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Short Form Return of Organization Exempt From Income Tax

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.**

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the 2012 calendar year, or tax year beginning _____, **2012**, and ending _____, **20**

B Check if applicable:

<input type="checkbox"/> Address change	C Name of organization TWO ANGELS FOUNDATION, INC.	D Employer identification number 20-3875772
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

Number and street (or P O box, if mail is not delivered to street address) Room/suite
15801 W. 66TH PLACE

City or town, state or country, and ZIP + 4
ARVADA, CO 80007

E Telephone number
(720) 940-6078

F Group Exemption Number ▶ _____

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **WWW.TWOANGELSFOUNDATION.ORG**

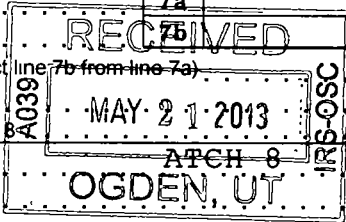
J Tax-exempt status (check only one): 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **87,146.**

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

	1 Contributions, gifts, grants, and similar amounts received	1	51,580.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	3.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 25,317. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	35,563.
	c Less direct expenses from gaming and fundraising events	6c	27,613.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,950.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59,533.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	40,642.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	294.
	15 Printing, publications, postage, and shipping	15	2,832.
	16 Other expenses (describe in Schedule O)	16	15,714.
	17 Total expenses. Add lines 10 through 16	17	59,482.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	51.
	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	42,670.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	42,721.



For Paperwork Reduction Act Notice, see the separate instructions.

3P

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

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

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

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

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

What is the organization's primary exempt purpose? ATTACHMENT 6

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Table with 2 columns: Description of program service, Expenses. Rows include Fundraiser (Golf Tournament), Fundraiser (5K Race), Fundraiser (Poker Tournament), Other program services, and Total program service expenses.

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

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b 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
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40 c 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
40 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of DAWN MOHATT Telephone no 720-940-6078 Located at 15801 W 66TH PLACE ARVADA, CO ZIP + 4 80007
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42 c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here	Signature of officer <i>Dawn Mohatt</i>	Date 5/14/13
	Type or print name and title Dawn Mohatt, President	

Paid Preparer Use Only	Print/Type preparer's name JENNIFER S DAVIS	Preparer's signature <i>Jennifer Davis</i>	Date 5/14/13	Check <input type="checkbox"/> if self-employed	PTIN P00527804
	Firm's name ▶ HEIN & ASSOCIATES LLP	Firm's EIN ▶ 84-0749233			
	Firm's address ▶ 1999 BROADWAY SUITE 4000	Phone no 303-298-9600			
	DENVER, CO 80202				

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization TWO ANGELS FOUNDATION, INC.	Employer identification number 20-3875772
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 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 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 97.16%; 15 Public support percentage from 2011 Schedule A, Part II, line 14 83.79%; 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees 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 unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)

<u>CONTRIBUTOR NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>LESS 2% OF LINE 11 (F)</u>	<u>EXCESS CONTRIBUTION AMOUNT</u>
EKS&H	7,109.	5,246.	1,863.
KELLY POINTER	7,000.	5,246.	1,754.
ED & MARGARET CONNELLY	5,597.	5,246.	351.
GARY MOHATT	8,649.	5,246.	3,403.
TOTAL	<u>28,355.</u>		<u>7,371.</u>

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GOLF TOURNAMENT (event type)	5K RACE (event type)	4. (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	37,900.	9,005.	13,975.	60,880.
	2	Less Contributions	13,012.	1,670.	10,635.	25,317.
	3	Gross income (line 1 minus line 2)	24,888.	7,335.	3,340.	35,563.
Direct Expenses	4	Cash prizes	300.		2,800.	3,100.
	5	Noncash prizes	1,013.			1,013.
	6	Rent/facility costs	11,195.	450.	1,530.	13,175.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,604.	5,680.	2,041.	10,325.
	10	Direct expense summary Add lines 4 through 9 in column (d)				
11	Net income summary Combine line 3, column (d), and line 10					7,950.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

TWO ANGELS FOUNDATION, INC.

