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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 16, 2024

IMERMAN ANGELS 2001 N. HALSTED ST. 302 CHICAGO, IL 60614

DEAR NIMESH :

ENCLOSED IS THE ORGANIZATION'S 2023 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-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

ILLINOIS FORM AG990-IL:

THE ILLINOIS FORM AG990-IL SHOULD BE MAILED AS SOON AS POSSIBLE TO:

OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 115 S. LASALLE ST CHICAGO, IL 60603

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-TE		IRS E-file Signat for a Tax Ex	ure Authorization cempt Entity	n	OMB No. 1545-0047
	For calendar vea	r 2023, or fiscal year beginning			0000
	Tor calcridar yea		6. Keep for your records.	, <u>20</u>	2023
Department of the Treasury Internal Revenue Service			9TE for the latest information	n.	
Name of filer				EIN or SSN	
IMERMA	N ANGELS	5		20-56	521272
Name and title of officer or pe			CRI		
	· · · · · · · · · · · · · · · · · · ·	CHAIRMAN OF THE			
Part I Type of	Return and	Return Information			
Form 5330 filers may enter or 10a below, and the amo	r dollars and ce ount on that lin	u are using this Form 8879-TE and ents. For all other forms, enter whol e for the return being filed with this ter -0-). But, if you entered -0- on the	e dollars only. If you check the form was blank, then leave line e return, then enter -0- on the a	e box on line 1a, 2a, e 1b, 2b, 3b, 4b, 5b applicable line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a Form 990 check h	iere	b Total revenue, if any (Fo	rm 990, Part VIII, column (A), li	ne 12)	1b <u>2,320,580.</u>
2a Form 990-EZ che	ck here … 🛛	b Total revenue, if any (Fo	rm 990-EZ, line 9)		2b
3a Form 1120-POL	heck here	b Total tax (Form 1120-PO	L, line 22)		3b
4a Form 990-PF che	ck here [b Tax based on investmer	nt income (Form 990-PF, Part	V, line 5)	4b
5a Form 8868 check	here [b Balance due (Form 8868	3, line 3c)		
6a Form 990-T chec			art III, line 4)		6b
7a Form 4720 check			art III, line 1)		
8a Form 5227 check			tax year (Form 5227, Item D)		
9a Form 5330 check			t II, line 19)		
10a Form 8038-CP ch	r		ent requested (Form 8038-CP,		10b
		nature Authorization of Of			
of entity) 2023 electronic return and complete. I further declare intermediate service provid acknowledgement of recei of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receive personal identification num PIN: check one box only X I authorize BR as my signature with a state age on the return's co As an officer or preturn. If I have in	accompanying that the amou der, transmitter pt or reason fo , I authorize th ution account i t the entry to tl prior to the pa e confidential i nber (PIN) as m ONSWICK on the tax yea ncy(ies) regulat lisclosure cons person subject ndicated withir rogram, I will e	X I am an officer of the above e g schedules and statements, and, t nt in Part I above is the amount sht, or electronic return originator (ER r rejection of the transmission, (b) e U.S. Treasury and its designated ndicated in the tax preparation soft his account. To revoke a payment, yment (settlement) date. I also auth nformation necessary to answer ind y signature for the electronic return BENJAMIN P.C. ER0 firm name r 2023 electronically filed return. If I ing charities as part of the IRS Fed ent screen. to tax with respect to the entity, I we this return that a copy of the return her my PIN on the return's disclose	, (EIN) o the best of my knowledge arrown on the copy of the electron O) to send the return to the IRS the reason for any delay in pro Financial Agent to initiate an e ware for payment of the federa I must contact the U.S. Treasu horize the financial institutions i quiries and resolve issues relat in and, if applicable, the consen I have indicated within this retu- /State program, I also authoriz will enter my PIN as my signaturn is being filed with a state age	and that I have ind belief, they are tru nic return. I consent S and to receive from poessing the return or electronic funds without involved in the proce- red to the payment. I involved in the proce- red to the payment. I to enter my F urn that a copy of the re the aforementioned ure on the tax year 20	e examined a copy of the e, correct, and to allow my n the IRS (a) an refund, and (c) the date drawal (direct debit) return, and the 1-888-353-4537 no essing of the electronic have selected a withdrawal. PIN <u>60606</u> Enter five numbers, but do not enter all zeros e return is being filed d ERO to enter my PIN D23 electronically filed charities as part of the
Part III Certifica	tion and Au	Ithentication			
ERO's EFIN/PIN. Enter yo	our six-digit elec	ctronic filing identification			
number (EFIN) followed by	your five-digit	self-selected PIN.	<u>3615716</u> Do not enter		
-	•	ny PIN, which is my signature on th the requirements of Pub. 4163, M	-	tion for Authorized If	
ERO's signature BRO	NSWICK 1	BENJAMIN P.C.	Date	10/16/24	
	Do No	ERO Must Retain This I t Submit This Form to the			
For Privacy Act and Pape		ion Act Notice, see instructions.			Form 8879-TE (2023)
LHA 302521 01-05-24					· · /

190006_1

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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.

