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CLIENT'S COPY

(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.

	dentification		1			
Type or Print	Name of exempt organization, employer, or other filer, see instructions.         Ta		Taxpayer	Taxpayer identification number (TIN)		
	ANGELS AMONG US			20-4728470		
File by the due date for filing your return. See	for Number, street, and room or suite no. If a P.O. box, see instructions.					
instructions.	City, town or post office, state, and ZIP code. For a for OMAHA, NE 68114	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applicat	ion Is For	Return Code	Application Is For			Returr Code
Form 990	0 or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	20 (individual)	03	Form 5227			10
Form 990	)-PF	04	Form 6069			11
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990	D-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	D-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	41-A	08				
● If this a Pla Pla Pla	le Form 5330. application is for an extension of time to file Form 5330, y an Name an Number an Year Ending (MM/DD/YYYY)					
<ul> <li>If this a</li> <li>Pla</li> <li>Pla&lt;</li></ul>	application is for an extension of time to file Form 5330, y an Name	izations (s	see instructions) STE 101 - OMAHA,			
<ul> <li>If this a</li> <li>Pla</li> <li>Pla&lt;</li></ul>	application is for an extension of time to file Form 5330, y an Name	izations (s	see instructions) STE 101 - OMAHA, Fax No.			
<ul> <li>If this a Pla</li> <li>Pla</li> <li></li></ul>	application is for an extension of time to file Form 5330, y an Name	izations (s TREET,	see instructions) STE 101 - OMAHA, Fax No			
<ul> <li>If this a Pla</li> <li>Pla</li> <li></li></ul>	application is for an extension of time to file Form 5330, y an Name	izations (s TREET, i in the Uni	<b>STE 101 – OMAHA,</b> Fax No ted States, check this box	f this is fo	r the whole gro	oup, check this
<ul> <li>If this a Pla</li> <li>Pla</li> <li></li></ul>	application is for an extension of time to file Form 5330, y an Name	izations (s TREET , i in the Uni Group Exe ] and atta	<b>STE 101</b> – <b>OMAHA</b> , Fax No ted States, check this box mption Number (GEN) I	f this is for all membe	r the whole gro	oup, check this on is for.
<ul> <li>If this a Pla Pla Pla Pla</li> <li>Pla Pla Pla</li> <li>Pla Pla Pla Pla</li> <li>Pla Pla Pla Pla Pla Pla Pla Pla Pla Pla</li></ul>	application is for an extension of time to file Form 5330, y         an Name         an Number         an Year Ending (MM/DD/YYYY)         automatic Extension of Time To File for Exempt Organizooks are in the care of         LINDSAY       STROUPE         220       NORTH         None No.       402-934-0999         organization does not have an office or place of business is for a Group Return, enter the organization's four-digit (         .       . <t< td=""><td>izations (s TREET , i in the Uni Group Exe and atta OVEMBI</td><td>STE 101 – OMAHA, Fax No</td><td>f this is for all membe</td><td>r the whole gro</td><td>oup, check this on is for.</td></t<>	izations (s TREET , i in the Uni Group Exe and atta OVEMBI	STE 101 – OMAHA, Fax No	f this is for all membe	r the whole gro	oup, check this on is for.
<ul> <li>If this a Pla Pla Pla Pla</li> <li>Pla Pla Pla</li> <li>Pla Pla Pla Pla</li> <li>Pla Pla Pla Pla Pla Pla Pla Pla Pla Pla</li></ul>	application is for an extension of time to file Form 5330, y an Name	izations (s REET , in the Uni Group Exe and atta OVEMBI anization's	STE 101 – OMAHA, Fax No	f this is for all membe the exem	r the whole gro ers the extensi npt organizatio	oup, check this on is for. n return for
<ul> <li>If this a Pla Pla Pla Pla Pla Pla Pla Pla Pla P</li></ul>	application is for an extension of time to file Form 5330, y an Name	izations (s REET , in the Uni Group Exe and atta OVEMBI anization's	STE 101 – OMAHA, Fax No	f this is for all membe the exem	r the whole gro ers the extensi npt organizatio	oup, check this on is for. n return for
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<ul> <li>If this a Pla Pla Pla Pla Pla Pla Pla Pla Pla P</li></ul>	application is for an extension of time to file Form 5330, y an Name an Number an Year Ending (MM/DD/YYYY) <u>automatic Extension of Time To File for Exempt Organi</u> ooks are in the care of <u>LINDSAY STROUPE</u> 220 NORTH 89TH ST hone No. <u>402-934-0999</u> organization does not have an office or place of business is for a Group Return, enter the organization's four-digit C 	izations (s TREET , is in the Unit Group Exe and atta OVEMBI anization's , 20 , 20 	see instructions)         STE 101 - OMAHA,         Fax No.         ted States, check this box         mption Number (GEN)         ch a list with the names and TINs of         STR 15       , 20         24       , to file         return for:	f this is for all member the exem	r the whole gro ers the extensi npt organizatio	oup, check this on is for. n return for , 20
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number В X Address change Name change ANGELS AMONG US 20 - 4728470Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 220 NORTH 89TH STREET, STE 101 (402) 934-0999 1,400,734. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 68114 OMAHA, NE H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SUSAN NELSON for subordinates? ..... Yes X No SAME AS C ABOVE Yes H(b) Are all subordinates included? No Tax-exempt status: X 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions MYANGELSAMONGUS.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2006 M State of legal domicile: NE Trust Part I Summary Briefly describe the organization's mission or most significant activities: ANGELS AMONG US HELPS FAMILIES 1 Activities & Governance OF CHILDREN BATTLING CANCER BY ATTEMPTING TO REDUCE THE AMOUNT OF 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 6 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 0 6 6 Ò. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 939,433. 1,058,641. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 33,227. 32,070. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 263,700. 144,719. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 ,236,360. 235,430. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 659,359. 655,925. 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) 322,937. 339,942. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 78,694. b Total fundraising expenses (Part IX, column (D), line 25) 108,660. 139,012. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,134,879. 1,090,956. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 145,404. 100,551. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 1,779,228. 2,357,748. 20 Total assets (Part X, line 16) 43,100. 525,603 21 Total liabilities (Part X, line 26) let 736,128. 832,145 1 Net assets or fund balances. Subtract line 21 from line 20 ... 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	SUSAN NELSON, EXECUTIVE D	IRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	JAMIE BREWER	JAMIE BREWER	09/13	/24 self-employed	P01231287		
Preparer	Firm's name BLAND & ASSOCIATE	S		Firm's EIN 47-	0698853		
Use Only	Firm's address 450 REGENCY PARKW	AY					
	OMAHA, NE 68114			Phone no. $402$ .	397.8822		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
I HA 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