Employer identification number

20-3875772

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	3.
TOTAL	<u>3.</u>

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
WINE TASTING	1,860.	5,681.	-3,821.
SMILES FOR MILES (5K)	2,100.	6,131.	-4,031.
GOLF	31,603.	15,111.	16,492.
POKER		690.	-690.
TOTALS	<u>35,563.</u>	<u>27,613.</u>	<u>7,950.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	455.
WEB PAGE	1,452.
FILING FEES	20.
MARKETING EXPENSES	7,902.
DUES AND SUBSCRIPTIONS	254.
BOARD EXPENSES	270.
VOLUNTEER RECOGNITION	16.
INSURANCE	1,550.
BANK FEES	75.
CREDIT CARD FEE EXPENSES	3,672.
MEMBERSHIPS	30.
MISCELLANEOUS	18.
TOTAL	<u>15,714.</u>

Name of the organization TWO ANGELS FOUNDATION, INC.	Employer identification number 20-3875772
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ATTACHMENT 4FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	38,925.	40,846.
TOTALS	<u>38,925.</u>	<u>40,846.</u>

ATTACHMENT 5FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
OTHER ACCOUNTS RECEIVABLE	3,745.	1,875.
TOTALS	<u>3,745.</u>	<u>1,875.</u>

ATTACHMENT 6FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO RAISE MONEY FOR MAKE-A-WISH FOUNDATION, MUSCULAR DYSTROPHY ASSOCIATION AND OTHER SIMILAR NON-PROFITS AND ALSO TO DIRECTLY FUND PURPOSE THAT BENEFITS PHYSICALLY DISABLE CHILDREN. IN ADDITION TO RAISE MONEY TO PURCHASE ADAPTIVE EQUIPMENT FOR PHYSICALLY DISABLE CHILDREN.

ATTACHMENT 7FORM 990EZ, PART III - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>EXPENSES</u>
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Name of the organization

TWO ANGELS FOUNDATION, INC.

Employer identification number

20-3875772

ATTACHMENT 7 (CONT'D)

FORM 990EZ, PART III - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>EXPENSES</u>
FUNDRAISER (WINE TASTING) TO RAISE MONEY TO PURCHASE ADAPTIVE EQUIPMENT FOR PHYSICALLY DISABLE CHILDREN.		5,681.
TOTALS		<u>5,681.</u>

ATTACHMENT 8

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS

IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

VARIOUS - See Attachment 10

PURCHASE ADAPTIVE EQUIPMENT FOR DISABLE CHILDREN

40,642.

TOTAL CONTRIBUTIONS PAID

40,642.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	ESTIMATED AMOUNT OF OTHER COMPENSATION
DAWN MOHATT 15801 W. 66TH PLACE ARVADA, CO 80007	PRESIDENT 30.00	0	0	0
ROGER MOHATT 15801 W. 66TH PLACE ARVADA, CO 80007	CHAIRMAN OF THE BOARD 5.00	0	0	0
CARRIE HOOPER 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 10.00	0	0	0
STEVE HOOPER 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 5.00	0	0	0
JULIE MACKIN 15801 W. 66TH PLACE ARVADA, CO 80007	TREASURER 15.00	0	0	0
JOHN MACKIN 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 10.00	0	0	0
MATT PASCAL 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 5.00	0	0	0
STEF PASCAL 15801 W. 66TH PLACE ARVADA, CO 80007	SECRETARY 5.00	0	0	0

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION (FORM W-2/	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	ESTIMATED AMOUNT OF OTHER COMPENSATION
GREG WHISLER 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 5.00	0	0	0
DOUG MOORE 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 5.00	0	0	0
KIM WILLIS 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 5.00	0	0	0
KATHLEEN HUSS 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 10.00	0	0	0
MICHELLE COWGILL 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 5.00	0	0	0
BETH HUTCHINSON 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 5.00	0	0	0
GRAND TOTALS		0	0	0