must use Form 7004 to request an extension of time to file inc	come tax retur	ns.			
Part I - Identification					
Type or Name of exempt organization, employer, or other	r Name of exempt organization, employer, or other filer, see instructions.				mber (TIN)
Print					
IMERMAN ANGELS					
File by the due date for filing your 2001 N. HALSTED ST., 302	x, see instruct	ions.			
return. See instructions. City, town or post office, state, and ZIP code. For CHICAGO, IL 60614	a foreign add	ress, see instructions.			
Enter the Return Code for the return that this application is for	r (file a separat	te application for each return)			01
Application Is For	Return	Application Is For			Return
	Code				Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 4720 (individual)	03	Form 5227			10
Form 990-PF	04	Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990-T (trust other than above)	06	Form 5330 (individual)			13
Form 990-T (corporation)	07	Form 5330 (other than individual)			14
Form 1041-A	08				
After you enter your Return Code, complete either Part II or		I including signature is applicable o	nlv for an	extension of	
time to file Form 5330.		,,			
 If this application is for an extension of time to file Form 533 	0. vou must e	nter the following information.			
Plan Name		•			
Plan Number					
Plan Year Ending (MM/DD/YYYY)					
Part II - Automatic Extension of Time To File for Exempt Or	ganizations (s	see instructions)			
The books are in the care of STEPHANIE LIEBE		k			
		JITE 302 - CHICAGO,	IL 6	0614	
Telephone No. 312-273-1300		Fax No. 312-274-5530			
• If the organization does not have an office or place of busin	ness in the Uni				
 If this is for a Group Return, enter the organization's four-di 					
box If it is for part of the group, check this box					
1 I request an automatic 6-month extension of time until					
the organization named above. The extension is for the					
X calendar year 20 23 or	9				
tax year beginning	. 20	, and ending			. 20
	,	,			
2 If the tax year entered in line 1 is for less than 12 month	s, check reaso	on: Initial return I	-inal retur	'n	
Change in accounting period					
3a If this application is for Forms 990-PF, 990-T, 4720, or 6	U69, enter the	tentative tax, less			Δ
any nonrefundable credits. See instructions.	000	un formala la la consella de la	<u>3a</u>	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6	-				Δ
estimated tax payments made. Include any prior year ov			3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include you					0
using EFTPS (Electronic Federal Tax Payment System).		ns.	3c	\$	0. (Pov. 1.2024)

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

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Т

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



<u>A I</u>	-or τn	e 2023 calendar year, or tax year beginning and	i ending				
Ba	Check if applicab	E Name of organization	D Employer identification number				
	Addre	IMERMAN ANGELS					
	Name Chang	e Doing business as		20-5621272			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return	2001 N. HALSTED ST.	302	877-274-			
	termir ated			G Gross receipts \$	2,320,580.		
	Amen return	CHICAGO, IL 80814		H(a) Is this a group re	turn		
	Applie tion	F Name and address of principal officer: NIMESH S. ORAVERI		for subordinates	? Yes X No		
	pendi	^{ng} 2001 N. HALSTED ST. SUITE 302, CHICAGO,	, IL	H(b) Are all subordinates in	cluded? Yes No		
11	Tax-ex	empt status: 🗴 501(c)(3) 🔄 501(c) () (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
	Nebsi			H(c) Group exemption	n number		
KF	orm o	f organization: 🚺 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 2006 N	State of legal domicile: IL		
Pa	art I	Summary					
~	1	Briefly describe the organization's mission or most significant activities: \underline{TOP}					
uč L		UNDERSTANDING FOR ALL CANCER FIGHTERS, SU	JRVIVOF	RS, PREVIVOR	S, AND		
Governance	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	22		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u>20</u> 15			
es és	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	otal number of individuals employed in calendar year 2023 (Part V, line 2a)				
vitie	6	Total number of volunteers (estimate if necessary)	6	3000			
Activities &	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	·····	7b	0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		1,656,555.	2,230,841.		
Revenue	9	Program service revenue (Part VIII, line 2g)		32,000.	67,500.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,266.	17,333.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,918.	4,906.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,703,739.	2,320,580.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		912,369.	1,040,281.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
be A	. b	Total fundraising expenses (Part IX, column (D), line 25) 433, 5	36.				
Ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		861,112.	1,040,063.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,773,481.	2,080,344.		
	19	Revenue less expenses. Subtract line 18 from line 12		-69,742.	240,236.		
S OL			Be	ginning of Current Year	End of Year		
Assets -	20	Total assets (Part X, line 16)		1,481,678.	2,030,117.		
t As	-	Total liabilities (Part X, line 26)		537,699.	803,433.		
ING		Net assets or fund balances. Subtract line 21 from line 20		943,979.	1,226,684.		
1 P2	art II	Signature Block					

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

Sign	Signature of officer		Date				
-	NIMESH S. JHAVERI, CHA	IRMAN OF THE BOARD					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	CALEB D LENDY	CALEB D LENDY	10/16/24 self-employed P016960	52			
Preparer	Firm's name BRONSWICK BENJ	AMIN P.C.	Firm's EIN 36-4409576				
Use Only	Firm's address 8750 W BRYN MA	WR AVE SUITE 650					
	CHICAGO, IL 60	631	Phone no. 847-947-095	7			
May the IF	lay the IRS discuss this return with the preparer shown above? See instructions						
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) IMERMAN ANGELS	20-5621272	Page 2
Par	t 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:		
•	TO PROVIDE COMFORT AND UNDERSTANDING FOR ALL CANCER FIGH	TERS	
	SURVIVORS, PREVIVORS, AND CAREGIVERS THROUGH A PERSONALI		
	ONE-ON-ONE CONNECTION WITH SOMEONE WHO HAS BEEN THERE.		
	UNE-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		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by avaanaa	
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	's, the total expenses, al	na
	revenue, if any, for each program service reported.		720
4a			739.)
	IMERMAN ANGELS MATCHES A PERSON FIGHTING CANCER WITH SOM		<u>S</u>
	BEATEN CANCER, USUALLY OF THE SAME TYPE OF CANCER, AGE,		
	ONE-ON-ONE RELATIONSHIPS GIVE A FIGHTER THE CHANCE TO AS	K PERSONAL	
	QUESTIONS AND GET SUPPORT FROM SOMEONE WHO IS UNIQUELY F.		
	SURVIVOR.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	9 au)
ти		ue)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
<u></u>	Other program convises (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	-	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,368,792.		
		Form 9	990 (2023)
332002	2 12-21-23		