Form	ANGELS AMONG US	20-4728470	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	ANGELS AMONG US HELPS FAMILIES OF CHILDREN BATTLING CAN		
	ATTEMPTING TO REDUCE THE AMOUNT OF STRESS IN THEIR LIVE		Y
		E ATTEMPT TO	
	ACCOMPLISH THIS BY NOT ONLY PROVIDING FINANCIAL ASSISTA	NCE, BUT BY	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		s 🚺 No
•	If "Yes," describe these new services on Schedule O.		V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	s 🚺 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expenses, a	Ind
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 913,680. including grants of \$ 655,925. ) (Re TO FINANCIALLY ASSIST FAMILIES WITH CHILDREN BATTLING C	enue \$ אורידים	)
	10 FINANCIALLI ASSISI FAMILIES WITH CHILDREN BAIILING C		
		<u> </u>	
4b			)
40	(Code:) (Expenses \$ including grants of \$) (Ref	renue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Re	venue \$	)
			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 913,680.		
		C	

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 Form 990 (2023)
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 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		Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		X
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		X
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		X
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		X

Form 990 (2023)

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	5			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	040		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	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		х
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		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
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			37
	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			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
57		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
u c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	

	990 (2023) ANGELS AMONG US 20-4728	470	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
	, , , , ,	01	x	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	Λ	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	ти		
	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		x
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders <b>11a</b>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
1 <b>2</b> a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note:</b> 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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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.			

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11</b> a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	120	_	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
-	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		
Sec	exempt status with respect to such arrangements?	<b>16</b> b		
17 10				blo
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(	ns only	i avalla	DIE
	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)			
10		nd fine	ncial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.	nu inal	ICIAI	
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	LINDSAY STROUPE - 402-934-0999			
	220 NORTH 89TH STREET, STE 101, OMAHA, NE 68114			
332006	3 12-21-23	For	m <b>990</b>	(2023)
				()

 Form 990 (2023)
 ANGELS AMONG US
 Lo I Lo I Company

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form 990 (2023)

ANGELS AMONG US

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Form 990 (2	2023) ANGELS AMONG US	20-4728470	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	te this table for all persons required to be listed. Report compensation for the calendar year ending w Il of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), rega	5	,

