Form 99	0
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

;) **Open to Public**

			Service	Go to www.irs.gov/Form990 for instructions and the latest information.										
Α	For t	he 2	022 calend	lar year, or tax year begin	ning	05-0	1, 2022 , a	and endi	ng	04	-30,2023			
в	Check	if app	licable:	C Name of organization GA	BRIEL'S ANGELS INC.					D Emplo	over identification number			
	Addre	ss cha	ange			86-0991198								
	Name	chang	ge	Number and street (or P.O. bo	x if mail is not delivered to street address)			Room/sui	te	E Teleph	none number			
	Initial return 727 EAST BETHANY HOME ROAD C-100										(602)266-0875			
	Final r	eturn/1	terminated	City or town, state or province,	country, and ZIP or foreign postal code					G Gross	receipts			
	Amen	ded re	turn	PHOENIX, AZ 85	014					\$	1,223,561			
	Applic	ation p	pending	F Name and address of principal	officer:				H(a) Is this a g	group return f	for subordinates? Yes X No			
									H(b) Are all s	subordinate	es included? Yes No			
<u> </u>	Tax-ex	kempt	status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	5	27		If "No,"	attach a lis	t. See instructions			
J	Websi	ite:		.GABRIELSANGELS.C	DRG				H(c) Group e	exemption r	number			
					ociation Other	L	. Year of format	tion: 200	0 м з	State of lega	al domicile: AZ			
Pa	rt I		Summar	У										
	1	I B	Briefly descr	ibe the organization's miss	ion or most significant activities:	THRO	UGH THE	LIFE-	CHANGIN	G POWI	ER OF PET			
0		T	HERAPY,	WE ENHANCE THE S	OCIAL AND EMOTIONAL	DEVELO	PMENT OF	VULN	ERABLE	CHILDE	REN.			
Governance		_												
rna		_												
ove	2				liscontinued its operations or disp									
	3				rning body (Part VI, line 1a) .					3	19			
Activities &	4	1 N	lumber of in	ndependent voting member	s of the governing body (Part VI	, line 1b)				4	19			
/itie	5	5 T	otal numbe	er of individuals employed in	n calendar year 2022 (Part V, line	e2a) .				5	8			
cti	6	6 Total number of volunteers (estimate if necessary)									162			
◄	7	7a T	otal unrelat	ted business revenue from	Part VIII, column (C), line 12					7a	0			
		bΝ	let unrelate	ed business taxable income	from Form 990-T, Part I, line 11					7b	0			
									Prior Year		Current Year			
	8	3 C	Contribution	s and grants (Part VIII, line	1h)				1,193	,388	1,152,827			
ne	9) P	Program ser	rvice revenue (Part VIII, line	≥2g)						0			
Revenue	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								,470	384			
Re	1'	1 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								(88,469)			
	12	2 T	otal revenu	e - add lines 8 through 11 (must equal Part VIII, column (A)	, line 12)			1,095	,083	1,064,742			
	1:	3 G	Grants and s	similar amounts paid (Part I	X, column (A), lines 1-3)						0			
	14	4 B	Benefits paid	d to or for members (Part I)	K, column (A), line 4)						0			
	1	5 S	Salaries, oth	ner compensation, employee	e benefits (Part IX, column (A), li	nes 5-10)			472	409	524,432			
Expenses	10	6a P	Professional	I fundraising fees (Part IX, o	column (A), line 11e)						0			
Sen		bΤ	otal fundra	ising expenses (Part IX, col	lumn (D), line 25)		198,140							
Ă	17	7 C	Other expen	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)				391	,807	395,556			
	18	B T	otal expens	ses. Add lines 13-17 (must	equal Part IX, column (A), line 2	5)			864	,216	919,988			
	19	9 F	Revenue les	s expenses. Subtract line	18 from line 12				230	,867	144,754			
P	se							Begir	nning of Curre	ent Year	End of Year			
sets	ŭ <u>m</u> 20	0 Т	otal assets	(Part X, line 16)					954	,351	1,188,118			
Net <u>As</u> sets or	ອື່ 2	1 T	otal liabilitie	es (Part X, line 26)					66	,370	155,042			
<u> </u>		_			line 21 from line 20				887	,981	1,033,076			
Pa	rt II		Signatu	ire Block										
					rn, including accompanying schedules and icer) is based on all information of which p			t of my know	ledge and bel	ief, it is				
uue	, cone		a complete. De		noor is based on an information of WIICh p	iopaiel IIdS	any knowledge.							
			Meli	ssa Steimer										
Sig	In	S	ignature of offic	cer						Dat	e			
He	re	Melissa Steimer, CHIEF EXECUTIVE OFFICER												
_		T	ype or print na	me and title										
			Print/Type pre	eparer's name	Preparer's signature		Date		Check	if	PTIN			
Pai	d		Robert	Snyder	Robert Snyder		08-30-20	23	self-em	ployed	P01230612			

SNYDER & BROWN, CPAS, PLLC

X Yes

480-339-7147

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Firm's EIN

Phone no.

Preparer

Firm's name

Firm's address

Form	m 990 (2022) GABRIEL'S ANGELS INC. 86-099	1198 Page	2
Par	art 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:		
	THROUGH THE LIFE-CHANGING POWER OF PET THERAPY, WE ENHANCE THE SOCIAL AND EMOTIONAL	DEVELOPMEN	Г
	OF VULNERABLE CHILDREN.		
2	Did the experimentation undertake any significant program convises during the year which were not listed on the		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes 🗴 No	
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
Ũ		Yes 🗴 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, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$)	
	SEE SCHEDULE O		
			_
			—
			—
			—
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_
			_
			—
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	—
40)	
			—
			_
			_
4d			
40	(Expenses \$ including grants of \$) (Revenue \$) Total program convice expenses		—
4e EEA	Total program service expenses 529,354	Form 990 (202	2)
			/

		0991198	I	Page 3
Pa	rt 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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
F	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,	5		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	· · j	-	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? <i>If</i>			
	"Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0	-	x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"		-	x
0	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	0	-	
5	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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11 a	x	
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				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	x	
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ı	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	14)	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			
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
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.			X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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		

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Pa	T IV Checklist of Required Schedules (continued)		V	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
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			
o	employees? If "Yes," complete Schedule J.	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part. II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, 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			
u	"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			x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		~
С	"Yes," complete Schedule L, Part IV	28c		
20				X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.			x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1			х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	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		x
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	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	11		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
-	reportable gaming (gambling) winnings to prize winners?	1c	x	
FEA			n 990	(2022

Form 990 (2022) GABRIEL'S ANGELS INC. 86-0991198							
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	<u> </u>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		ļ			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	~					
-	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-					
	and services provided to the payor?	7a 7b		x			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		v			
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		x			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
-	the organization is licensed to issue qualified health plans						
C	Enter the amount of reserves on hand	140					
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		x			
ь 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b					
15	excess parachute payment(s) during the year?	15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		~			
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.			Λ			
17	Section 501(c)(21) organizations. Did the trust, or any 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.						