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Form	990	(2023)	
	330		,

 Form 990 (2023)
 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? See instructions	2	Х	
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		_X_
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		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
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?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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, VIII, 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,	44-	х	
h	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			<u></u>
u	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	11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 13	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	12-21-23	Form	990	(2023)

332003 12-21-23

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FUIII	990	(2023)

Form 990 (2023) IMERMAN ANGELS
Part IV Checklist of Required Schedules (continued)

Pai	t 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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
04-	Schedule J	23	21	<u> </u>
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			v
_	Schedule K. If "No," go to line 25a	24a		X
	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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 the Schedule L, Part IV,	21		
20				
-	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			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	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			
	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?			
00		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37		37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
1 0	Chaoly if Schooly a contained a reasonable or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
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Form	990 (2023) IMERMAN ANGELS 20-56212 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 20-56212	272	Pa	_{age} 5
. ai			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		105	
	filed for the calendar year ending with or within the year covered by this return [2a] 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	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		x
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			
	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
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		X
	If "Yes," see the 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
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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332005 12-21-23

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_	1 990 (2023) IMERMAN ANGELS rt VI Governance, Management, and Disclosure. For each "Ves" response to lines 2 th		621272	F	age
Fa			d for a "No" r	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				
800	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		
Sec	tion A. Governing Body and Management			V.	Γ.
10	Enter the number of voting members of the governing body at the end of the tax year	1a	22	Yes	
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		20		
-	Enter the number of voting members included on line 1a, above, who are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			х	
~	officer, director, trustee, or key employee?		2	л	⊢
3	Did the organization delegate control over management duties customarily performed by or under the	•			
	of officers, directors, trustees, or key employees to a management company or other person?				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				
5	Did the organization become aware during the year of a significant diversion of the organization's ass				
6	Did the organization have members or stockholders?		6		+
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•			,
	more members of the governing body?		<u>7a</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				,
_	persons other than the governing body?		7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			77	
a	The governing body?			X	-
b	Each committee with authority to act on behalf of the governing body?		8b	Х	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				Ι.
200	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		V.	Τ.
10-			40-	Yes	
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		ŀ
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	• • •	10		
				v	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the forr	m? 11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				Ι.
	Did the organization have a written conflict of interest policy? If "No," go to line 13				2
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		<u>12b</u>		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			
	on Schedule O how this was done		<u>12c</u>		╞
13	Did the organization have a written whistleblower policy?				
14	Did the organization have a written document retention and destruction policy?		14		2
15	Did the process for determining compensation of the following persons include a review and approva	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official				2
b	Other officers or key employees of the organization		15b		2
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16a		Σ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	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 $_ extsf{IL}$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (section 501	l(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		cy, and financ	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				
	2001 N. HALSTED ST. SUITE 302, CHICAGO, IL 60614				
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Form 990 (2023)	IMERMAN ANGELS	20-5621272 Page 7						
Part VII Compens	sation of Officers, Directors, Trustees, Key Employe	ees, Highest Compensated						
Employee	es, and Independent Contractors							
Check if Sch	hedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
•	for all persons required to be listed. Report compensation for the ca	, , , , , , , , , , , , , , , , , , , ,						

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

Name and title Average hours per week fight any fight an	(A)	(B)		(C)		(D)	(E)	(F)			
House provise base and methods Compensation of a mount of momentation of momentation organizations Compensation from the organization of the compensation of momentation organization of the organization of momentation organizations Compensation from the organization of the organization organization organization organization organization of the organization organizat	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
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332007 12-21-23

Form 990 (2023) IMERMAN	ANGELS								20-562	1272	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box	not cl , unles	heck i ss per	ition more rson i	than c is both pr/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related	Estin amou	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fron organ and r	ensation n the ization elated zations
(18) SHARBEL SHAMOON	1.00								0		
BOARD MEMBER (19) DARYL SNEED	1.00	X						0.	0	•	0.
BOARD MEMBER	1.00	x						0.	0		0.
(20) JULIUS TALLEY	1.00										
BOARD MEMBER		х						0.	0	•	0.
(21) THAD WONG	1.00										
BOARD MEMBER		Х						0.	0	•	0.
(22) DAVID ZIMMER	1.00								0		0
BOARD MEMBER		X						0.	0	•	0.
		-								_	
1b Subtotal						1		216,210.	0	•	0.
c Total from continuation sheets to Part V	II, Section A							0.	0		0.
d Total (add lines 1b and 1c)								216,210.	0	•	0.
2 Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		2
										Y	es No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s				•	-		Ŭ	• •		3	x
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		
and related organizations greater than \$15										4 2	x
5 Did any person listed on line 1a receive or								•		E	X
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	nplete Schedule	e J fo	or su	ich į	oers	on .				5	
1 Complete this table for your five highest co	•	•								ation from	
the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wi	thin		ear.	(0)	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensa	ation
							\neg				
2 Total number of independent contractors (including but no	ot lin	nitec	d to t	thos	se lis	ted	above) who received m	ore than		
\$100,000 of compensation from the organ	•				C						
										Form 99	90 (2023)