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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona	_	nploy	st cor	ar	1000 (120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARLON LOFGREN	3.00									
CHAIR		х		x				0.	0.	0.
(2) JOEL FRIESEN	3.00									
VICE CHAIR		х		х				0.	Ο.	0.
(3) KATIE HENRY	3.00									
SECRETARY		х		х				0.	Ο.	0.
(4) TOM WHITEING	3.00									
MEMBER		Х						0.	0.	0.
(5) RYAN COOK	3.00									
MEMBER		Х						0.	0.	0.
(6) TOM KERFOOT	3.00									
MEMBER		Х						0.	0.	0.
(7) TERRY DAVIS	3.00									
MEMBER		Х						0.	0.	0.
(8) REBECCA MCMAHON	3.00									
MEMBER		Х						0.	0.	0.
(9) JOHN GROSE	3.00									
MEMBER		х						0.	0.	0.
(10) ANDREA STAHL	3.00									
MEMBER		Х						0.	0.	0.
(11) JR JOHNSON	3.00									
MEMBER		Х						0.	0.	0.
(12) HEATH STUKENHOLTZ	3.00									
MEMBER		Х						0.	0.	0.
(13) SEAN MIGLINI	3.00									
MEMBER		Х						0.	0.	0.
(14) THERESE YAKEL	3.00									
MEMBER		х						0.	0.	0.
(15) SUSAN NELSON	40.00									-
EXECUTIVE DIRECTOR		Х		Х				111,407.	0.	0.
		l								

	orm 990 (2023) ANGELS AMONG US								20-47	284	70	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	Average Position hours per (do not check more than of box, unless person is both				than o s both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		am	(F) timate ount other	
	(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-MIS 1099-NEC)		fro orga and	oensa om th anizat I relat nizati	e ion ed
		IL	1	0	×	Ξæ	4						
										$\square$			
										$\square$			
										-+			
										_			
1b Subtotal								111,407.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not set to the set of the se</li></ul>									000 of reportable				0.
compensation from the organization		000	lioto	u us		,	010						1
												Yes	No
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													v
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>										····  -	4		X
rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors													
1 Complete this table for your five highest con the organization. Report compensation for t	-	-								ensatio			
(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	Cc	(C omper		n
2 Total number of independent contractors (ir	ncluding but no	ot lin	niter	d to t	thos	e lis	ted	above) who received mo	ore than				
\$100.000 of compensation from the organiz					(1100) (			,e .esonoù m					

	n 990 (		ELS AMON	G US			20-4728	470 Page 9
Pa	rt VII	Statement of Rev	venue					
		Check if Schedule O o	contains a respor	nse or note to any lin		(5)	(0)	
					<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
nts	1 a	Federated campaigns	<u>1a</u>					
araı our	b		<b>1b</b>					
a, ( Am	С	Fundraising events		18,389.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	<u>1d</u>					
ini,	е	Government grants (contr						
tior er S	f	All other contributions, gifts,		1 040 050				
ibu		similar amounts not included		1,040,252.				
ontr of	g	Noncash contributions included in			1 0 5 0 6 4 4			
<u>ų p</u>	h	Total. Add lines 1a-1f			1,058,641.			
				Business Code				
e	2 a							
ervi	b							
n Se	С							
ran 3ev	d							
Program Service Revenue	е							
٩	f	All other program service						
	g	Total. Add lines 2a-2f						
	3	Investment income (incluc						
					32,070.			32,070.
	4	Income from investment o	-	-				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
venue		and sales expenses	7b					
		Gain or (loss)	7c					
Other Re		Net gain or (loss)		·····				
the	8 а	Gross income from fundraisin	•					
0		including \$ <u>18</u>						
		contributions reported on	,	8a310,023.				
	L	Part IV, line 18 Less: direct expenses		8a 510,025. 8b 165,304.				
		Net income or (loss) from			144,719.			144,719.
		Gross income from gamin		.5	111,719.			111,119.
	9 a	-	-	9a				
	h	Part IV, line 19 Less: direct expenses		9b				
		Net income or (loss) from						
		Gross sales of inventory, I						
	iu a	and allowances		10a				
	h	Less: cost of goods sold		10b				
		Net income or (loss) from						
	v			Business Code				
sni	11 a							
Miscellaneous Revenue	b			-				
ella. Wer	c			-				
isc( Be	d d	All other revenue		-				
Σ		Total. Add lines 11a-11d						
		Total revenue. See instruction			1,235,430.	0.	0.	176,789.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schodulo O contains a response				
<u> </u>	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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		CEE 005		
	individuals. See Part IV, line 22	655,925.	655,925.		
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,	111 407	C7 C27	22 605	
-	trustees, and key employees	111,407.	67,637.	23,685.	20,085.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	205 109	124 570	12 625	26 004
7	Other salaries and wages	205,198.	124,579.	43,625.	36,994.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	23,337.	11 226	1 001	1 200
10	Payroll taxes	43,337.	14,236.	4,901.	4,200.
11	Fees for services (nonemployees):				
	Management				
b		13,872.	6,936.	6,936.	
	Accounting	13,072.	0,930.	0,930.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 928	1 135		193
10	column (A), amount, list line 11g expenses on Sch 0.)	4,928. 12,585.	4,435. 6,293.	3,146.	<u>493.</u> 3,146.
12	Advertising and promotion	5,836.	1,716.	2,833.	1,287.
13	Office expenses	5,050.	1,710•	2,055.	1,207•
14 15	Information technology				
16	Royalties	36,723.	18,362.	18,361.	
17	Occupancy Travel	4,352.	10,502.	4,352.	
18	Payments of travel or entertainment expenses	1,552.		4,552.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,501.	5,251.	5,250.	
22	Insurance	3,601.		3,601.	
23 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	IN KIND EXPENSE	18,389.	5,900.		12,489.
b	DUES & SUBSCRIPTIONS	16,558.	•	16,558.	•
c	UTILITIES	4,820.	2,410.	2,410.	
d	BANK FEES	4,131.	•	4,131.	
	All other expenses	2,716.		2,716.	
25	Total functional expenses. Add lines 1 through 24e	1,134,879.	913,680.	142,505.	78,694.
26	Joint costs. Complete this line only if the organization		·		-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
-					<b>000</b> (0000)

