

Return of Organization Exempt From Income Tax

2023

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

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

C Name of organization Imabridge Africa, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) PO Box 752, City or town, state or province, country, and ZIP or foreign postal code Sycamore, IL 60178

D Employer identification number 26-3799742, E Telephone number (336) 508-1132, G Gross receipts \$ 148,128

F Name and address of principal officer, H(a) Is this a group return for subordinates?, H(b) Are all subordinates included?, H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) (), 4947(a)(1) or 527

J Website: www.imabridge.org, K Form of organization: Corporation, L Year of formation: 2008, M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To provide financial and human resources for projects that empower the poor.

Table with 2 columns: Description (e.g., Number of voting members, Total revenue, Total expenses) and Amount (e.g., 9, 270,889, 21,634)

Table with 3 columns: Description (e.g., Contributions and grants, Total revenue, Total expenses, Net assets), Prior Year, Current Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Cecilia Adams, Signature of officer, Date, Cecilia Adams, President, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name John W Huff, Preparer's signature, Date 06-26-2024, Check self-employed, PTIN P00028988, Firm's name John W Huff CPA, Firm's address 5435 W Bull Valley Rd Ste 108 McHenry IL 60050, Firm's EIN, Phone no. 815-363-1005

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