332008 12-21-23

Part Vull Statement of Revenue (C) (C) Chock if Schedule O contains a response or note to any line in this Part Vill (C) (C) (C) If a Federated campagns 14 (C) (C) (C) (C) If a Federated campagns 14 (C) (C) (C) (C) (C) If a Federated campagns 14 (C)					RMAN ANG	EL	S			20-5621	272 Page 9
Contraction revenue Contraction revenue <th>Pa</th> <th>rt V</th> <td>/111</td> <td>Statement of Rev</td> <td>venue</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Pa	rt V	/111	Statement of Rev	venue						
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6 a Gross rents 6a a b Less: rental expenses 6a a c Rental income or (loss) 6c a d Net rental income or (loss) 6c a 7 a Gross amount from sales of assets other than inventory 7a a a Gross amount from the basis and sales expenses 7a a c Gain or (loss) 7a a a a Gross income from fundralsing events (not including \$\$ 111,525. or con contributions reported on line 1c). See a a b Less: direct expenses 8a 0. b a b Less: direct expenses 9b 0. a a b Less: direct expenses 9a 0. a a b Less: direct expenses 9b 0. a a c Ross income from gaming activities. See 9a a a a b Less: direct expenses 9b b a a a c Net income or (loss) from gaming activities a a a a a b Less: dinect expenses		5		Royalties							
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d Net gain or (loss)	/ent		с								
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	33000		21		115	<u></u>		, JZU, JOU.	1 09,139.		Form 990 (2023)

IMERMAN ANGELS

_	Check if Schedule O contains a respons			(C)	<u></u> (ח)
	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,	216 210	112 704	E0 104	12 212
	trustees, and key employees	216,210.	113,784.	59,184.	43,242
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	636,823.	449,901.	51,558.	135,364
7	Other salaries and wages	030,043.	447,JUI.	JI, JJ0.	135,304
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	117,176.	76,601.	16,304.	21 271
9	Other employee benefits	70,072.	45,808.	9,750.	24,271 14,514
0	Payroll taxes	10,012.	45,000.	9,750.	14,514
11	Fees for services (nonemployees):				
a	Management	29,743.		29,743.	
b		6,000.		6,000.	
C L	Accounting	0,000.		0,000.	
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	9,445.		9,445.	
f	Other. (If line 11g amount exceeds 10% of line 25,	5,115.		5,445.	
g	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	63,479.	54,548.		8,931
12 13	Office expenses	31,636.	24,560.	2,843.	4,233
13 14	Information technology	23,372.	18,698.	2,337.	2,337
14 15	Royalties	2070720	20,000	2,33,1	
16	Occupancy	110,318.	72,118.	15,351.	22,849
17	Travel		,		,•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	13,035.		13,035.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,947.		1,947.	
23	Insurance	1,947. 7,972.		1,947. 7,972.	
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.)				
а	CONTRACT STAFF	361,149.	299,809.	47,390.	13,950
b	PROGRAM-RELATED EVENTS	305,148.	198,599.	,	106,549
c	PROCESSING FEES	57,452.	1,161.	2,683.	53,608
d	TELEPHONE AND INTERNET	11,052.	7,225.	1,538.	2,289
e	All other expenses	8,315.	5,980.	936.	1,399
25	Total functional expenses. Add lines 1 through 24e	2,080,344.	1,368,792.	278,016.	433,536
26	Joint costs. Complete this line only if the organization				,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1		

332010 12-21-23

IMERMAN ANGELS

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or i	note to anv	line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			779,383.	1	796,362.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			35,000.	4	200,000.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descril	-			6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
		Land, buildings, and equipment: cost or othe				_	
		basis. Complete Part VI of Schedule D		151,659.			
	Ь	Less: accumulated depreciation	10b	151,659. 148,844.	4,762.	10c	2,815.
	11	Investments - publicly traded securities			/ -	11	, · · ·
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	662,533.	15	1,030,940.		
	16	Total assets. Add lines 1 through 15 (must e			1,481,678.	16	2,030,117.
	17	Accounts payable and accrued expenses			43,505.	17	79,794.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su		· · · ·			
ilid		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to uni	-	F		23	
	24	Unsecured notes and loans payable to unrela			479,760.	24	467,163.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	,		14,434.	25	256,476.
	26	Total liabilities. Add lines 17 through 25			537,699.	26	803,433.
		Organizations that follow FASB ASC 958, o	heck here	X			,
es		and complete lines 27, 28, 32, and 33.					
anc	27				334,941.	27	532,374.
3ali	28	Net assets with donor restrictions			609,038.	28	694,310.
Ы		Organizations that do not follow FASB ASC					
Fur		and complete lines 29 through 33.	,,				
P	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			943,979.	32	1,226,684.
z	33	Total liabilities and net assets/fund balances			1,481,678.	33	2,030,117.
					=,===,•:•		=,:::,==,.

Form	1990 (2023) IMERMAN ANGELS	<u>20-56</u>	521272	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,320		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,080		
3	Revenue less expenses. Subtract line 2 from line 1	3	240	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	943		
5	Net unrealized gains (losses) on investments	5	42	,40	69.
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	1,226	,68	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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 on Schedule	0.			
2a			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	e basis,			
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Nam	Name of the organization Employer identification number								identification number	
	IMERMAN ANGELS								0-5621272	
Pa	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7		An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10	Х	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	-	-	-			•		
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
-		organization. You must o	-							
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	oorted	
_		organization(s). You mus	-						ما د	
С		Type III functionally inte	• • • •					ly integrate	a with,	
d		its supported organization		-				tod organi-	votion(a)	
d	L	Type III non-functionally that is not functionally int						-		
		requirement (see instructi	•		•			anallenin	61633	
е		Check this box if the orga		•				II Type III		
Ũ	L	functionally integrated, or					19901, 1990	n, type in		
f	Ente	r the number of supported of			0 0					
g		ride the following information	•							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Tota										