ANGELS	AMONG	US	
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		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	369,096.	1	283,033.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		0.	4	21,344.	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	controlled entity or family member of any of these persons				
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<b>—</b> · · · · · · · · · · · · · · · · · · ·			2,365.	9	4,752.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	386,027.			
	b	Less: accumulated depreciation	10b	13,005.	2,309.	10c	373,022.
	11	Investments - publicly traded securities		1,164,286.	11	931,767.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		241,172.	15	743,830.	
	16	Total assets. Add lines 1 through 15 (must equ			1,779,228.	16	2,357,748.
	17	Accounts payable and accrued expenses			14,883.	17	2,849.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
lide		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrel	-			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			28,217.	25	522,754.
	26	Total liabilities. Add lines 17 through 25			43,100.	26	525,603.
		Organizations that follow FASB ASC 958, che	eck her	e X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27				1,686,128.	27	1,832,145.
Bal	28	Net assets with donor restrictions		50,000.	28	0.	
pu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
°,	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated ir				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,736,128.	32	1,832,145.
-	33	Total liabilities and net assets/fund balances			1,779,228.	33	2,357,748.

, 357, 748. Form **990** (2023)

# Form 990 (2023) Part X Balance Sheet

Form	1 990 (2023) ANGELS AMONG US	20-472	8470	Pad	<sub>je</sub> 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	1,235	5,43	30.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,134	1,81	79.
3	Revenue less expenses. Subtract line 2 from line 1	3	100	),5	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,736	5,12	28.
5	Net unrealized gains (losses) on investments	5	- 4	1,53	34.
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	1,832	2,14	<b>45.</b>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	e audit,			
	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				
	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	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

Department of the Treasury

(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.

OMB No. 1545-0047
2023
Open to Public

Interna	al Reve	nue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspect	ion	
Nam	e of	the organizati								identification		
De		Deces		LS AMONG U						0-47284	70	
Pa					(All organizations must c			ee instruction	าร.			
	orgar		•		For lines 1 through 12, c							
1				-	n of churches described		n 170(b)( <sup>.</sup>	1)(A)(i).				
2	Щ				Attach Schedule E (Forn							
3					anization described in se							
4			-	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's i	name,	
		city, and stat										
5		An organizat	ion operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	ate, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organizat	ion that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	he general p	oublic describe	d in	
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)								
8		A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college		
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:										
10		An organizat	ion that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipt	s from	
		activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	om gross inve	stment	
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the or	ganization a	fter June 30, 1	975.	
				mplete Part III.)								
11		•	•	•	vely to test for public sa							
12		An organizat	ion organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of or	le or	
				•	d in section 509(a)(1) o					Check the box	on	
	_	-	-	• •	f supporting organizatior				-			
а				-	upervised, or controlled	• • • •	-					
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting		
		¬ ~		complete Part IV, Se								
b				-	or controlled in connect			-		•		
			•		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted		
	_	¬ ~		t complete Part IV,								
с			-		g organization operated				lly integrate	d with,		
	_		•	. , .	). You must complete I			-				
d			-	y integrated. A supporting organization operated in connection with its supported organization(s)								
			•		ation generally must sat	•			d an attentiv	reness		
	_	- ·	-		nplete Part IV, Sections							
е			•		written determination fro			Type I, Type	II, Type III			
					nally integrated supportion	ng organiz	ation.			[		
			of supported o	•								
<u>g</u>		(i) Name of supp	<u> </u>	n about the supporte (ii) EIN	d organization(s).	(iv) Is the ora	anization listed	(v) Amount c	fmonetary	(vi) Amount o	of other	
		organizatior		() =	(described on lines 1-10	in your govern	ng document?	support (see i	-	support (see ins		
					above (see instructions))	Yes	No					
Tota												
Tota								L				

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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.)

