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# Form 990-EZ

Department of the Treasury

#### **Short Form** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150 2009

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2009 calendar year, or tax year beginning 2009, and ending 20 C Name of organization Check if applicable D Employer identification number Please Address change Angels Acts of Kindness, Inc. 850445046 label or Name change Number and street (or P O box, if mail is not delivered to street address) print or E Telephone number Initial return PO Box 16778 505 507-5773 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Albuquerque, NM 87191-6778 Application pending Number ▶ G Accounting Method ☑ Cash ☐ Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ If the organization is not I Website: ▶ angelsactsofkindnessinc.org required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — ✓ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received . . . . 105,423 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments . . . 0 3 Investment income . . . . . . 0 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . 5b O Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 0 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ Gross revenue (not including \$ of contributions reported on line 1) . . . . . . . . . 0 6a Less: direct expenses other than fundraising expenses 0 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6с 0 Gross sales of inventory, less returns and allowances . . . . 7a O Less, cost of goods sold . . . . -Gross-profit-or-(loss) from-sales of inventory (Subtract line 7b from line 7a) ٥ Other Teverrule (describe ► 0 R 0 Total revenue. Add line 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 105.423 1,0< Grants and similar amquots paid (attach schedule) . . 84,426 10 Bendent's paid to 20 for members . . . . . . 11 0 Salaries, other compensetion, and employee benefits . . . 12 0 Expenses Profesional representation of the payments to independent contractors . 0 13 14 4,058 Occupancy, rent, utilities, and maintenance 14 15 0 Other expenses (describe Purchases from Roadrunner Food Bank and other sources 16 16 14.825 Total expenses. Add lines 10 through 16 . . . . . 17 17 103.309 18 18 2,114 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . 19 1.058 š 20 Other changes in net assets or fund balances (attach explanation) 20 0 21 21 Net assets or fund balances at end of year. Combine lines 18 through 20 3,172 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (See the instructions for Part II.) (A) Beginning of year 1,058 22 22 Cash, savings, and investments . . . 3,172 23 Land and buildings. 0 23 . . . . . . 0 1,500 24 24 Other assets (describe ► Trailer home 1.500 3.458 25 4,672 25 Total assets . . 0 26 26 Total liabilities (describe ▶ 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 3,458 27 4,672

Cat No 106421

Form 990-EZ (2009)

Form :	990-EZ (2009)			_		Page 2					
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	Ī.)		Expenses					
What is the organization's primary exempt purpose? Distributing food and in-kind donations to qualified clients (Required for section)											
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise 150											
manner describe the converse arranded the number of persons banefited, and other relevant information for											
each program title.											
		-d Dank and Man a	and alphaness for all		10, 0,	11013.7					
28	Purchasing and receiving food from Roadrunner Fo			10	1						
	referred and qualified needy clients. Total of 55,896	pounds of food purchased to	rom RRFB.								
					1						
		includes foreign grants, ch		<u>. ▶ □</u>	28a	14,825					
29	Redistributing assorted donated and in-kind items in	ncluding utility or rent payme	ents, cars, househol	ld							
	items, appliances, clothes and other assorted donat	ed items to qualified clients.	Undistributed item	S							
	donated to other non-profit charities.	unaludas foreign grants, ch	ock boro	N [	200	70,491					
		includes foreign grants, ch			29a	70,431					
30	Assisting qualified clients in various quality of life is	sues as time, circumstances	and resources and								
					∮ i						
	(Grants \$ 0) If this amount	includes foreign grants, ch	eck here	. ▶ □	30a	13,935					
31	Other program services (attach schedule)										
	(Grants \$ 0) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	31a	0					
32	Total program service expenses (add lines 28a			•	32	99,251					
Par	<u>`</u>			ted (See the							
ı Qı	Elat of Officers, Directors, Trustees, and Re-	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense					
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and					
		devoted to position	enter -0)	deferred compe	nsation	other allowances					
Sand	ira Sandien	CEO, 60									
PO E	Box 16778, Albuquerque, NM 87191	020,00	0		0	0					
Darr	el Knutson	S									
PO E	30x 16778, Albuquerque, NM 87191	Secretary/Treasurer, 4	0		0	0					
Johr	David										
	Box 16778, Albuquerque, NM 87191	Dir Ecology Research, 2			o	0					
	rge Lowe		<u> </u>								
	.~	Dir of Activities, 2			_						
5090	Coors SW #17, Albuquerque, NM 87121	,	0		0	0					
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
22	Did the appropriate approach as a selection and according to the IDC2 M W/- 11 - March - datable		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36_		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	1		
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	I	<b>✓</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	!		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed. ▶ New Mexico			
42a	The organization's books are in care of ▶ Sandra Sandien Telephone no. ▶ 5	05 50	7-5773	3
		87191	-6778	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V. 1	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No_
	If "Yes," enter the name of the foreign country: ▶	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			,
45	Form 990-EZ	44		✓_
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	-	J
		n 990	-F7	(2000)