Schedule A	(Form	990)	2023
Schedule A	FOILI	330)	2020

IMERMAN ANGELS

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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)						
_	Public support. Subtract line 5 from line 4.						
		(-) 0010	(1-) 0000	(=) 0001	(-1) 0000	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
٥	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	· · · · · · · · · · · · · · · · · · ·	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th					· · ·	
	organization, check this box and stop	0		,	,	()()	
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), c	divided by line 11, o	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on				
	and stop here. The organization qual	ifies as a publicly	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not (
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	box and stop he	ere. Explain in Part	VI how the organ	ization
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not o	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	he organization qu	alifies as a public	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns
						Sabadula	Δ (Form 990) 2023

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

IMERMAN ANGELS

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.) Section A. Public Support

_							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1743075.	1145895.	1246737.	1656555.	2230841.	8023103.
2	Gross receipts from admissions,						
-	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the			27,500.	32,000.	67,500.	127,000.
~	organization's tax-exempt purpose			27,500.	52,000.	07,500.	127,000.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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	1743075.	1145895.	1274237.	1688555.	2298341.	8150103.
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						8150103.
	Public support. (Subtract line 7c from line 6.)						0120102.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1743075.	1145895.	1274237.	1688555.	2298341.	8150103.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,971.	10,349.	8,113.	11,261.	17,333.	60,027.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	12,971.	10,349.	8,113.	11,261.	17,333.	60,027.
	Net income from unrelated business		-	-	-	-	-
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part VI.)	1756046.	1156244.	1282350.	1699816.	2315674.	8210130.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
		- A					
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	99.27 %
	Public support percentage from 2022	1	1			16	99.24 %
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.73 %
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	.76 %
19a	33 1/3% support tests - 2023. If the					3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	-					
h	33 1/3% support tests - 2022. If the						
~	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		•	
			557 OF 1116 14, 198	a, of too, oneon in	10 DON AND SEE 1115		
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Yes No

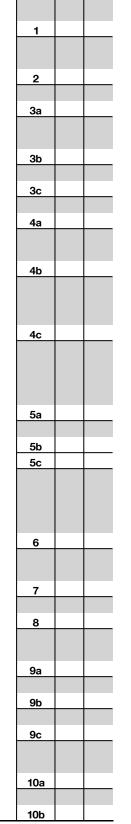
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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Schedule A (Form 990) 2023

	(Form 990) 20		
Part IV	Supportin	g Organizations (contin	nued)

1

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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 bonofit corriad out the purposes of the supported organization(a) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

SUDEIVIS			Joorting organization.
Section C.	Type II	Supporting	g Organizations

 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
 Image: Control or management of the support of the s

Section 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			
	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?	1		
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).	2		
3	By reason of the relationship described on 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.	3		

Section 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 ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaiea<i>iaaiaaiaaiaaaaaaaa<i>aaaaa</i></i></i></i></i></i></i></i></i></i></i></i></i></i>

- a 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 go	overnmental entity (see instruction <u>s).</u>
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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 on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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Sche	edule A (Form 990) 2023 IMERMAN ANGELS			20-5621272 Page 6				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations					
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 mu	ist complete	Sections A through E.					
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):							
<u>a</u>	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	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-function	ally integrate	ed Type III supporting or	ganization (see				

instructions).

Schedule A (Form 990) 2023

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b	From 2019		
C	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
C	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

(i)

Excess Distributions

IMERMAN ANGELS

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

Distributable amount for 2023 from Section C, line 6

Distributable amount for 2023 from Section C, line 6

2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

3 Excess distributions carryover, if any, to 2023

10 Line 8 amount divided by line 9 amount

4 Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Schedule A (Form 990) 2023

Section D - Distributions

2

3

7

8

9

1

a From 2018

20-5621272 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Current Year

(iii)

Distributable

Amount for 2023

1

2

3

4

5 6

7

8 9

10

(ii)

Underdistributions

Pre-2023

Schedule A	(Form 990) 2023	IMERMAN ANGELS		20	-5621272	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Provide the explanations , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c lines 2 and 3; Part IV, Section E, lin	s required by Part II, line 10; Part II, line 17a o , 11a, 11b, and 11c; Part IV, Section B, lines les 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V and 6. Also complete this part for any additio	r 17b; I I and 2 V, Sect	Part III, line 12; ; Part IV, Section ion B, line 1e; Pa	с,
332028 12-21-2	3		21	Sch	nedule A (Form 9	90) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

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

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 Rules

X 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), 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 for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set o

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

IMERMAN ANGELS

Name of organization

Employer identification number

20-5621272

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SEAGEN INC. 21823 30TH DRIVE SOUTHEAST BOTHELL, WA 98021	\$140,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 2 (a)	(b) Name, address, and ZIP + 4 JOHNSON AND JOHNSON HEALTHCARE SYSTEMS, INC. <u>1</u> JOHNSON AND JOHNSON PLAZA NEW BRUNSWICK, NJ 08933 (b)	(c) Total contributions (c) \$\$95,000. (c)	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
(a) No.	(0) Name, address, and ZIP + 4	(C) Total contributions	(a) Type of contribution
3	MCKESSON FOUNDATION 9954 MAYLAND DRIVE RICHMOND, VA 23233	\$225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PFIZER, INC. 275 &, 375 N FIELD DR LAKE FOREST, IL 60045	\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll O Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Ocomplete Part II for noncash contributions.)