260	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	601,149.	632,159.	861,444.	939,433.	1058641.	4092826.		
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	601,149.	632,159.	861,444.	939,433.	1058641.	4092826.		
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)						217,006.		
6	Public support. Subtract line 5 from line 4.						3875820.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	601,149.	632,159.	861,444.	939,433.	1058641.	4092826.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	10,365.	14,815.	119,587.	33,227.	32,070.	210,064.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)		2,411.	7,360.			9,771.		
11	<b>Total support.</b> Add lines 7 through 10		-				4312661.		
	Gross receipts from related activities,	etc. (see instructio	ns)			12 2	,390,051.		
	<b>First 5 years.</b> If the Form 990 is for th								
	organization, check this box and stop	•							
Sec	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2023 (I			olumn (f))		14	89.87 %		
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	90.51 %		
	33 1/3% support test - 2023. If the o					ore, check this bo>	and		
	stop here. The organization qualifies						37		
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li						
	and <b>stop here.</b> The organization qual								
17a									
	<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
h	10% -facts-and-circumstances test	-		• • • •	-				
		-					,		
	more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	<b>Private foundation.</b> If the organization				• •				
18	rivate roundation. If the organizatio	IT UIU HOL CHECK & I		a, 100, 17a, 0f 17D	, UNCON UNS DOX A		(Form 000) 2022		

Schedule A (Form 990) 2023

Schedule A	(Form 990)	2023

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. Fublic Support							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(	<b>e)</b> 2023	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513							
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5							
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons							
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
<b>c</b> Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support		T	1		-		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(	e) 2023	(f) Total
<ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> </ul>							
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
<b>c</b> Add lines 10a and 10b							
<ul> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)		Least and shared at the test	farmala an 640 c				
<b>14 First 5 years.</b> If the Form 990 is for t	the organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	01(C)(	3) organizatio	n,
check this box and stop here Section C. Computation of Pub	lic Support Per						
15 Public support percentage for 2023			oolump (f))		15		04
			.,,		16		%
16 Public support percentage from 202 Section D. Computation of Inve							%
17 Investment income percentage for 2			ne 13 column (f))		17		%
					18		%
<ul><li>18 Investment income percentage from</li><li>19a 33 1/3% support tests - 2023. If th</li></ul>				e 15 is more than 3		6 and line 17	
more than 33 1/3%, check this box a							
b 33 1/3% support tests - 2022. If th	-	•				n 33 1/3%. a	Ind
line 18 is not more than 33 1/3%, ch	-						
20 Private foundation. If the organizati		•	-			-	
U							

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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

	A (Form 990) 2023	ANGELS		US
Part IV	Supporting Organ	nizations (con	tinued)	

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	ction 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 <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

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

#### supervised. or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

#### 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 <b>Part VI</b> how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). 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 <b>Part VI</b> the role the organization's	2		
	supported organizations played in this regard	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you support	ed a governmental 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.

1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 ( <i>explain in</i> <b>P</b>	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

 Schedule A (Form 990) 2023
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

7 Excess distributions carryover to 2024. Add lines 3j

_	dule A (Form 990) 2023 ANGELS AMONG		ainations		)- <b>4728470</b> Ра
	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	<u>ied)</u>	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
~	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	is of supported organizations		3	
4 5	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
<u>6</u> 7	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ie organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount	(1)	<i>(</i> )	10	()
ecti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	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: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	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.				

Schedule A (Form 990) 2023

Schedule A		AMONG		20-4728470 F	Page <b>8</b>
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4	o, 4c, 5a, 6, 9 ; Part IV, Sec	a, 9b, 9c, 11a, 11b, and 11c; Part IV tion E, lines 1c, 2a, 2b, 3a, and 3b; F	r; Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C Part V, line 1; Part V, Section B, line 1e; Part V part for any additional information.	, V,

### Identification of Excess Contributions Included on Part II, Line 5

### 2023

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
MAINELLI MECHANICAL CONTRACTORS	102,000.	15,747.
OMAHA COMMUNITY FOUNDATION	90,000.	3,747.
CLAIRE HUBBARD FOUNDATION	220,000.	133,747.
TRIPLE M INVESTMENTS	90,030.	3,777.
JIM & SHIRLEY YOUNG FAMILY FOUNDATION	110,000.	23,747.
LOZIER FOUNDATION	100,000.	13,747.
DILLON FOUNDATION	105,000.	18,747.
PARKER FAMILY FOUNDATION	90,000.	3,747.
Total Excess Contributions to Schedule A, Part II, Line 5		217,006.