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м	ac	ıe.	-

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char and 51.	exempt charita ritable trusts mu	ble trusts only. A st answer question	II sect	ion -49b	<u> </u>		
	Did the organization engage in direct or indirect					Yes	No		
	candidates for public office? If "Yes," complete				46		<u>√</u>		
	Did the organization engage in lobbying activitie	· · · · · · · · · · · · · · · · · · ·			47		<del>-/</del> -		
	Is the organization a school as described in section		•		48		<del>-/</del> -		
	Did the organization make any transfers to an ex If "Yes," was the related organization a section 5	•	-		49a 49b		<u></u>		
50	If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, employees) who each received more than \$100,000 of compensation from the organization. If there is none, en								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e)	Expensount ar	nd		
NONE									
f	Total number of other employees paid over \$100	0,000 ▶	1						
None	(a) Name and address of each independent contractor	paid more than \$100,000	(b) T	ype of service	(c) Com	pensat	tion		
					<u>-</u>				
d	Total number of other independent contractors e	each receiving over \$100,0	000▶				<u> </u>		
-	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompa- of preparer (other than officer) is	nying schedules and si based on all information	atements, and to the bes	t of my l	knowle vledge	dge		
Sign Here	Signature of officer Sandra Sandien, CEO	rdien		5-/5.	-/6	2_			
	Type or print name and title						—		
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (See	instructi	ions)		
Use Onl	I FIRESTIATION L			IN ►					
May the	e IRS discuss this return with the preparer shown	n above? See instructions		▶	Yes m <b>990</b>		<b>lo</b> (2009)		

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Nam	e of t	ne organization	1						Employ	er identifica	tion number
Ang	gels	Acts of Kine	dness, Inc.	<del></del>					85		0445046
Pa	rt I	Reasor	n for Public Cl	harity Status (All or	rganızatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	orga	anization is n	ot a private foui	ndation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)	
1		A church, co	onvention of chi	urches, or association	of churc	hes desc	ribed in s	section 1	170(b)(1)(	A)(i).	
2				<b>on 170(b)(1)(A)(ii).</b> (At							
3				hospital service organ							
4	Ш			ation operated in con	junction v	with a ho	spital de	scribed i	n section	170(b)(1	I)(A)(iii). Enter the
	_		ame, city, and s								
5			tion operated fo <b>(b)(1)(A)(iv).</b> (Co	r the benefit of a colle implete Part II.)	ege or uni	versity o	wned or	operated	by a gov	ernmenta	I unit described in
6		A federal, st	tate, or local gov	ernment or governme	ental unit	describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v	).	
7				y receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental un	it or from	the general public
8		A communit	y trust describe	d in <b>section 170(b)(1</b> )	( <b>A</b> )(vi). (C	Complete	Part II)				
9	$\checkmark$			y receives <sup>.</sup> (1) more th							
		•		ed to its exempt func		-		•			
				nent income and unre						1 511 tax	) from businesses
	_		_	n after June 30, 1975.				•	-		
10	$\overline{}$	_	-	nd operated exclusive	-	-	-				
11	Ш			and operated exclusive							
				blicly supported orga- at describes the type							
			_	_	_						_
_		a  Type		」Type Ⅱ	: ∐ Typ		•	•			Type III-Other
e	ш			on managers and othe							
			section 509(a)(2)		i triair ori	0 01 111010	, publicly	Jupporte	o organii	eations ac	Scribca in Section
f				a written determinat	ion from	the IDC	that it ia	a Tupo	I Type II	or Tupo	III augmentine
•			, check this box		ion irom	lile ins	mai ii is	a Type	і, туре п	, or type	
g		•	· ·	the organization acce	ented anv	 uftorc	ontributio	nn from s	nv of the	· · ·	⊔
9		following pe		the organization door	spice any	giit oi o	on the local to	311 11 0111 0	211 <b>y</b> O1 1110	•	
				r indirectly controls, e	either alo	ne or too	ether wit	th persor	ns descril	oed in (ii)	Yes No
				ning body of the sup							11g(i)
			=	erson described in (i) a						_	11g(iı)
				of a person described		(II) above	?				11g(iu)
h			•	ation about the suppo							
(ı)		of supported	(II) EIN	(III) Type of organization		organization		ou notify		s the	(vii) Amount of
	org	anization	1	(described on lines 1–9   above or IRC section	in col (i) listed in your the organization in governing document? col (i) of your			organization in col (i) organized in the		support	
				(see instructions))				oort?		S?	
					Yes	No	Yes	No	Yes	No	
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					-			-			<del></del>
Tota	ıl										

