNDRAISER AND Coort of Individual Fundraising Campaign-						
	PROFESSIONAL FUNDRAISEI P) TOTAL AMOUNT RAISED	<u>RS;</u>) BY PAID PROFESSIONAL FUNDRAISE	RS		10	00 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FE	EES AND EXPENSES				%	Q) \$	
	R) NET RECEIVED BY THE C	CHARITY (P MINUS Q=R)				%	R) \$	

S) \$

T) \$

U) \$

V) \$

W)#

X) #

Y) #

0.

83,556.

84,400.

168,712.

List on back side of instructions CODE

111

111

111

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) 098091 04-22-20

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

U) NAME, TITLE: STEPHANIE J LIEBER, EXECUTIVE DIRECTOR

T) NAME, TITLE: DAVID LOUTHAN, SENIOR DEVELOPMENT MANAGER

V) NAME, TITLE: JOSHUA KAUFMANN, SENIOR OPERATIONS DIRECTOR

W) DESCRIPTION: ORGANIZATION MATCHES AN INDIVIDUAL WITH CANCER

X) DESCRIPTION: WITH AN INDIVIDUAL WHO PREVIOUSLY HAS HAD THE

Y) DESCRIPTION: SAME OR SIMILAR FORM OF CANCER FOR SUPPORT

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	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 \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	JP MORGAN CHASE BANK, N.A., 1111 POLARIS PARKWAY, COLUMBUS, OH	43	240	
	RAYMOND JAMES, 3680 EMBASSY PKWY UNIT A, AKRON, OH 44333			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: STEPHANIE LIEBER - 312-273-1300			
ALL	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

098101 04-22-20

JOHN MAY

PRESIDENT OF TRUSTEE (PRINT NAME) SIGNATURE DATE

SIGNATURE

STEPHANIE LIEBER

TREASURER OF TRUSTEE (PRINT NAME) SIGNATURE

CALEB D LENDY

PREPARER (PRINT NAME)

DATE