## 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

20-4728470

ANGELS	AMONG	US
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is t

**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)

ANGELS AMONG US

Name of organization

Employer identification number

20-4728470

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	PARKER FAMILY FOUNDATION 10340 N 84TH STREET OMAHA, NE 68122	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	HARPER FAMILY FOUNDATION 6625 STATE STREET OMAHA, NE 68152	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	DILLON FOUNDATION PO BOX 6368 LINCOLN, NE 68506	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>4</u>	DOROTHY B. DAVIS FOUNDATION 409 S 17TH ST OMAHA, NE 68102	\$ <u>40,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	WILLIAM & RUTH SCOTT FAMILY FOUND. 302 S 36TH ST. STE 100 OMAHA, NE 68131	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	SUZANNE & WALTER SCOTT FOUNDATION 10340 N 84TH STREET OMAHA, NE 68122	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2023)

#### Schedule B (Form 990) (2023)

Name of organization

Part I

(a)

No.

7

Employer identification number

### ANGELS AMONG US

20 - 4728470Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution TRIPLE M INVESTMENTS X Person Payroll 90,030. 1205 NORTH 100TH CIRCLE Noncash \$\_ (Complete Part II for OMAHA, NE 68114 noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GREGG YOUNG AUTOMOTIVE GROUP 17750 BURT ST OMAHA, NE 68118	\$ <u>50,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	LOZIER FOUNDATION 1299 FARNAM ST, SUITE 1450 OMAHA, NE 68102	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	DAUGHERTY FOUNDATION 15000 VALMONT PLZ SUITE 202 OMAHA, NE 68154	\$ <u>40,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	SUNDERLAND FOUNDATION 5700 W 112TH ST STE 320 LEAWOOD, KS 66211	\$30,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	JOHNSTONE SUPPLY 9800 J ST OMAHA, NE 68127	\$ <u>29,391.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

#### Schedule B (Form 990) (2023)

Name of organization

Devit I

Employer identification number

20-4728470

### ANGELS AMONG US

Contributoro (

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Parti	Contributors (see instructions). Use duplicate copies of Part I if additio	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ANONYMOUS 220 NORTH 89TH STREET, STE 101 OMAHA, NE 68114	\$28,936.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	AOI CORPORATION 8801 S 137TH CIR OMAHA, NE 68138	\$23,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)

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	ganization	Emp	Page loyer identification number
	NAMONG US		0-4728470
Part II	S AMONG US Noncash Property (see instructions). Use duplicate copies of Pa		0-4/204/0
(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
(2)		\$	
(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
		\$	

Schedule B (Form 990) (2023)

323453 12-26-23

Name of o	organization		Employer identification number
ANGEL	S AMONG US		20-4728470
Part III		through <b>(e) and</b> the following line en naritable, etc., contributions of <b>\$1,000 or</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, an	d 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			(a) Decemption of new given or new
		(e) Transfer of gi	
	Transferee's name, address, an	d 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
		(e) Transfer of gi	ift
	Transferee's name, address, an	d 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
		(e) Transfer of gi	ift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE D	Su
(Form 990)	Co

### **upplemental 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.

OMB No. 1545-0047 **J23** Z Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information	n.

mployer	identification	number
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Nam	e of the organization ANGELS AMONG US		Employer identification numbe
Par		Funds or Other Similar Fu	
1 41	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
4	Tatel number at and of year		
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 w	-	
~	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	· · ·	
Par			
	· · · · · · · · · · · · · · · · · · ·		990, Part IV, Ille 7.
1	Purpose(s) of conservation easements held by the organization	· · · · ·	
	Preservation of land for public use (for example, recreati		tion of a historically important land area
	Protection of natural habitat	Preserva	tion of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifier	ed conservation contribution in the	
	day of the tax year.		Held at the End of the Tax Yea
a			
b			
С	Number of conservation easements on a certified historic struct		<u>2c</u>
d	Number of conservation easements included on line 2c acquir	•	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated	by the organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and enforcing	g conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing cor	iservation easements during the year
•			
8	Does each conservation easement reported on line 2d above s	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	bie to the organization's financial s	tatements that describes the
Par	organization's accounting for conservation easements. T III Organizations Maintaining Collections of A	Art. Historical Treasures	or Other Similar Assets
	Complete if the organization answered "Yes" on Form 9		
10	If the organization elected, as permitted under FASB ASC 958		mont and balance sheet works
Ia	of art, historical treasures, or other similar assets held for publ	· ·	
	service, provide in Part XIII the text of the footnote to its finance		
h	If the organization elected, as permitted under FASB ASC 958		
b	art, historical treasures, or other similar assets held for public e	· ·	
		exilibition, education, or research i	in runnerance of public service,
	provide the following amounts relating to these items.		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
0		auroa, ar athar aimilar agasta far fir	
2	If the organization received or held works of art, historical treas		ianciai gain, provide
	the following amounts required to be reported under FASB AS	by soo relating to these items:	¢
а	Revenue included on Form 990, Part VIII, line 1		\$