For	m 990 (2022) GABRIEL'S ANGELS INC. 86-0991	198	P	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo	ra "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ons.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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			
	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 in line 1a, above, who are independent			
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	-		
5	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		v
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		X
6 70	Did the organization have members or stockholders?	0		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		
Ŀ	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:	0-		
а		8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		×	
		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	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	x	-
b	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	12c	x	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	x	<u> </u>
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 taxable entity during the year?	16a		х
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 exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>Arizona</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	MELISSA STEIMER (602)266-0875, 727 EAST BETHANY HOME ROAD, PHOENIX, AZ 85014			

Form 990 (202	2) GABRIEL'S ANGELS INC.	86-0991198	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated Employee	s, 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	oyees	
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with or wit	hin the	
organization's	tax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of	amount of	

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 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.

	ated organizat	000			00.0					
				((C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and title	(d0)					han one s both ar	n	Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)		compensation	compensation	of other				
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or d	Inst	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	lirect	itutio	cer	emp	hest ploye	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	e com				
	below	Istee	ruste		l e	pens				
	dotted line)		ee			Highest compensated employee				
(1) MELISSA STEIMER	40.00									
CEO		х		х				99,229	0	8,685
(2) NORM_DOMINGUEZ	2.00									
DIRECTOR		х						0	0	0
(3) HAL BRAY	2.00									
MEMBER AT LARGE		х						0	0	0
(4) ANNETTE BOUWER	2.00									
DIRECTOR		х						0	0	0
(5) AMY REBENAR	2.00									
DIRECTOR		х						0	0	0
(6) KELLY BALTHAZOR	2.00									
DIRECTOR		х						0	0	0
(7) CATHERINE HARMON	2.00									
DIRECTOR		х						0	0	0
(8) CHARLES LOWRY	2.00									
DIRECTOR		х						0	0	0
(9) JULIE ERNST	2.00									
DIRECTOR		х						0	0	0
(10)LEAH_FRIEDENBERG	2.00									
DIRECTOR		х						0	0	0
(11)KARLA_FISHER	2.00									
DIRECTOR		х						0	0	0
(12)JANE_LEGACY	2.00									
DIRECTOR		х						0	0	0
(13)RONDA_KELSO	2.00									
MEMBER AT LARGE		х						0	0	0
(14)XAVIER GONZALEZ	2.00									
DIRECTOR		x						0	0	0
FFA										Form 990 (2022)

	90 (2022) GABRIEL'S ANGELS										5-0991			2 age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp	oloy	yee	s, an	nd H	lighest Comp	ensated	Empl	oyees	(cont	tinued,
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles cer and	Pos eck m is per	son i rector	han one s both an //trustee) Highest compensated)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reporta compensi- from rela organization 1099-MI 1099-NE	uble ation ated ns (W-2/ SC/	cor f orga	(F) nated am of other mpensat rom the nization d organiz	r lion and
 (15)мі	CALANN PEPE	4.00					Ited							
	CHAIR		x		x				0		0			0
(16)JO	E MASLICK	4.00												
TREAS	URER		x		x				0		0			0
<u>(17)</u> PA	TTY_NELSON	4.00												
PAST	CHAIR		x		х				0		0			0
	COCHRAN	4.00												
Chair			x		x				0		0			0
	MI_BARTELTCHAIR	4.00							0		0			•
	TIE POMPAY	4.00	x		X				0		0			0
SECRE			x		x				0		0			0
(21)									•					
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal		· · · ·	· · ·	•••	 	••••	•	99,229		0		8.	685
2	Total number of individuals (including but not limit								-	of	•			
	reportable compensation from the organization													0
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i>	le J for such	individ	dual.					•••••			3	Yes	No X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	an \$150,000)? If "\	les,"	com									
5	individual					•••	•••	•••		••••		4		x
3	for services rendered to the organization? If "Yes											5		x
Secti	on B. Independent Contractors	, complete	00/100		101	040	11 poro			<u></u>	<u></u>			- 21
1	Complete this table for your five highest compensa compensation from the organization. Report comp										av voar			
	(A)	Chouterne			ar yo				(B)		an your.	(C)		
	Name and business addres	s							Description of servic	es		Compens	ation	
_														
	Total number of independent contractors (in the	a hut not live	itod to	the -	0 1/-	tod	oberra'	 \/	<u></u>					
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-			e 1151	ieu i	auuve)	, wric	,					

Form 9	90 (20	22) GABRI	EL'	S ANGELS	S INC	2.			86-09911	98 Page 9
Part	VIII	Statement of Rev	venu	ie						
		Check if Schedule O co	ontain	is a respons	e or n	ote to any line in thi	s Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a	203,959				
<i>s</i>	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	•••		1c	440,725				
, G	d	Related organizations .	•••		1d					
Gifts ar A	е	Government grants (conti			1e					
ns, e	f	All other contributions, gifts, grants,								
utio er S		and similar amounts not i			1f	508,143				
đ	g	Noncash contributions inc								
and		lines 1a-1f			1g					
	h	Total. Add lines 1a-1f	••				1,152,827			
	0-					Business Code				
8	2a									
le vic	b									
Program Service Revenue	c d									
Rev	e									
log		All other program service	rovor							
<u>а</u>		Total. Add lines 2a-2f .								
	3	Investment income (includ other similar amounts) .					384			384
	 other similar amounts)									
	5	Royalties		•	•					
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss))							
	7a	Gross amount from		(i) Securiti	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
anu		and sales expenses								
ver		Gain or (loss)								
Ŗ		Net gain or (loss)			•••	· · · · · · · · ·				
Other Revenue	ва	Gross income from fundra	-							
0		events (not including \$) of contributions reported of			-					
		1c). See Part IV, line 18			8a	25 200				
	h	Less: direct expenses .			8b	-				
		Net income or (loss) from					(123,519)	1		(123,519)
		Gross income from gamin		aloning over			(123731)	1		(1237515)
		activities, See Part IV, line	-		9a					
	b	Less: direct expenses .			9b					
		Net income or (loss) from								
	10a	Gross sales of inventory, I	ess	-						
		returns and allowances .			10a					
	b	Less: cost of goods sold	•••		10b					
	C	Net income or (loss) from	sales	of inventor	y					
						Business Code				
Sno	11a	INC. CASH VALUE I	INS.			900099	35,050	35,050		
anc	b									
Miscellanous Revenue	C .									
Mis R		All other revenue								
		Total. Add lines 11a-11d					35,050	25.050	0	(100 105)
	14	Total revenue. See instru					1,064,742	35,050	0	(123,135)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,914	53 ,9 57	32,374	21,583
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	355,009	272,895	24,740	57,374
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	176	125	21	30
9	Other employee benefits	28,434	22,011	1,850	4,573
10	Payroll taxes	32,899	23,358	3,948	5,593
11	Fees for services (nonemployees):				
а	Management	42,053	14,933	368	26,752
b	Legal				
С	Accounting	81,813		81,813	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	7,355	5,148	883	1,324
12	Advertising and promotion	17 , 768	6,219	888	10,661
13	Office expenses	13,883	9,859	1,665	2,359
14	Information technology	19,780	14,044	2,374	3,362
15	Royalties				
16	Occupancy	73,392	52,392	8,690	12,310
17		7,329	6,598		731
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,262		4,262	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,308	2,077	231	
23	Insurance	25,281		25,281	
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 O.)				
а	CREDIT CARD AND BANK FEES	20,748	14,731	2,490	3,527
b	BAD DEBT EXPENSE	43,236			43,236
C	DUES AND SUBSCRIPTIONS	3,572	2,536	429	607
d	ACD Learning Supplies	12,664	12,664		
е	All other expenses	20,112	15,807	187	4,118
25	Total functional expenses. Add lines 1 through 24e	919,988	529,354	192,494	198,140
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				
	following SOP 98-2 (ASC 958-720)				