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23 2023.04030 IMERMAN ANGELS

MERMA	N ANGELS	2	0-5621272
Part II	Noncash Property (see instructions). Use duplicate copies of Provide the Provi	art II 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
		\$	

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190006_1

Name of organization

Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)		Page 4
Name of c	organization		Employer identification number
TMERM	AN ANGELS		20-5621272
Part III		ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, ar	nd 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	(2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(0,000 0. 3	
		(e) Transfer of gif	ft
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			<u> </u>
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
		(e) Transfer of gif	/ ft
			_
	Transferee's name, address, ar	<u>ומ בוץ + 4</u>	Relationship of transferor to transferee
323454 12-26	l 6-23	I	Schedule B (Form 990) (2023)

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SCHEDULE I	C
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Department of the Treasury

Internal Revenue Service

(Form 990))
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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 3 **Open to Public** Inspection

Name of	f the oi	rganization
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Employer identification number

	- 5				

	IMERMAN ANGELS		20-5621272
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
	-	(a) Donor advised funds	(b) Funds and other accounts
1	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	Did the organization inform all donors and donor advisors in v	I writing that the assets held in donor advised	d funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
Par		anization answored "Ves" on Form 990 D	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation of land for public use)		a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		<u>2</u> c
d	Number of conservation easements included on line 2c acqui		
-	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	rvation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
•			
8	Does each conservation easement reported on line 2d above		
-			
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	its that describes the
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	or Similar Assots
Fai		, ,	el Sillila Assels.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	-	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2023
332051	09-28-23		

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Sche	dule D (Form 990) 2023 IMERMAN					20-56	2127	2 P	age 2		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	contii	nued)			
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its					
	collection items (check all that apply).										
а	Public exhibition	d	Loan or exc	hange program							
b	Scholarly research	е	Other								
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.				
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other simila	r assets		_		_		
	to be sold to raise funds rather than to be ma						Yes		No		
Par	t IV Escrow and Custodial Arrang		e if the organizatior	answered "Yes" on	Form 990	, Part IV, li	ne 9, or				
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia						_		-		
	on Form 990, Part X?					L	Yes		No		
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				-				
							Amoun	t			
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	0						7				
	Did the organization include an amount on Fo				ility?	L	Yes		No		
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	T V Endowment Funds Complete if					voare back		, voaro	back		
4.		(a) Current year 559,038.	(b) Prior year 647,289.	(c) Two years back 611,984.	1	years back 564,097.	(e) Fou	503,			
	Beginning of year balance	555,050.	047,209.	011,904.	-	504,097.		505,	940.		
	Contributions	59,717.	-78,893.	45,236.		57,041.		68	991.		
	Net investment earnings, gains, and losses		-70,093.	45,250.		57,041.		00,	<u> </u>		
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	9,445.	9,358.	9,931.		9,154.		9	842		
	Administrative expenses	609,310.	559,038.	647,289.	1	511,984.	8,842. 564,097.				
-	End of year balance	,	,	,		JII, JU4.		504,	057.		
2	Provide the estimated percentage of the curr	ent year end balance) held as:							
a L	Board designated or quasi-endowment Permanent endowment 100	0/	_%								
		% %									
С											
20	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses		tion that are hold or	d administered for t	ha						
Ja	organization by:	ssion of the organizat	tion that are new ar		iie			Yes	No		
	(i) Unrelated organizations?						3a(i)		X		
							3a(ii)		X		
h	If "Yes" on line 3a(ii), are the related organizations						3b				
4	Describe in Part XIII the intended uses of the						00				
Par	t VI Land, Buildings, and Equipm		intent funds.								
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part X	. line 10.						
	Description of property	(a) Cost or ot			Accumulat	bo	(d) Boo	k valu			
	Description of property	basis (investm	• • •		epreciation		(u) B00	r valu	5		
19	Land		,		,						
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other		15	1,659.	148,8	44.		2,8	15.		
	. Add lines 1a through 1e. (Column (d) must en							2,8			
		guari onni 330, Fail A		,e <i></i>							

Schedule D (Form 990) 2023

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Schedule D	(Form 990)	2023	IMERMAN	ANGELS

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(2) 2001 1000		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 000 Dort IV line	11d Cap Form 000 Part V line 15	
	Description	The See Form 990, Part A, line 15.	(b) Book value
	Description		.,
(1) SECURITY DEPOSITS (2) RIGHT OF USE ASSET			10,438
(2) RIGHT OF USE ASSET			
(3) PREPAID EXPENSES			151,892
(3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT	1		151,892
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) 	1		151,892
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) 	1		151,892
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) 	1		151,892
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) 	1		151,892
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) 			151,892 612,934
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. 			151,892 612,934
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities 	(B))		151,892 612,934 1,030,940
(3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of	(B))		
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization answered "Yes" of the organization of the time of the	(B))		151,892 612,934 1,030,940
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes 	(B))		151,892 612,934 1,030,940
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability 	(B))		151,892 612,934 1,030,940
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes 	(B))		151,892 612,934 1,030,940
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY 	(B))		151,892 612,934 1,030,940
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) 	(B))		151,892 612,934 1,030,94 (b) Book value
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) 	(B))		151,892 612,934 1,030,940
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) 	(B))		151,892 612,934 1,030,940
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) 	(B))		151,892 612,934 1,030,940
 (3) PREPAID EXPENSES (4) DONOR DESIGNATED ENDOWMENT (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7) 	(B))		151,892 612,934 1,030,940