**b** Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051	09-28-23

Schedule D (Form 990) 2023

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Sche		AMONG US							28470		<u>.ge</u> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	<sup>r</sup> Other	Similar	Assets	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sig	gnificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🛄 I	Loan or exc	change progra	ım					
b	Scholarly research	е	, 🗌 (	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ey further tl	he organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical trea	sures, or othe	er similar a	assets		-		
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the o	organizatio	n answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custodi								٦		1
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					A		
									Amount		
	Beginning balance										
	Additions during the year										
e 4	Distributions during the year						1e 1f				
י 29	Ending balance Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						.y:	L		H	
Par							).				
		(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears b	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	ı, column (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	-									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administer	ed for the	9		5		
	organization by:									′es	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the t VI   Land, Buildings, and Equipm		wment fl	unas.							
1 41	Complete if the organization answere		) Part IV	line 11a S	See Form 990	Part X li	ine 10				
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Book	valuo	
	Description of property	basis (investr		• •	(other)	• •	reciation		U) BOOK	vaiue	
1a	Land	`	,		. /						
	Buildings										
	Leasehold improvements			35	51,870.		8,79	96.	343	,07	4.
	Equipment				34,157.		4,20			,94	
	Other			-	-		-				
	. Add lines 1a through 1e. (Column (d) must e		X. line 10	)c. column	<i>(</i> B))	<u>.</u>	<u></u>		373	,02	2.

Schedule D (Form 990) 2023

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	1		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1) WORK IN PROGRESS			223,446.
(1) WORK IN TROCKEDD (2) ROU ASSET - OPERATING			520,384.
			520,504.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			742 020
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	<u>I. (B))</u>		743,830.
	an Faire 000 Bart IV line		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY - OPERATION	NG		36,536.
(3) MORTGAGE LOANS INVESTMENT			486,218.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	<u>I. (B))</u>		522,754.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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 ... X

Sche	dule D (Form 990) 2023 ANGELS AMONG US	20-4	4728470 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,396,200.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 165,304.		
е	Add lines <b>2a</b> through <b>2d</b>	2e	160,770.
3	Subtract line 2e from line 1	3	1,235,430.
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		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,235,430.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturr	ו
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,300,183.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)         2d         165,304.		4 6 7 . 0 0 4
е	······································	2e	165,304.
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,134,879.
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		
b	Other (Describe in Part XIII.) 4b		_
С	Add lines <b>4a</b> and <b>4b</b>	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,134,879.
Pa	rt 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.

#### PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED EXEMPTION FROM INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CLASSIFIED AS A PRIVATE

FOUNDATION. AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE

FINANCIAL STATEMENTS.

#### THE ORGANIZATION FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME

#### TAX, IN THE U.S. FEDERAL AND STATE JURISDICTIONS.

#### AS OF DECEMBER 31, 2023, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS

#### THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS. TAX YEARS SUBSEQUENT TO 2020 REMAIN SUBJECT TO EXAMINATION BY 332054 09-28-23 Schedule D (Form 990) 2023 MAJOR TAX JURISDICTIONS.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### FUNDRAISING EXPENSES

165,304.

165,304.

SCHEDULE G	Suppleme	ntal Information Regarding	, Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No.	1545-0047	
(Form 990)		e organization answered "Yes" or organization entered more than \$				r 19,	or if the	20	23	
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Inspect	o Public	
Name of the organization		o www.irs.gov/Form990 for instru	ictions	and th	ne latest information	า.	Employer	-	ion number	
rtanie er tile erganization		AMONG US					20-47			
		Complete if the organization answ	ered "Y	'es" or	n Form 990, Part IV, li	ine 1	7. Form 990	-EZ filers ar	re not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 10</li> </ul>	b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events									
(i) Name and addres or entity (fund	s of individual	(ii) Activity	fundi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pa or retained b fundraiser ted in col. <b>(i</b>	by) to (or i	nount paid retained by) anization	
			Yes	No						
Total				<u></u>						
3 List all states in whitor licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt fron	n registratio	n	