Savings and temporary cash investments 259,339 2 19 3 Pledges and grants receivable, net 180,171 3 18 4 Accounts receivable, net 4 4 5 5 Loans and other receivables from 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 5 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 7 7 7 8 Inventories for sale or use 315 8 9 9 Prepaid expenses and deferred charges 34,774 9 5 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 40,388 10c 11 Investments - publicly traded securities 14 12 13 12 Investments - other securities. See Part IV, line 11 13 14 13 Intrestments - program-related. See Part IV, line 11 13	г
1 Cash - non-interest-bearing 201,229 1 26 2 Savings and temporary cash investments 259,339 2 19 3 Pledges and grants receivable, net 180,171 3 18 4 Accounts receivable, net 4 4 4 5 Loans and other receivables from 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 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 8 Inventories for sale or use 315 8 9 9 Prepaid expenses and deferred charges 34,774 9 5 10a Land, buildings, and equipment cost or other basis. Complete Part IV, line 11 13 14 11 Investments - publicly traded securities 44,353 11 4 12 Investments - publicly traded securities 44,353 11 4 13 Investments - publicly traded securities 44,353 11 4 14 13 <th></th>	
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3 Pledges and grants receivable, net 180,171 3 18 4 Accounts receivable, net 4 4 4 5 Loans and other receivables from 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 5 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 7 7 8 9 Prepaid expenses and deferred charges 31.5 8 9 9 Prepaid expenses and deferred charges 34,774 9 5 10a 40,388 10c 10 14 11 11 Investments - publicly traded securities 14 12 13 14 11 Investments - publicly traded securities 14 13 14 14 12 13 14 14 13 14 14 14 14 11 12 13	7,940
4 Accounts receivable, net 4 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 7 8 Inventories for sale or use 31.5 9 Prepaid expenses and deferred charges 34,774 9 10a 40,388 10c 11 Investments - publicly traded securities 10a 44,353 11 12 13 Investments - publicly traded securities 44,353 11 4 13 Investments - publicly traded securities 10a 40,388 10c 11 14 Investments - program-related. See Part IV, line 11 12 13 14 14 15 Other assets. See Part IV, line 11 13 14 14 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 954,351 16 1,18 16 Grants payable . 18	8,712
5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 315 9 Prepaid expenses and deferred charges 34,774 9 10a 40,388 10c 11 Investments - publicly traded securities 10a 40,388 11 Investments - publicly traded securities 10b 34,833 10c 11 Investments - publicly traded securities 114 13 14 11 Investments - program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 234,170 15 43 16 Total assets. Add lines 1 through 15 (must equal line 33) 954,351 16 1,18 19 Deferred revenue 19 20 20 20	8,903
strustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 315 9 Prepaid expenses and deferred charges 34,774 9 10a 40,388 6 10a 40,388 6 11 Investments - publicly traded securities 14 12 13 14 13 14 14 14 15 Other assets. See Part IV, line 11 13 14 Intragible assets 14 13 15 Other assets. See Part IV, line 11 234,170 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 954,351 16 1,18 19 Deferred revenue 19 20 20 20	
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10aLand, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a40,388bLess: accumulated depreciation10b34,83310c11Investments - publicly traded securities10b34,83310c12Investments - other securities. See Part IV, line 11121213Investments - program-related. See Part IV, line 11131415Other assets. See Part IV, line 11141415Other assets. See Part IV, line 11234,1701516Total assets. Add lines 1 through 15 (must equal line 33)954,3511617Accounts payable and accrued expenses66,3701718Grants payable18191920Tax-exempt bond liabilities2020	
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13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 234,170 15 43 16 Total assets. Add lines 1 through 15 (must equal line 33) 954,351 16 1,18 17 Accounts payable and accrued expenses 66,370 17 7 18 Grants payable 18 19 19 19 20 Tax-exempt bond liabilities 20 20 10	4,694
14 Intangible assets 14 15 Other assets. See Part IV, line 11 234,170 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 954,351 16 1,18 17 Accounts payable and accrued expenses 66,370 17 7 18 Grants payable 18 19 19 20 Tax-exempt bond liabilities 20 20	
15 Other assets. See Part IV, line 11 234,170 15 43 16 Total assets. Add lines 1 through 15 (must equal line 33) 954,351 16 1,18 17 Accounts payable and accrued expenses 66,370 17 7 18 Grants payable 18 19 19 20 Tax-exempt bond liabilities 20 20	
16 Total assets. Add lines 1 through 15 (must equal line 33) 954,351 16 1,18 17 Accounts payable and accrued expenses 66,370 17 7 18 Grants payable 18 18 19 20 Tax-exempt bond liabilities 20 20 20	
17 Accounts payable and accrued expenses 66,370 17 7 18 Grants payable 18 18 19 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20	0,851
18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20	
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20	9,365
20 Tax-exempt bond liabilities 20	
	4,000
21 Escrow of custodial account liability. Complete Part IV of Schedule D	
22 Leave and other poughles to any surgest or former officer, director	
80 22 Loans and other 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 22	
trustee, key employee, creator or founder, substantial contributor, or 35%	
e controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	
	1 677
	1,677
26 Total liabilities. Add lines 17 through 25 66,370 26 15 Organizations that follow FASB ASC 958, check here X 66,370 26 15	5,042
and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions	2,563
21 Net assets without doion restrictions 701,800 27 83 8 28 Net assets with donor restrictions 186,181 28 20	2,503 0,513
Organizations that do not follow FASB ASC 958, check here	0,515
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds 29	
SolutionSolutio	
30 Participate subjust, or land, building, or equipment rund 30 31 Retained earnings, endowment, accumulated income, or other funds 31	
<u>د</u>	3,076
32 Total field assets of full balances 33 Total liabilities and net assets/fund balances 954,351 33 1,18	8,118
	0 (2022

86-0991198

Page 11

EEA

Form 990 (2022)

GABRIEL'S ANGELS INC.

Form	990 (2022) GABRIEL'S ANGELS INC.	86-0991198	3	Pa	age 12
Pa	T 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,	064,	742
2	Total expenses (must equal Part IX, column (A), line 25)	2		919,	988
3	Revenue less expenses. Subtract line 2 from line 1	3		144,	754
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		887,	981
5	Net unrealized gains (losses) on investments	5			341
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,	033,	076
Pa	T 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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule 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	Ī			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA	· · · · · ·	Ľ	Form	990	(2022)

SCHEDULE	Α
(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	o Form	990 or	Form	990-EZ.
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OMB No. 1545-004	7
2022	

					Open to Public					
Interna	al Rev	venue Service	Go to	www.irs.gov/For	m990 for instructions	and the la	test inforr	nation.	Inspection	
Name	of th	e organization						Employer identification	on number	
GABF	LEI	'S ANGELS	INC.					86-099119	98	
Par				rity Status. (Al	II organizations mus	st comple	ete this p			
The o	raan				nes 1 through 12, check of			/		
1	_				hurches described in se	-		L		
2		-			ch Schedule E (Form 990					
3					ion described in section		(Δ)(iii)			
4				-	tion with a hospital desc			(b)(1)(A)(iii) Enter the	2	
-			e, city, and state:							
5	_			anefit of a college o	r university owned or on	orated by a	aovernm	ental unit described in		
5	 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 									
6	_	• •		,	I unit described in section	on 170/b)//	1\(A\(\)			
7			-	-	art of its support from a g			rom the general public		
'		-	ection 170(b)(1)(A)			joverninen		ioni the general public	,	
0					(vi). (Complete Part II.)					
8 9						naratad in	aaniumatia	n with a land grant as	llago	
9		-	-		ction 170(b)(1)(A)(ix) o		-	-	mege	
		-	a non-land-grant co	nege of agriculture	(see instructions). Enter	the name,	city, and s	late of the college of		
10	_	university:	that normally race	waar (1) mara than	22 1/20/ of its support fr	om oontrib	itiana mar	mbarahin face and are		
10					33 1/3% of its support from subject to certain exception of the subject to certain exception excepting excepting except				185	
		support from gi	oss investment inco	ome and unrelated b	business taxable income	(less secti	ion 511 tax) from businesses		
			0		e section 509(a)(2). (Co	•	,	0		
11					to test for public safety.				and of	
12		-			or the benefit of, to perform					
				-	ed in section 509(a)(1)				(3). Check	
_	ſ		-		pe of supporting organization			-		
а	l				ervised, or controlled by i		-		jiving	
			- · ·	-	rly appoint or elect a ma		e airectors	or trustees of the		
	ſ	•	•	-	Irt IV, Sections A and E			······································		
b	l				controlled in connection				-	
			-		ation vested in the same	persons that	at control o	r manage the support	ea	
	ı	-	on(s). You must co	-					1	
С	l				rganization operated in o				d with,	
	ı	_			ou must complete Par					
d	l		-		ing organization operate					
				-	n generally must satisfy a			ient and an attentivene	SS	
	ī		,	-	ete Part IV, Sections A					
е	l		•		en determination from the		• •	I, Type II, Type III		
	_			-	integrated supporting o	rganization).			
f			of supported organ		•••••	• • • • •	• • • • •		••••	
g			ving information abo							
	(i) Na	me of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))	docum		instructions)	instructions)	
						×		-		
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

