

Form 990EZ
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: ARCH ANGEL INVESTOR NETWORK
Number and street (or P. O. box, if mail is not delivered to street address): 155 CARONDELET PLAZA UNIT 902
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: ST LOUIS, MO 63105

D Employer identification number: 20-2552393
E Telephone number: (201) 317-4638
F Group Exemption Number

G Accounting Method: Cash (checked) Accrual Other (specify)

H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.STLOUISARCHANGELS.COM

J Tax-exempt status (check only one) - 501(c)(3) (checked) 501(c)(6) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation (checked) Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 129,258

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

Table with 9 rows for Revenue. Columns include description, sub-rows (5a-5c, 6a-6d, 7a-7c), and total revenue of 129,258.

Table with 7 rows for Expenses. Columns include description and total expenses of 88,393.

Table with 4 rows for Net Assets. Columns include description and total net assets of 202,483.

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Part II Balance Sheets (see the instructions for Part II)

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

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? TO ASSIST IN THE FORMATION, DEVELOPMENT, FINANCIAL STRUCTURING AND POST-FUNDING OPERATION OF EARLY STAGE COMPANIES, ESPECIALLY THOSE LOCATED IN OR DOING BUSINESS IN THE ST. LOUIS METROPOLITAN AREA.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 TO PROVIDE OPPORTUNITIES FOR MEMBERS TO INVEST IN EARLY-STAGE COMPANIES WITH HIGH GROWTH POTENTIAL IN THE ST. LOUIS REGION AND ACCELERATE THEM TO MARKET LEADERSHIP.

(Grants \$ 0) If this amount includes foreign grants, check here [checkbox]

29 (Grants \$) If this amount includes foreign grants, check here [checkbox]

30 (Grants \$) If this amount includes foreign grants, check here [checkbox]

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here [checkbox]

32 Total program service expenses (add lines 28a through 31a)

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a 0

29a

30a

31a

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated; see the instructions for Part IV)

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

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

Table with 3 columns: Question number, Yes, No. Rows include: 33 Did the organization engage in any significant activity not previously reported to the IRS?; 34 Were any significant changes made to the organizing or governing documents?; 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O **35b**

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III **35c** No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N **36** No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. **37a** 0

b Did the organization file **Form 1120-POL** for this year? **37b**

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? **38a** No

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 **39a**

b Gross receipts, included on line 9, for public use of club facilities **39b**

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 **40a** ; section 4912 **40a** ; section 4955 **40a**

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40b**

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40c**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization **40d**

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** No

41 List the states with which a copy of this return is filed. **41**

42a The organization's books are in care of **BRIAN KINMAN** Telephone no. **(201) 317-4638**
 Located at **155 CARONDELET PLAZA UNIT 902 ST LOUIS , MO** ZIP + 4 **63105**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b** No
 If "Yes," enter the name of the foreign country: _____

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the U.S.? **42c** No
 If "Yes," enter the name of the foreign country: _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **43**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a** No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44b** No

c Did the organization receive any payments for indoor tanning services during the year? **44c** No

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **44d**

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a** No

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) **45b**

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **46** No

Part VI Section 501(c)(3) Organizations Only

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

| | Yes | No |
|---|-----|----|
| 47 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 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | |
| 49b If "Yes," was the related organization a section 527 organization? | | |

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

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here | Signature of officer _____ Date 2025-02-11
 | BRIAN KINMAN CHAIRMAN
 | Type or print name and title

| | | | | | |
|-------------------------------|--|----------------------|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name DAVE FINKLANG | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P01331458 |
| | Firm's name ▶ ANDERS MINKLER HUBER & HELM LLP | | | Firm's EIN ▶ 43-0831507 | |
| | Firm's address ▶ 800 MARKET STREET SUITE 500 ST LOUIS, MO 631012501 | | | Phone no. (314) 655-5500 | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Software ID:
Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

efile Public Visual Render | **ObjectID: 202540869349200814 - Submission: 2025-03-27** | **TIN: 20-2552393**

SCHEDULE O
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ARCH ANGEL INVESTOR NETWORK

Employer identification number
20-2552393

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME | DESCRIPTION: INTEREST INCOME. AMOUNT: 2,758. |
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION: MEETING EXPENSES. AMOUNT: 15,260. DESCRIPTION: OFFICE SUPPLIES. AMOUNT: 2,628. DESCRIPTION: LIABILITY INSURANCE. AMOUNT: 2,699. DESCRIPTION: GIFTS. AMOUNT: 1,532. TOTAL TO FORM 990-EZ, LINE 16: 22,119. |
| FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES | DESCRIPTION: FIDUCIARY ACCOUNT LIABILITIES. BEG. OF YEAR AMOUNT: 3,099. END OF YEAR AMOUNT: 3,098. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render | **ObjectID: 202540869349200814 - Submission: 2025-03-27** | **TIN: 20-2552393**

TY 2024 IRS 990 e-File Render

Name: ARCH ANGEL INVESTOR NETWORK

EIN: 20-2552393

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.