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA	GOLF OUTING	3	(add col. (a) through
a		(event type)	(event type)	(total number)	col. <b>(c)</b> )
	Gross receipts	243,977.	63,864.	20,571.	328,412
2	Less: Contributions	18,389.			18,389
3	Gross income (line 1 minus line 2)	225,588.	63,864.	20,571.	310,023
4	Cash prizes			500.	500
5	Noncash prizes	381.	500.		881
	Rent/facility costs	73,292.		1,641.	74,933
11 7	Food and beverages	495.	61.	1,988.	2,544
5  8	B Entertainment	2,150.	19,263.		21,413
9		48,570.	6,891.	9,572.	65,033
10		h 9 in column (d)			165,304
11	Net income summary. Subtract line 10 from				144,719

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

anue		<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
S	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
irect E)	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through s	5 in column (d)			
	8 Net gaming income summary. Subtract line 7 f	rom line 1, column (d)			
9	Enter the state(s) in which the organization conduc	ts gaming activities:			
а	Is the organization licensed to conduct gaming act If "No," explain:	ivities in each of these s	states?		
~					
	Were any of the organization's gaming licenses rev		• •	/ear?	Yes No
D	If "Yes," explain:				

Scł	nedule G (Form 990) 2023	ANGELS	AMONG	US		2	0-4728	470	Page 3
11	Does the organization conduct ga	ming activities	with nonme					Yes	No
	Is the organization a grantor, ben	eficiary or truste	e of a trust,	, or a member	of a partnership or oth	er entity formed			
	to administer charitable gaming?							Yes	No No
	Indicate the percentage of gaming						40-	1	0/
	a The organization's facility								%
	An outside facility Enter the name and address of th						13b		%
14	Enter the name and address of th	e person who p	repares the	organization	s gaming/special event	s books and records.			
	Name								
	Address								
15	a Does the organization have a con	tract with a thire	d party from	n whom the or	ganization receives gar	ming revenue?		Yes	No No
I	<b>b</b> If "Yes," enter the amount of gam	ing revenue rec	eived by the	e organizatior	\$	and the amou	nt		
	of gaming revenue retained by the	e third party	\$	_					
(	If "Yes," enter name and address								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of convises provided								
	Description of services provided								
	Director/officer	Employee	e	Indep	endent contractor				
17	Mandatory distributions:								
	a Is the organization required under	state law to ma	ake charitab	le distributior	ns from the gaming pro	ceeds to			
	retain the state gaming license?							Yes	No No
I	<b>b</b> Enter the amount of distributions	required under	state law to	be distribute	d to other exempt orga	nizations or spent in th	ne		
	organization's own exempt activit	ies during the t	ax year	\$					
Pa	art IV Supplemental Infor						id Part III, lii	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	o provide ar	ny additional	information. See instruc	ctions.			

Part IV Supplemental Informa	tion (continued)		

SCHEDULE I	l	G	ants and Oth	er Assistan	ce to Organ	izations.		OMB	No. 1545-0047
(Form 990)		Go	vernments, an ete if the organization	nd Individual	ls in the Ŭni	ted States		2	023
Department of the Treasury		Comple		Attach to Forn		1 1 1 V, III C Z I OI ZZ.			n to Public
Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.			spection
Name of the organizat								Employer identific	
Darth Original I	ANGELS AM							20-4	1728470
	nformation on Grants a zation maintain records t					. four the or one is			
-	award the grants or assis		-			for the grants or assis			s 🛛 No
	IV the organization's pro								
	nd Other Assistance to I that received more than \$					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
· · ·		,		· ·	1	(f) Method of		(14) Dumpers	
	ddress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assista	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
O FINANCIALLY ASSIST FAMILIES WITH CHILDREN					
ATTLING CANCER	129	655,925.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)



20 - 4728470

ANGELS AMONG US

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRESS IN THEIR LIVES SO THAT THEY CAN FOCUS MORE OF THEIR ATTENTION ON

THEIR CHILDREN. WE ATTEMPT TO ACCOMPLISH THIS BY NOT ONLY PROVIDING

FINANCIAL ASSISTANCE, BUT BY ALSO FOSTERING A SENSE OF COMMUNITY AND

PROVIDING NEEDED RESOURCES/INFORMATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALSO FOSTERING A SENSE OF COMMUNITY AND PROVIDING NEEDED

RESOURCES/INFORMATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 IS PREPARED BY THE CPA FIRM AND SENT TO THE CURRENT

YEAR CHAIRMAN AND TREASURER TO REVIEW. ONCE THE REVIEW HAS BEEN COMPLETED,

THE TREASURER SIGNS AND FILES THE RETURN WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE OFFICERS OF THE ORGANIZATION MONITOR THE CONFLICT OF INTEREST POLICY

ASOUTLINED IN THE ORGANIZATIONS BY-LAWS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO THE

PUBLIC UPON REQUEST.