		ANGELS INC.				86-099119	
Part	II Support Schedule for Organiz	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked the second sec	he box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	lify under
	Part III. If the organization fails t	o qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,210,743	996,504	759,548	1,193,368	1,152,827	5,312,990
2	Tax revenues levied for the		-				
	organization'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	1,210,743	996,504	759,548	1,193,368	1.152.827	5,312,990
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)						162,693
6	Public support. Subtract line 5 from line 4.						5,150,297
	on B. Total Support						371307237
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,210,743	996,504	759,548	1,193,368	1,152,827	5,312,990
8	Gross income from interest, dividends,	1,210,745	JJ0,304	7557540	1,193,300	1,152,027	5,512,550
U	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			100	1 470	204	2 052
9	Net income from unrelated business			199	1,470	384	2,053
3	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
		05 051	20.005		26.025	25 200	150 055
44	(Explain in Part VI.)	25,851	32,065	28,804	36,037	35,300	158,057
11	Total support. Add lines 7 through 10					40	5,473,100
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the o	•			•	•	, , ,
0	organization, check this box and stop he						•••••
-	on C. Computation of Public Suppo			4 aph: (0)			
14	Public support percentage for 2022 (line		-			14	94.10 %
15	Public support percentage from 2021 Sch					15	97.25 %
16a	33 1/3% support test - 2022. If the organ						
-	box and stop here. The organization qua			-			
b	33 1/3% support test - 2021. If the organ						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 20	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	acts-and-circum	istances test. T	he organizatio	on qualifies as	a publicly supp	orted
	organization						🛛
b	10%-facts-and-circumstances test - 20	21. If the organ	ization did not	check a box c	on line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the	e facts-and-circo	umstances test	t. The organiza	ation qualifies a	as a publicly su	pported
	orgonization						
	organization						
18	Private foundation. If the organization d						
18		id not check a l	box on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and s	ee

	(Complete only if you checked th If the organization fails to qualify						under Part II.
Secti	on A. Public Support					•/	
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(.,	(,		(.,	(-)	(1) 1 0 10
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513 Tax revenues levied for the						
4							
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support				·		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	a a a i a a ti a a la fi		nd founds on fit		a a a atian 50	1(-)(2)
14	First 5 years. If the Form 990 is for the or						
Sooti	organization, check this box and stop her on C. Computation of Public Suppor			• • • • • • • •		• • • • • • •	••••
<u>3ecu</u> 15	Public support percentage for 2022 (line 8			2 column (f))		15	%
15 16	Public support percentage for 2022 (line of Public support percentage from 2021 Sche		-			16	70
	on D. Computation of Investment Inc					10	/0
17	Investment income percentage for 2022 (li			v line 13 colu	mn (f))	17	%
18	Investment income percentage from 2022 (in			-		18	/c
19a	33 1/3% support tests - 2022. If the organ						
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2021. If the organization		-	-			-
	line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization did	-	-			-	

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

GABRIEL'S ANGELS INC. 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified 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. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 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. Did the organization support any foreign supported organization that does not have an IRS determination С 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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 disgualified 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. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С 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. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

11 Has the organization accepted a gift or contribution from any of the following persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a 11 A person word directly or infolicity there also on together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a 2 A family member of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide deal in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or merbearity of ore or more supported organization or controlled the aupportal. If the vertices officers, directors, or trustees at all times during the tax year? If 'No, 'describe in Part W how the supportad organization of the organization of the supportad organization of the supportad organization of the supportad organization officers, directors, or trustees were allocated among the supported organization of the supported organization's supported organization and the support of the organization's supported organization's first, structure of the support of the organization's supported organization was wetled in the save are also a majority of the directors or trustees of each of the organization's supported organization of supported organiz				Yes	No
11 to below, the governing body of a supported organization? 11 a 0 A family member of a person described on 11 a or 11 b above? 11 a 9 A family member of a person described on 11 a or 11 b above? 11 b 9 A family member of a person described on 11 a or 11 b above? 11 c Section B. Type I Supporting Organizations 11 c 1 Did the governing body, members of the governing body, officers acting in their official capacity or membership of existing of the support of organization should be governing body and the support of organization should be governing body and the support of organization of the supporting organization? 1 1 Did the organization of subporting organization for the organization of the supporting organization? 2 2 Section C. Type II Supporting Organizations subported organization? 1 1 Did the organization of the supporting organization, by the last organization? 1 2 Section D. All Type III Supporting Organizations was vested in the same persons that controlled or managed the supported organiza	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described on line 11a above? c A 33%, controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations c more supported organizations have the power to regularly upoint or elect at least a majority of the organization's diverted organization activation. B the provide diverted organization is during the tax year? If "No" describe in Part VI how the supported organization or diverted organization is during the tax year? If "No" describe in Part VI how the supported organization or device at least a majority of the organization or device at least a majority of the organization or devices. B the organization activation on eas exported organization operate for the benefit of any supported organization of the supporting organization or devices. B the organization of the support of organization support of the organization of the support of organization organization of the support of or	а				
A 35% controlled milly of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part V. Section B. Type I Supporting Organizations Yes No more supported organizations have the power to regularly appoint or elect at least an anjently of the organizations officers, directors, or trustees at a line ad ump the tay syea? If "No," describe in Part V how the supported organization is any power to regularly appoint or elect at least an anjently of the organization, solution to with powers a upported organization failed is supported organization advises. If any applied is supported organization failed is apported organization of the organization of the supported organization of the supported organization of the supported organization of the supported organization of the support of organization support of organization support of organization of the support of organization support of organization of the support of organization support of organization provides uses that off the support of organization support of organization support of organization of the support of organization support of organization support of organization of the support of org			11a		
provide detail in Part V. Section B. Type I Supporting Organizations 10 bit 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 difficure, or numbership of one or more supported organizations there to regularly appoint or elect at least a majority of the organization's difficure, or numbers of the comparization generations and what conditions or ensotiches. If any generate one apported organization and what conditions or restrictions, if any, applied to sub powers during the tax year. 21 bit the organization operate for the benefit carried out the purposes of the supported organization. If we was any only one advected among the supported organization, it was not apported organization. If we was an apported organization and what conditions or controlled the supporting organization. 22 bit the organization's directors or trustees during the tax year also a majority of the directors or unsteaded organization appoint and/or unsteaded in the support of organization. 24 Were an majority of the organization's directors or trustees during the tax year also a majority of the directors or unsteade organizations apported organizations. 25 bit the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations apported organization. 26 bit the organization provide to each of its supported organizations. by the last day of the fift morth of the organization's fifters, directors, or trustees alting the provided? 27 bit the organization's directors or trustees alting the provided? 28 Were any of the organization's directors, or trustees alting the last year? 29	b	•	11b		
Section 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 supported, supported, supported, organization and the organization's activities. If the organization and more than one supported organizations, describe how the power to regulative papenter of feets, directors, or trustees wall all mes during the tax year? If 'No, 'describe in Part V how the support of organization organization, describe how the powers to apported organization or thurs the support of organization organization or setterions, if any, applied to such powers during the tax year. 1 2 Did the organization operated to the bounder of granization of the supported organization (s) that operated, supervised, or controlled the supporting organization); if any support of organization (s) that operated, supervised, or controlled the supporting organization); if the organization is supported organization (s); if 'No,' describe in Part V how control or management of the songhorization support organization (s); if 'No,' describe in Part V how control or management of the supporting organization, (s); if 'No,' describe in Part V how control or management of the supporting organization, (s); if 'No,' describe in Part V how control or management of the supporting organization, by the last day of the fifth morth of the organization (s); watten noice describing the type and mount of support organization, (s) or (in) serving on the date of notification, the date of notification, and (ii) copies of the organization's watten noice describing the type and mount of support organization. 1 Did the organization's watten noice describing the type and the supported organization'? 1 2 <td>C</td> <td></td> <td></td> <td></td> <td></td>	C				
 Did the governing body, members of the governing body, officer's 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 directors, directors, or trustees at all times during the tax year? If 'No' tescribe in Part W how the supported organization and whate confilions excitations. It is expanded to provide the organization and whate confilions excitations. If one supported organization and whate confilions excitations. If 'No' describe in Part V how providing such benefit carried out the purposes of the supported organization. If 'No', 'describe in Part V how control or management of the supporting organization. If 'No', 'describe in Part V how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization is provided reganization and the support gorganization. The 'No' is excited in the same persons that controlled or managed the supported organization's directors or trustees of each 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 directors or trustees during the supported organization have vested in the same persons that controlled or managed the supported organization have vested in the same persons that controlled or managed the support of organization have vested in the same persons that controlled or managed the supported organization's directors, or trustees either (i) appointed or genization's directors or trustees either (i) appointed or genization's directors or trustees either (i) appointed organization's directors or trustees and in the same person of the relation or discinstry in the supported organization's directore			11c		
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EEA Schedule A (Form 990) 2022		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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 Schedule A (Form 990) 2022
 GABRIEL'S ANGELS INC.