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) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 IMERMAN ANGELS			20-	5621272 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,380,727.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	42,469.		
b	Donated services and use of facilities	2b	27,123.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	<u>69,592.</u> 2,311,135.
3	Subtract line 2e from line 1			3	2,311,135.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,445.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	<u>9,445.</u> 2,320,580.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,320,580.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,098,022.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2 a	27,123.		
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	27,123.
3	Subtract line 2e from line 1			3	2,070,899.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,445.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	9,445.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,080,344.
Pa	t XIII Supplemental Information				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047					
(Form 990)	Complete if the	2023											
Development of the Terrory	C	Open to Public											
Department of the Treasury Internal Revenue Service	Go t		Inspection										
Name of the organization								entification number					
Part I Fundrais	IMERMAN ing Activities.		red "V	as" or	Form 990 Part IV li	ne 1 [.]	20-5622						
	undraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 quired to complete this part. hether the organization raised funds through any of the following activities. Check all that apply.												
 a Mail solicitat b Internet and c Phone solici d In-person so 	tions email solicitations tations licitations	e Solicitat	tion of tion of fundra	non-g gover aising	overnment grants nment grants events	tooo	or.						
key employees list	ed in Form 990, Pa highest paid indiv	art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	rofessi	onal fi	undraising services?		Ye						
	ast \$5,000 by the		1										
(i) Name and addres or entity (func		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization					
			Yes	No	-								
Total													
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration					

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

IMERMAN ANGELS

20-5621272 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				VARIOUS	NONE	(add col. (a) through
			BRUNCH RUN	EVENTS		(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	coi. (c))
nue						
Revenue	1	Gross receipts	302,738.	8,787.		311,525.
æ						
	2	Less: Contributions	302,738.	8,787.		311,525.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
oen	6	Rent/facility costs				
Ĕ						
ect	7	Food and beverages				
Ō						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	()			
Da	11 Irt	Net income summary. Subtract line 10 from li				
Pa	IT L I		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(1) Dull take (in at		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				ນແຜນ/ກາວຢາຂອອາຈະ ນແທນ		
Rev						
	1	Gross revenue				
						1

ം	2	Cash prizes										
Direct Expenses	3	Noncash prizes										
Direct E	4	Rent/facility costs										
	5	Other direct expenses										
] Yes %		Yes	%] Yes_	%		
	6	Volunteer labor		No		No			No			
9		Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	from	n line 1, column (d)	<u></u>			<u></u>				
		he organization licensed to conduct gaming ac No," explain:									Yes	∟ No
		ere any of the organization's gaming licenses re Yes," explain:				ated during	g the tax y	year?			Yes	No

332082 09-13-23

Schedule G (Form 990) 2023

2 Cash prizes

Sch	edule G (Form 990) 2023	IMERMAN	ANGELS	20-5	621272	Page 3
	· · · · · · · · · · · · · · · · · · ·	ming activities w	ith nonmembers?		Yes	No
			of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?				Yes	No No
13	Indicate the percentage of gaming					
а	The organization's facility				13a	%
b	An outside facility				13b	%
14	Enter the name and address of the	e person who pre	epares the organization's gaming/special events books and recor	ds:		
	Name					
	Address					
15a	Does the organization have a con	tract with a third	party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gam	ing revenue recei	ived by the organization \$ and the an	nount		
	of gaming revenue retained by the	e third party \$				
c	If "Yes," enter name and address					
	Name					
	Address					
16	Coming monoger information:					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
		-				
	Description of services provided					
		<u> </u>				
	Director/officer	Employee	Independent contractor			
17	Mandaton, distributions:					
	Mandatory distributions:	state law to mak	e charitable distributions from the gaming proceeds to			
6	retain the state gaming license?		e chantable distributions norm the gaming proceeds to		Yes	No No
b			tate law to be distributed to other exempt organizations or spent			
	organization's own exempt activit	•				
Pa	rt IV Supplemental Infor	mation. Provid	de the explanations required by Part I, line 2b, columns (iii) and (v)); and Part	: III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provide any additional information. See instructions.			
3320	83 09-13-23			Schedu	le G (Form	990) 2023
0020			32	Conedu		200, 2020

 Schedule G (Form 990)

332084 04-01-23

SC	HEDULE J	Compensation Information		OMB No. 1	1545-00	47		
(Fo	rm 990)							
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	Z J)		
Dena	tment of the Treasury	Attach to Form 990.		Open to				
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	ne of the organization			identificatio		mber		
		IMERMAN ANGELS	20-5	562127	2			
Ра	rt I Question	s Regarding Compensation						
	.				Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Forr	n 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fe						
		spending account Personal services (such as maid, chauffe	eur, chet)					
h	If any of the bayes	on line to ave checked, did the exercisation follow a written policy recording normant or						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16				
2		provision of all of the expenses described above? If "No," complete Part III to explain n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		<u>1b</u>				
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
	trustees, and onice							
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization	'c					
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	compensation consultant Compensation survey or study						
	·	ther organizations I I Addition Control of Componential Componentia Componential Componential Co	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 re							
а	•	e payment or change of control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?				X		
	If "Yes" to any of lir	nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion					
	contingent on the re							
а	The organization?			<u>5</u> a		X		
		ation?				X		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion					
	contingent on the n							
а	The organization?			<u>6a</u>		X		
b	Any related organiz	ation?		6b		X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen						
		ies 5 and 6? If "Yes," describe in Part III		7		X		
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the					
				8		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section							
For	Paperwork Reducti	ion Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)) 2023		

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20-5621272

Page 2

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEPHANIE LIEBER	(i)	197,280.	0.	0.	0.	0.	197,280.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



IMERMAN ANGELS

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 A, LINE 2:

BOTH CO-FOUNDER JOHNNY IMERMAN AND HIS BROTHER, JEFF IMERMAN ARE MEMBERS OF

THE BOARD OF DIRECTORS.