Pai	Support Schedule for Org (Complete only if you check					and 170(b	(1)(A)(vi)
Sec	tion A. Public Support	<del></del>					
	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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					ļ <u> </u>	
5 6	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) Public support. Subtract line 5 from line 4.						
	tion B. Total Support	-	1		<u></u>		
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			, ,			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	<u> </u>	L			ļ	
12	Gross receipts from related activities, etc	(see instruction	ons) , ,		•	12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		•		
	tion C. Computation of Public Sup					T	
14	Public support percentage for 2009 (line of	•	•	, column (f))	•	14	<u>%</u>
15	Public support percentage from 2008 Sch					<u>  15  </u>	<u> </u>
16a	a 33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33% % support test – 2008. If the organization qua					33⅓ % or mo	re, check this ▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circur	nstances" test,	check this box	and stop here	Explain in Pa	rt IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum nces" test. The	nstances" test, c organization qua	heck this box a lifies as a public	and <b>stop here.</b> By supported or	Explain in Parganization	rt IV how the

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

_	(Complete only if you checke	a the box or	line 9 of Pa	π ι.)	<del> </del>		
	tion A. Public Support	<del></del>					
Ca	alendar year (or fiscal year beginning ın) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,122	30,355	66,407	92,195	105,423	320,502
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.	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the	0	0	o	0	0	
_	organization without charge	26,122	30,355	66,407	92,195	105,423	320,502
6	Total. Add lines 1 through 5	20,122	30,333	00,407	92,195	105,425	320,302
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			3			
С	Add lines 7a and 7b						<del></del>
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support		1				
	elendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9	Amounts from line 6	26,122	30,355	66,407	92,195	105,423	320,502
10a		0	0	0	0	0.	0
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12)	26,122	30,355	66,407	92,195	105,423	320,502
14	First five years. If the Form 990 is for the organization, check this box and stop h			d, third, fourth	, or fifth tax ye		n 501(c)(3)
Sec	tion C. Computation of Public Sup	port Percen					
15	Public support percentage for 2009 (line	e 8, column (f)	divided by line	e 13, column (	f))	15	100 %
16	Public support percentage from 2008 S	chedule A, Pa	rt III, line 15	<u> </u>		16	100 %
Sec	tion D. Computation of Investmen	t Income Pe	rcentage			<del></del>	
17	Investment income percentage for 2009	(line 10c, colu	umn (f) divided	by line 13, co	olumn (f)) .	17	0 %
18	Investment income percentage from 200				l	18	0 %_
19a	33½% support tests – 2009. If the orga 17 is not more than 33½%, check this bo	ox and <b>stop he</b>	<b>re.</b> The organiz	ation qualifies	as a publicly s	upported orga	nization 🕨 🗹
b	33\% support tests - 2008. If the organiline 18 is not more than 33\% %, check this	zation did not o box and <b>stop i</b>	theck a box on nere. The organ	line 14 or line inzation qualifies	19a, and line 16 s as a publicly s	is more than 3 supported organ	33½ %, and nization ▶ □
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see inst	ructions > 🗆

Schedule A (F	orm 990 or 990-EZ) 20	09				Page 4
Part IV	Supplemental Part II, line 17a	Information. a or 17b; and	Complete this Part III, line 12	part to provide . Provide any otl	the explanations requi her additional informati	red by Part II, line 10; on. See instructions.
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		•••••••••••••				
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