 Part IV
 Supporting Organizations (continued)

Secti	on A - Adjusted Net Income		(A) Prior Year	ions A through E. (B) Current Yea (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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Secti	on 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) 2022

GABRIEL'S ANGELS INC.

Schedule A (Form 990) 2022

86-0991198

Page 6

	e A (Form 990) 2022 GABRIEL'S ANGELS INC.		86-099	91198 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(s) Supporting Organ	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purper	oses of supported organi	zations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2022	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
<u> </u>	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
b	Excess from 2019			
<u> </u>	Excess from 2020			
	Excess from 2021			
<u>e</u>	Excess from 2022			Schedule A (Form 990) 2022
EEA				Schedule A (POIII 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
GABRIEL'S ANGELS INC.	86-0991198
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$

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) (2022)		Page 2	
Name of organization			Employer identification number	
GABRIEL'S ANGELS INC.			86-0991198	
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional spac	e is needed.	
(a)	(b)	(c)	(d)	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$25,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$25,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>72,658</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$25,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_		\$ <u> </u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$26,47 <u>5</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B	(Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
GABRIEL'S ANGELS INC.		86-0991198	
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional spa	ce is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution

7		\$25,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$25,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u> </u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$25,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

Open to Public
Inspection

SCH	EDULE D	Supplement	al Financial	Statements		OMB No. 1545	-0047
(Form 990)		Complete if the orga				202	2
		Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d,				
	ment of the Treasury		Attach to Form 990.			Open to Pu	DIIC
-	Revenue Service of the organization	Go to www.irs.gov/Form9	90 for instructions			Inspection Inspection	
	-	TNO		,			
	IEL'S ANGELS	ations Maintaining Donor Advised	Funds or Other S	milar Funds or Accou		991198	
га		e if the organization answered "Yes" of			115.		
	Complet			advised funds	(b) Funds and other accounts	
1	Total number at a	end of year			,		
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		ion inform all donors and donor advisors in	writing that the asset	s held in donor advised			
	funds are the org	anization's property, subject to the organization	ation's exclusive legal	control?		🗌 Yes	No
6		ion inform all grantees, donors, and donor a					
	only for charitable	e purposes and not for the benefit of the do	nor or donor advisor,	or for any other purpose			
	conferring imperr	nissible private benefit?				🗌 Yes	No
Par	t II Conser	vation Easements.					
	Complet	e if the organization answered "Yes" of	on Form 990, Part	V, line 7.			
1	Purpose(s) of co	nservation easements held by the organiza	tion (check all that ap	oly).			
	Preservation	of land for public use (for example, recreation	on or education)	Preservation of a histo	rically i	mportant land area	
	Protection of	natural habitat		Preservation of a certif	ied hist	toric structure	
	Preservation	of open space					
2	Complete lines 2	a through 2d if the organization held a quali	fied conservation con	ribution in the form of a cor	servati	on	
	easement on the	last day of the tax year.				Held at the End of the	Tax Year
а	Total number of	conservation easements			2a		
b	-	stricted by conservation easements			2b		
С		ervation easements on a certified historic st			2c		
d		ervation easements included in (c) acquired	-				
		listed in the National Register			2d		
3		ervation easements modified, transferred, re	eleased, extinguished	or terminated by the organ	ization	during the	
_	tax year						
4		where property subject to conservation ea					
5	-	ation have a written policy regarding the pe		-			
•		nforcement of the conservation easements i					No
6	Staff and volunte	er hours devoted to monitoring, inspecting,	nandling of violations.	and enforcing conservation	easen	nents during the year	
7	Amount of expen	ses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conservation eas	ements	s during the year	
8	Does each conse	ervation easement reported on line 2(d) about the end of the en	ove satisfy the require	ments of section 170(h)(4)(3)(i)		
	and section 170(🗌 Yes	No
9	```	ribe how the organization reports conserva					
		nd include, if applicable, the text of the footn					
		counting for conservation easements.					