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA332211 11-14-23

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	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
1	PHONE SYSTEM	06/15/07	200DB	5.00	ну	17	3,021.				3,021.	3,021.		0.	3,021.
2	DATABASE	06/15/07	200DB	5.00	НУ	17	16,000.				16,000.	16,000.		0.	16,000.
3	DATABASE	06/15/08	200DB	5.00	ну	17	29,694.				29,694.	29,694.		0.	29,694.
4	COMPUTER EQUIPMENT	06/15/08	200DB	5.00	ну	17	10,036.				10,036.	10,036.		0.	10,036.
5	OFFICE FURNITURE	06/15/08	200DB	7.00	ну	17	2,462.				2,462.	2,462.		0.	2,462.
6	DATABASE	06/15/09	200DB	3.00	ну	17	24,701.				24,701.	24,701.		0.	24,701.
7	COMPUTER EQUIPMENT	06/15/09	200DB	5.00	ну	17	8,874.				8,874.	8,874.		0.	8,874.
8	DELL COMPUTERS	03/22/10	200DB	5.00	ну	17	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.		٥.	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.		٥.	426.
12	IMPROVEMENTS	04/01/13	SL	5.00		16	31,962.				31,962.	31,962.		0.	31,962.
13	COMPUTER	01/09/15	SL	5.00		16	2,943.				2,943.	2,943.		٥.	2,943.
14	IT INTFRASTRUCTURE - ROUTER	09/03/15	SL	5.00		16	2,843.				2,843.	2,843.		0.	2,843.
15	LENOVO COMPUTERS	04/22/16	SL	5.00		16	2,158.				2,158.	2,158.		٥.	2,158.
16	NEW COMPUTER	02/09/18	SL	5.00		16	794.				794.	782.		12.	794.
17	NEW COMPUTERS 2019	12/25/19	SL	5.00		16	7,480.				7,480.	4,488.		1,496.	5,984.
18	CUBICLES	01/01/20	SL	7.00		16	3,075.				3,075.	1,317.		439.	1,756.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	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.	146,897.		1,947.	148,844.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

For (Office Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL REF	PORT		Form AG990 Revised 04	
PN	Illinois Attorney General Kwame Raoul				724
	Charitable Trust Bureau, 115 S. LaSalle St Chicago, IL 60603	CC		-01051483	
AN		X		II items attached: IRS Return	
		Checks X		Financial Statements	
	Beginning 01/01/2023 Payabi	e to	-	ed Financial Statement	ts
IN	Bureau Bureau	Charity	Copy of	Form IFC	
	& Ending <u>12/31/2023</u>			nual Report Filing Fee	
	eral ID # 20-5621272 MO DAY YR Date organiza	tion was areat		te Report Filing Fee	
	contributions to the organization tax deductible? \mathbf{X} Yes \mathbf{N} No	tion was creat		10 DAY YF	R
		AR-END			
		NOUNTS			
		SSETS	A) \$	2,030,117	
	, , , , , , , , , , , , , , , , , , , ,	IABILITIES	B) \$ C) \$	803,433	
	Zip Code: 60614 C) NET ASSETS			1,220,004	± •
Ι.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	ERCENTAGE		AMOUNT	_
	D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.) 9	9.042%	D) \$	2,298,341	ι.
	E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	%	E) \$ F) \$		
	F) OTHER REVENUES	0.958%		22,239).
		100.0/	G) \$	2,320,580	h
 II.	G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	α) φ	2,320,300	
		5.796%	H) \$	1,368,792	2.
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$		
		5.796%	ь. Ф	1,368,792	2
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	5.190%	J) \$	1,300,792	•
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$				
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$		
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) 6	5.796%	L) \$	1,368,792	2.
	M) MANAGEMENT AND GENERAL EXPENSE 13.364 N) FUNDRAISING EXPENSE 20.840		φ		
			M) \$	278,016	5.
				122 526	-
			N) \$	433,536	
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	0) \$	2,080,344	1.
111	III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)				
	PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	C).
		100 /0	., ¢		<u> </u>
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$		
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$		_
	PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			C	э.
IV	IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: <u>T) NAME, TITLE: DAVID LOUTHAN, SENIOR DEVELOPMENT MANAGER</u> <u>U) NAME, TITLE: STEPHANIE J LIEBER, EXECUTIVE DIRECTOR</u>				
				91,600	
				197,280	
	V) NAME, TITLE: JOSHUA KAUFMANN, SENIOR OPERATIONS DIRECTOR			106,860	
۷ .	CODE CATEGORIES			back side of instructions CODE	
398091 07-15-24	W) DESCRIPTION: ORGANIZATION MATCHES AN INDIVIDUAL WITH CANCER			111	_
0 160	X) DESCRIPTION: WITH AN INDIVIDUAL WHO PREVIOUSLY HAS HAD THE		X) #	111	
398	Y) DESCRIPTION: SAME OR SIMILAR FORM OF CANCER FOR SUPPORT	Y) #	111		

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS 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.	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 PART 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?	2.		X
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		X
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		X
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		Х
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? IF "YES", ENTER (1) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	6.		X
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.		X
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		X
9.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	9.		X
10.	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			
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: STEPHANIE LIEBER - 312-273-1300			

\bullet All attachments must accompany this report - see instructions \bullet

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:	NIMESH S. JHAVERI		
I.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	STEPHANIE LIEBER		
.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
\$100.00 FENALTI.	CALEB D LENDY		
	PREPARER (PRINT NAME)	SIGNATURE	DATE