

Form 990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2025

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Go to www.IRS.gov/Form990EZ for instructions and the latest information.

A For calendar year 2025, or tax year beginning 01 - 01 2025, and ending 12 - 31 , 20 25

- 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, 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), 501(c)(6), 4947(a)(1) or 527

K Form of organization: Corporation, 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 \$ 123,813

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 121,025, 2,788, 123,813, 5,000, 67,643, 44,980, 117,623, 6,190, 202,483, 0, 208,673.

For Paperwork Reduction Act Notice, see the separate instructions.

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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 [ ]

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

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

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

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.)

Table with 2 columns: Line number, Amount. Rows 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. [ ]

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. Rows include BRIAN KINMAN (CHAIRMAN), CHRIS DALTON (VICE-CHAIRMAN), BRIAN KINMAN (TREASURER), JOHN DUESENBERG (SECRETARY).

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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 33, 34, 35a, 35b.

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  Yes  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  Yes  No

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  Yes  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 \_\_\_\_\_; section 4912 \_\_\_\_\_; section 4955 \_\_\_\_\_

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

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

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. List the states with which a copy of this return is filed. 40e  Yes  No

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

	Yes	No
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)? 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).	42b <input type="checkbox"/>	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: _____	42c <input type="checkbox"/>	No

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

	Yes	No
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 <input type="checkbox"/>	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 <input type="checkbox"/>	No
c Did the organization receive any payments for indoor tanning services during the year?	44c <input type="checkbox"/>	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 <input type="checkbox"/>	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a <input type="checkbox"/>	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 <input type="checkbox"/>	

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	Yes	No
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 <input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes," complete Schedule C, Part II . . . . .

<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**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? . . . . .

**b** If "Yes," was the related organization a section 527 organization? . . . . .

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

(a) Name and 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.

<b>Sign Here</b>	Signature of officer BRIAN KINMAN CHAIRMAN	2026-02-17
	Officer's name and title	Date

<b>Paid Preparer Use Only</b>	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

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**Additional Data**

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**Software ID:**  
**Software Version:**

**Form 990-EZ, Special Condition Description:**

Special Condition Description

**efile Public Visual Render** | **ObjectID: 202630619349200033 - Submission: 2026-03-02** | **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](http://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: 2,788.
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: BUILD A STRONGER ENTREPRENEURIAL ECONOMY THROUGHOUT MISSOURI. GRANTEE NAME: NEXT MISSOURI. GRANTEE ADDRESS: 213 E CAPITOL AVE JEFFERSON CITY, MO 65101. DATE OF GIFT: 02/13/25. AMOUNT GIVEN: 5,000.
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: MEETING EXPENSES. AMOUNT: 29,625. DESCRIPTION: OFFICE SUPPLIES. AMOUNT: 11,045. DESCRIPTION: LIABILITY INSURANCE. AMOUNT: 2,699. DESCRIPTION: GIFTS. AMOUNT: 1,611. TOTAL TO FORM 990-EZ, LINE 16: 44,980.
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: FIDUCIARY ACCOUNT LIABILITIES. BEG. OF YEAR AMOUNT: 3,098. END OF YEAR AMOUNT: 123,087.

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**

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Software ID:

Software Version:

**efile Public Visual Render** | **ObjectID: 202630619349200033 - Submission: 2026-03-02** | **TIN: 20-2552393**

**TY 2025 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.