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
L	If the experimentation elected as permitted under FACE ACC OFR to report in its revenue attempts and belance short works of

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of b art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) D. a included on Form 000 Bart V/III lin ~ 1 ¢

	Э	
ssets included in Form 990, Part X	\$	
organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	е	
ng amounts required to be reported under FASB ASC 958 relating to these items:		
nue included on Form 990, Part VIII, line 1	\$	
s included in Form 990, Part X	\$	
	ssets included in Form 990, Part X	ssets included in Form 990, Part X

	le D (Form 990) 2022 GABRIEL'S ANGE						86-09911			Page 2
Par	t III Organizations Maintaining	Collections o	of Art, His	storical 7	Freasures	, or Ot	her Similar Ass	sets (c	ontir	nued)
3	Using the organization's acquisition, access	sion, and other reco	ords, check	any of the fo	ollowing that	make sig	nificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan o	r exchange p	orogram				
b	Scholarly research		е	_		-				
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and exp	lain how the	w further th	e organizatio	n's ever	nt numose in Part			
-	XIII.			by fullion in	e organizatio					
5	During the year, did the organization solicit	or reactive departies	o of orthic	torical traca	uraa ar atha	roimilor				
5	0, , , 0		,						- г	
Der	assets to be sold to raise funds rather than		s part of th	e organizati	on's collectio	on		Ye	5	No
Par	LIV Escrow and Custodial Arra	-	. –	000 F		•			_	
	Complete if the organization	answered "Ye	s" on For	m 990, P	art IV, line	e 9, or i	reported an amo	unt on	For	m
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other interm	ediary for co	ontributions	or other asse	ets not				
	included on Form 990, Part X?							Ye	s [No
b	If "Yes," explain the arrangement in Part XI	II and complete the	following ta	able:						
							Amo	unt		
с	Beginning balance					. 10	;			
d	Additions during the year						1			
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								<u>с</u> Г	No
	If "Yes," explain the arrangement in Part XI						•			
Bori			explanatio	innas been	provided on		• • • • • • • • •		<u>· </u>	
Par		opowarad "Va	o" on For		ort IV/ line	10				
	Complete if the organization									
		(a) Current year		rior year	(c) Two year		(d) Three years back	(e) Fou		
1a	Beginning of year balance	6,010)	6,010	6	,010	6,010		6,	,010
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	6,010)	6,010	6	,010	6,010		6	,010
2	Provide the estimated percentage of the cu		-			,	.,	1		
a	Board designated or quasi-endowment	-		,	,,					
b	Permanent endowment 100.00 %									
	Term endowment %)								
С										
-	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the poss	session of the orgai	nization that	are neid ar	na administer	ed for the	9			
	organization by:								Yes	No
	(i) Unrelated organizations		••••		• • • • • •	••••		3a(i)	<u> </u>	x
	(ii) Related organizations		• • • • •					3a(ii)	<u> </u>	х
b	If "Yes" on line 3a(ii), are the related organi		•		••••			3b		
4	Describe in Part XIII the intended uses of the	he organization's e	ndowment f	unds.						
Par	t VI Land, Buildings, and Equi	pment.								
	Complete if the organization	answered "Ye	s" on For	m 990, P	art IV, line	e 11a. S	See Form 990, F	Part X,	line	10.
	Description of property	(a) Cost or o	other basis	(b) Cost c	or other basis	(c)	Accumulated	(d) Boo	k valur	e
		(inves	tment)	(other)	d	epreciation			
1a	Land									
b	Buildings									
	Ū									
C L	Leasehold improvements				40.000		24.022			
d					40,388		34,833		5,	,555
<u>e</u>	Other				(0.)					
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, F	art X, colui	mn (B), line	10c.,					, 555
EEA							Scheo	lule D (Fo	orm 9	90) 2022

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

(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. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 13.).		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)CASH SURRENDER VALUE OF LIFE INS	374,413
(2) PERATING LEASE RIGHT OF USE ASSET	56,438
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	430,851

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal incor	ne taxes	
(2)FINANCE LI	EASE LIABILITY	5,779
(3) (3) (3) (3) (3) (3) (3) (3) (3) (3)	LEASE LIABILITY	65,898
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) m	ust equal Form 990, Part X, col. (B) line 25.) .	71,677

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.

Schedu		6-0991198	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	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	1,065,083
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	341
3	Subtract line 2e from line 1	3	1,064,742
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 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,064,742
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	919,988
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	919,988
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	919,988
Part	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; F	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.

01. Endowment funds intended uses (Part V, line 4)

THE ORGANIZATION HAS PERMANENTLY RESTRICTED NET ASSETS OF \$6,010 WITH INTEREST EARNED TO BE USED FOR

PROGRAM EXPENSES.

SCH	EDULE G	Supplement	al Informatio	n Regardi	ing Fundr	aising or Gami	ng Activities	OMB No. 1545-0047
(Forn	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					2022		
	ment of the Treasury			tach to Form		990-EZ. Id the latest informati	on.	Open to Public
	I Revenue Service		50 to www.irs.gov/				Employer identifi	Inspection cation number
	IEL'S ANGELS	TNC.					86-09	
Part			Complete if th	ne organiz	ation ansv	vered "Yes" on I	Form 990, Part IV	
		-EZ filers are not	•	-			·	
1	Indicate whether	the organization rais	ed funds through	any of the fol	lowing activit	ties. Check all that a	pply.	
а	Mail solicitatio	ins		е [of non-government		
b	=	mail solicitations		f		of government gran	ts	
C	Phone solicita			g	Special fur	draising events		
d 2a	Did the organizat	ion have a written or	oral agreement w	vith any indivi	idual (includir	a officers directors	tructoos	
Za	-	s listed in Form 990,	-	-		-		Yes No
b						•	ch the fundraiser is to	
		east \$5,000 by the c		, ,				
			T					
	(i) Name and addres or entity (fun		(ii) Activity	custody c	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1						-		
2								
3								
5								
4								
5								
6								
7								
8								
9								
- 10								
10								
Total								
3	List all states in w registration or lice	-	n is registered or	licensed to se	olicit contribu	tions or has been no	tified it is exempt from	1

Page **2**

2 Less: Contributions 266,665 174,060 440,725 3 Gross income (line 1 minus line 2) 35,300 35,300 35,300 4 Cash prizes				RIEL'S ANGELS INC			-0991198 Page
gross receipts greater than \$5,000. (@) Four #1 (Ø) Four #1 (Ø) Four #1 None (@) Cols number) 1 Gross receipts	Par	rt II		-			
ANOP PRORNTX ULTL (event type) Nome (edd cd. (a) through col. (a) through col. (b) 1 Gross receipts 301,965 174,060 476,025 2 Less: Contributions 266,665 174,060 440,725 3 Gross receipts 35,300 35,300 35,300 4 Cash prizes					d gross income on Form	990-EZ, lines 1 and 6b	b. List events with
ANOP PHORNIX ULTL (event type) None (edd col. (a) through (out i unber) 1 Gross receipts 301,965 174,060 476,025 2 Less: Contributions 266,665 174,060 440,725 3 Gross receipts 35,300 35,300 35,300 4 Cash prizes - - - 5 Noncash prizes - - - 6 Rent/facility costs 33,101 2,733 35,834 7 Food and beverages 44,371 16,851 61,222 8 Entertainment 10,913 10,913 10,913 9 Other direct expenses 37,104 13,746 50,850 10 Direct expense summary. Add lines 4 through 9 in column (d) . 1158,819 11 Net income summary. Add lines 4 through 9 on column (d) . 1123,519 2 Cash prizes 3 Noncash prizes 				(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
i Gross receipts 301,965 174,060 476,025 i Gross receipts 266,665 174,060 440,725 i Gross receipts 266,665 174,060 440,725 i Gross receipts 35,300 35,300 35,300 i Cash prizes				ANOP	PHOENIX ULTL	None	(add col. (a) through
2 Less: Cartibulors 266,665 174,060 440,725 3 Gross income (line 1 minus 35,300 35,300 35,300 4 Cash prizes				(event type)	(event type)	(total number)	col. (c))
2 Less: Cartibulors 266,665 174,060 440,725 3 Gross income (line 1 minus 35,300 35,300 35,300 4 Cash prizes	3						
2 Less: Cartibulors 266,665 174,060 440,725 3 Gross income (line 1 minus 35,300 35,300 35,300 4 Cash prizes		1	Gross receipts	301,965	174,060		476,025
iiine 2) 35,300 35,300 35,300 4 Cash prizes	-	2	Less: Contributions	266,665	174,060		440,725
4 Cash prizes		3	Gross income (line 1 minus				
5 Noncash prizes 33,101 2,733 35,834 6 Rent/facility costs 33,101 2,733 35,834 7 Food and beverages 44,371 16,851 61,222 8 Entertainment 10,913 10,913 10,913 9 Other direct expenses 37,104 13,746 50,850 10 Direct expense summary. Add lines 4 through 9 in column (d) 158,819 (123,519 2nttlll 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. (e) Pull tabs/instant 1 Gross revenue (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) froid gaming (add ott (e) through odt (e) 1 Gross revenue			line 2)	35,300			35,300
5 Noncash prizes 33,101 2,733 35,834 6 Rent/facility costs 33,101 2,733 35,834 7 Food and beverages 44,371 16,851 61,222 8 Entertainment 10,913 10,913 10,913 9 Other direct expenses 37,104 13,746 50,850 10 Direct expense summary. Add lines 4 through 9 in column (d) 158,819 (123,519 2nttlll 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. (e) Pull tabs/instant 1 Gross revenue (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) froid gaming (add ott (e) through odt (e) 1 Gross revenue		4					
6 Rent/facility costs		4					
7 Food and beverages 44,371 16,851 61,222 8 Entertainment 10,913 10,913 9 Other direct expenses 37,104 13,746 50,850 10 Direct expense summary. Add lines 4 through 9 in column (d) 158,819 (123,519 2 Caming. 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. (d) Total gaming (add col. (a) through col. (c) 1 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c) 1 Gross revenue (a) Bingo (b) Pull tabs/instant (c) (a) through col. (c) 1 Gross revenue (a) Eingo (b) Pull tabs/instant (d) Total gaming (add col. (a) through col. (c) 2 Cash prizes (a) Eingo (b) Pull tabs/instant (c) (a) through col. (c) 3 Noncash prizes (b) Pull tabs/instant (c) Other gaming (c) (a) through col. (c) 4 Rent/facility costs (b) Pull tabs/instant (c) Other gaming (c) (a) through col. (c) 5 Other direct expenses (b) Pull tabs/instant (c) Pu		5	Noncash prizes				
9 Other direct expenses	NCN NCN	6	Rent/facility costs	33,101	2,733		35,834
9 Other direct expenses	Expe	7	Food and beverages	44,371	16,851		61,222
10 Direct expense summary. Add lines 4 through 9 in column (d)	DILECT	8	Entertainment	10,913			10,913
11 Net income summary. Subtract line 10 from line 3, column (d) (123, 519 2art 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. (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll (a) through coll. (c)) 1 Gross revenue (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll (a) through coll. (c)) 2 Cash prizes (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll (a) through coll. (c)) 3 Noncash prizes (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll (a) through coll. (c)) 4 Rent/facility costs (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll (a) through coll. (c)) 5 Other direct expenses (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Edit 6 Volunteer labor (b) Pull tabe/instant bingo/progressive bingo (d) Pull tabe/instant bingo/progressive bingo (d) Pull tabe/instant bingo/progressive bingo (d) Pull tabe/instant bingo/progresintable bingo/pull (a) Pull tabe/instant bing		9	Other direct expenses	37,104	13,746		50,850
11 Net income summary. Subtract line 10 from line 3, column (d) (123, 519 2art 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. (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll (a) through coll. (c)) 1 Gross revenue (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll (a) through coll. (c)) 2 Cash prizes (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll (a) through coll. (c)) 3 Noncash prizes (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll (a) through coll. (c)) 4 Rent/facility costs (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll (a) through coll. (c)) 5 Other direct expenses (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (d) Edit 6 Volunteer labor (b) Pull tabe/instant bingo/progressive bingo (d) Pull tabe/instant bingo/progressive bingo (d) Pull tabe/instant bingo/progressive bingo (d) Pull tabe/instant bingo/progresintable bingo/pull (a) Pull tabe/instant bing		40			-1)		150 010
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1 Gross revenue	Par		Gaming. Complete if the or	ganization answered ""	Yes" on Form 990, Part I∖		nore than
1 Gross revenue			Gaming. Complete if the or	ganization answered "` ne 6a.	Yes" on Form 990, Part I\ (b) Pull tabs/instant	/, line 19, or reported r	nore than
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	DIFECT EXPENSES REVENUE	1 2 3 4 5 6 7 8 En 1 1 5	Gaming. Complete if the or \$15,000 on Form 990-EZ, li Gross revenue Cash prizes Noncash prizes	ganization answered "` ne 6a. (a) Bingo (a) Bingo (bingo) (c) Bingo (c) Bing	Yes" on Form 990, Part IV	/, line 19, or reported r (c) Other gaming C (c) Other gaming Yes% No	nore than (d) Total gaming (add col. (a) through col. (c))
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	9 a b	1 2 3 4 5 6 7 8 8 6 7 8 6 7 8 15 9 16" 	Gaming. Complete if the or \$15,000 on Form 990-EZ, li Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su the r the state(s) in which the organiz the organization licensed to conduct 'No," explain: ere any of the organization's gamin	ganization answered "` ne 6a. (a) Bingo (a) Bingo (binding) (c) Bingo (c) Bi	Yes" on Form 990, Part IV	/, line 19, or reported r (c) Other gaming Yes% No	nore than (d) Total gaming (add col. (a) through col. (c))

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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



Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GABRIEL'S ANGELS INC.

Employer identification number 86-0991198

01. Form 990 governing body review (Part VI, line 11)

THE BOARD OF DIRECTORS HAS DIRECTED REVIEW OF THE FORM 990 TO THE FINANCE COMMITTEE. THE

FINANCE COMMITTEE REVIEWED THE FORM 990 AND MADE A RECOMMENDATION TO THE BOARD OF

DIRECTORS THAT THE FORM 990 BE APPROVED AND FILED. ALL MEMBERS OF THE BOARD OF DIRECTORS

RECEIVED A COPY OF THE FORM 990 FOR THEIR REVIEW. ADDITIONALLY, THE OUTSIDE CPA DISCUSSED

THE FORM 990 WITH THE BOARD OF DIRECTORS AT A MEETING.

02. Conflict of interest policy compliance (Part VI, line 12c)

ALL OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY REVIEW THE ORGANIZATION'S CONFLICT OF

INTEREST POLICY AND SIGN AN ANNUAL STATEMENT DECLARING ANY CONFLICT OF INTEREST OR LACK

THEREOF. OFFICERS AND DIRECTORS SELF MONITOR THROUGHOUT THE YEAR AND DISCLOSE OR RECUSE

THEMSELVES FROM ANY DISCUSSION OR VOTES WHICH INVOLVE CONFLICTS OF INTEREST.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS ANNUALLY REVIEWED AND APPROVED BY THE BOARD

OF DIRECTORS. THE BOARD OF DIRECTORS USES DATA AND STATISTICS OF EXECUTIVE COMPENSATION

IN SIMILAR ORGANIZATIONS AS A BASIS FOR COMPARISON WHEN CONSIDERING THE LEVEL OF

COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER.

04. Other officer or key employee compensation (Part VI, line 15b

THE COMPENSATION OF OTHER OFFICERS OR TOP EXECUTIVES ARE ANNUALLY REVIEWED AND APPROVED BY

THE CHIEF EXECUTIVE OFFICER AND BY THE BOARD OF DIRECTORS THROUGH THE BUDGET APPROVAL

PROCESS. THE CHIEF EXECUTIVE OFFICER USES DATA AND STATISTICS OF EXECUTIVE COMPENSATION IN

SIMILAR ORGANIZATIONS AS A BASIS FOR COMPARISON WHEN CONSIDERING THE LEVEL OF COMPENSATION

FOR THE CHIEF EXECUTIVE OFFICER.

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification number
GABRIEL'S ANGELS INC.	86-0991198
05. Governing documents, etc, available to public (Part VI, line 19)	
THE ORGANIZATION MAKES ALL PUBLIC DOCUMENTS, INCLUDING THE FORM 1023,	FORM 990S AND ANY
PUBLIC GOVERNING DOCUMENTS, AVAILABLE TO THE PUBLIC UPON REQUEST AT T	HE ORGANIZATION'S
OFFICE DURING REGULAR BUSINESS HOURS.	
06. Part III, response or note to any other line in Part III	
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
GABRIEL'S ANGELS HAS 110 CERTIFIED PET THERAPY TEAMS AND 16 HELPING H	ANDS SERVING OVER
2,145 CHILDREN THROUGH THREE PROGRAMS AT 75 PARTNER AGENCIES ACROSS T	THE STATE OF ARIZONA.
AN ADDITIONAL 6,300 CHILDREN WERE SERVED THROUGH COMMUNITY SUPPORT VI	SITS. PET THERAPY
TEAMS VISIT TITLE 1 SCHOOLS, CRISIS SHELTERS, AFTERSCHOOL PROGRAMS AN	D RESIDENTIAL
TREATMENT CENTERS FOR TEENS AND GROUP HOMES ALL IN AN EFFORT TO SUPPO	RT THE SOCIAL AND
EMOTIONAL DEVELOPMENT OF CHILDREN.	
PET THERAPY TEAMS PROVIDE CONSISTENT WEEKLY OR BI-WEEKLY PET THERAPY	VISITS AT PARTNER
AGENCIES WITH THREE DIFFERENT PROGRAMS. ANIMAL ASSISTED ACTIVITES (AA	A)/GROUP;
ANIMALS, BOOKS AND CHILDREN (ABC); AND CHILDREN AND ANIMALS PROGRAM IN	EDUCATION (CAPE).
THE AVERAGE VISIT LASTS ONE TO ONE AND ONE-HALF HOURS. GABRIEL'S ANGE	LS SERVES CHILDREN
FROM 5 TO 18 YEARS OLD.	
ACCORDING TO FACILITY STAFF AT PARTNER AGENCIES, GABRIEL'S ANGELS IS	POSITIVELY IMPACTING
SEVEN CORE BEHAVIORS: ATTACHMENT, CONFIDENCE, SELF-REGULATION, AFFILI	ATION, AWARENESS,
TOLERANCE AND RESPECT. GABRIEL'S ANGELS BELIEVES THEY HAVE MADE A POS	ITIVE IMPACT IN THE
SOCIAL AND EMOTIONAL WELL-BEING OF CHILDREN.	
ANIMAL ASSISTED ACTIVITIES (AAA/GROUP) PROGRAM IS WHERE THE THERAPY T	EAM, WHICH CONSISTS
OF A HANDLER AND HIS/HER THERAPY PET, VISITS A GROUP OF EIGHT TO TEN	(8-10) CHILDREN TO
DEVELOP THE SEVEN CORE SOCIAL BEHAVIORS THROUGH ENGAGING ACTIVITIES.	THIS TEAM VISITS
CHILDREN ON A BI-MONTHLY BASIS FOR A MINIMUM OF SIX (6) MONTHS. THE T	HERAPY TEAM UTILIZES
ACTIVITIES PROVIDED BY GABRIEL'S ANGELS. VISITS LAST 45 - 60 MINUTES.	SOME TEAMS MAY HAVE

Schedule O (Form 990) 2022 Name of the organization	Pag Employer identification number
GABRIEL'S ANGELS INC.	86-0991198
A HELPING HAND TO ASSIST.	
THE ANIMALS, BOOKS AND CHILDREN (ABC) PROGRAM IS AVAILABLE TO SCHOOI	L BASED, TITLE I
PARTNER AGENCIES AND THE ABC PET THERAPY TEAM VISITS THREE (3) INDIV	VIDUAL CHILDREN (1ST,
2ND AND/OR 3RD GRADERS) ANYWHERE FROM 12 - 16 WEEKS, ON A WEEKLY BAS	SIS, TO HELP IMPROVE
EACH CHILD'S CONFIDENCE WHILE ENHANCING THEIR MOTIVATION TO READ. VI	ISITS CONCENTRATE ON
THE CHILD READING TO THE PET WHILE THE HANDLER FACILITATES. THE ABC	PET THERAPY TEAM
UTILIZES APPROPRIATE READING BOOKS, READING ACTIVITIES AND TOOLS PRO	OVIDED BY GABRIEL'S
ANGELS. THE PROGRAM USES READING MATERIALS AT THE CHILD'S CURRENT RE	EADING LEVEL TO PROVIDE
READING PRACTICE AND THE THERAPY TEAM INCORPORATES ACTIVITIES THAT H	HELP DEVELOP CORE
BEHAVIORS THAT ARE CRUCIAL TO SOCIAL DEVELOPMENT. THE ABC PET THERAE	PY TEAM WILL CONDUCT
TWO WORDS PER MINUTE ASSESSMENT OR AN ABC ALPHABET KNOWLEDGE ASSESSM	MENT. VISITS LAST AN
HOUR - 20 MINUTES PER CHILD.	
CHILDREN AND ANIMALS PROGRAM IN EDUCATION (CAPE) PROGRAM IS WHERE TH	HE THERAPY TEAM, WHICH
CONSISTS OF A HANDLER AND HIS/HER THERAPY PET, VISITS A GROUP OF SIX	X TO EIGHT (6-8) UPPER
ELEMENTARY TO MIDDLE SCHOOL AGE CHILDREN AND HELP DEVELOP RELATIONSF	HIP BUILDING SKILLS,
SELF-AWARENESS, SELF-MANAGEMENT, AND RESPONSIBLE DECISION-MAKING THF	ROUGH GROUP DISCUSSIONS
AND ACTIVITIES. THIS TEAM VISITS CHILDREN ON A WEEKLY BASIS FOR TEN	(10) WEEKS. THE
THERAPY TEAM UTILIZES A 10-WEEK CURRICULUM. VISITS LAST 45- 60 MINUT	TES. THE PET THERAPY
TEAM UTILIZES SHORT STORIES, VIDEOS AND ACTIVITIES TO PROMPT DISCUSS	SIONS AND APPLIED
LEARNING-GABRIEL'S ANGELS WILL PROVIDE ALL MATERIALS. CHILDREN AND A	ANIMALS PROGRAM FOR
EDUCATION (CAPE) PROGRAM IS WHERE THE THERAPY TEAM, WHICH CONSISTS (OF A HANDLER AND
HIS/HER THERAPY PET, VISITS A GROUP OF SIX TO EIGHT (6-8) UPPER ELEM	MENTARY TO MIDDLE
SCHOOL AGE CHILDREN AND HELP DEVELOP RELATIONSHIP BUILDING SKILLS, S	SELF-AWARENESS,
SELF-MANAGEMENT, AND RESPONSIBLE DECISION-MAKING THROUGH GROUP DISCU	USSIONS AND ACTIVITIES.
THIS TEAM VISITS CHILDREN ON A WEEKLY BASIS FOR TEN (10) WEEKS. THE	THERAPY TEAM UTILIZES
AN 11-WEEK CURRICULUM. VISITS LAST 45- 60 MINUTES. THE PET THERAPY T	FEAM UTILIZES SHORT
STORIES, VIDEOS AND ACTIVITIES TO PROMPT DISCUSSIONS AND APPLIED LEF	ARNINGGA WILL PROVIDE
ALL MATERIALS.	
EEA	Schedule O (Form 990)