Parent First Last	Parent Last	email	Last Name	First Name	Address	City	Age	Item Requested	Diagnosis	2012 Gifts
Serena	Akinahew	serena.smaa@gmail.com	Akinahew	Angel	9783 Pyramid Court, U1	Englewood, CO 80112	7	Rifton	Autism, and global devel	1,094 72
Jean	Salamone	j3muskateregirls@yahoo.com	Salamone	Dante	7805 Allison Way, Apt 1	Arvada, CO 80005	11	bike	CP	1,149 92
Ramona	Ruiz	Haros-Ruiz	Arcelia	Isaac	2885 E. Midway Blvd #	Broomfield, CO 80234	7	Rifton Bike	cerebral paralysis	1,275 00
Todd and Kar	Sargent	todd.sargent@adams1.com	Sargent	Ashley	13926 Elm St	Thornton, CO 80602	17	Off road bike	Transverse Myelitis	1,398 75
Ronald and M	Bedore	ronbedore@earthlink.net	Bedore	Angel	363 Wheat Berry Dr	Erie, CO 80516	11	Rifton Bike	CP	1,135 52
Patricia	Acosta	hulberts@comcast.net	Acosta	Juliana	9101 Milwaukee St	Denver, CO 80216	16	bike	Myotonic Dystrophy	1,200 32
Jerald and Ro	Hulbert	hulberts@comcast.net	Hulbert	Jake	8070 S Blackstone Pk	Aurora, CO 80016	4	Rifton Bike	Hydrocephalus	980 48
Alan and Kath	Dambrausk	kdambrausk@gmail.com	Dambrausk	Jake	6101 S Shawnee St	Centennial, CO 80015	5	Freedom concepts bike	brain cancer	2,833 50
Michelle	Colton and Rick	mcottonx@aol.com	Skojec	Emmett	2272 Jay Street	Edgewater, CO 80214	8	bike	CP	1,001 68
Steve and Mic	Slaughter	newhoymom@msn.com	Slaughter	Ryland	3025 E 142nd Drive	Thornton, CO 80602	8	Rifton Bike	CP	948 32
Pamela and C	Montoya	pzig@aol.com	Montoya	Mateo	5449 W 115th Drive	Westminster, CO 80020	4	rifton bike	developmental delays	1,013 12
Cindy	Roush	cindy.roush.co@gmail.com	Mikes	Ayla	760 Joseph Cir	Golden, CO 80403	5	Rifton Bike	Spina Bifida	943 53
Cindy	Roush	cindy.roush.co@gmail.com	Mikes	Jayden	760 Joseph Cir	Golden, CO 80403	6	Rifton Bike	Spina Bifida	943 52
Amy	Blair	lambiaz7@aol.com	Blair	Ashley	1628 Cedar St	Broomfield, CO 80020	8	Rifton Bike	Rasmussen Encephalitis	1,245 92
Gabrielle	Gallegos		Gallegos	Lynnea	10655 W Dartmouth A	Lakewood, CO 80227	16	adaptive bike	ASD	1,233 92
Steve and Hei	Sidanycz		Sidanycz	Braxton	1125 Ridge St	Montrose, CO 81401	3	Amtryke	Hemiplegia	296 15
Alicia and Rici	Grenolds	alicia_slaub@hotmail.com	Grenolds	Georgia	12653 W Wesley Plac	Lakewood, CO 80228	4	bike adaptations	Hemiplegia	200 00
John and Nan	Reilly	reillyn@comcast.net	Reilly	Caitlin	154 Cherrywood Lane	Louisville, CO 80027	15	Port-O-Trike	Central Syplasia	868 99
Catherine and	Roescher	cathyroescher@yahoo.com	Roescher	Zacary	1050 Eaglestone Drive	Castle Rock, CO 80104	17	Rifton Bike	Downs Syndrome	1,146 56
Andy	Ellis	andy.ellis@lmco.com	Ellis	Bo	845 Front Range Rd	Littleton, CO 80120	11	Triamte Regal Hauler/trike	CP	1,258 88
Maria	Salas	lomasroque16@yahoo.com	Salas	Yesica	5661 Olive St, Apt 78	Commerce City, CO 80022	9	adaptive bike	Spina Bifida	997 76
Tony and Stej	Blauert	csblauerts@msn.com	Blauert	Kalvin	4707 S Gracemoor Cir	Colorado Springs, CO 80917	11	Elec-ira-mate fishing reel	Carnitine Deficiency	445 96
Ryan and Jes	Jones	lesioness105@gmail.com	Jones	Jolie	4682 S Yank St	Morrison, CO 80465	3	adaptive bike	Focal Cortical Dysplasia	1,130 70
Veronica	Perea	m3salcedo@gmail.com	Munoz	Maria	3402 W Center Ave	Denver, CO 80219	7	rifton bike	Ehlers-Damos Syndrome	931 52
Maria	Salcido	indirasais@hotmail.com	Gonzales	Jeremiah	421 Glen Ayre Street	Dacono, CO 80514	9	rifton ranger	CP	1,300 16
Indira and Phi	Sais	indirasais@hotmail.com	Sais	Hannah Mar	4193 S Decatur St	Englewood, CO 80110	8	Rifton bike	CP	1,003 50
Chris and Sta	Warden	goforette@msn.com	Warden	Noah	9152 Garland St	Westminster, CO 80021	12	Freedom concepts bike	CP	1,500 00
Kevin	Cummins and Jane	lhubenville@comcast.net	Cummins	Sierra	4426 E 117th Ave	Thornton, CO 80233	6	Rifton Bike	HABC	996 32
Juana	Avalos		Aguilera Av: Anna Sofia		1654 Van Buren Way #	Aurora, CO 80011	11	Rifton Bike	Downs Syndrome	1,146 56
Bertha and Ar	Gonzalez		Gonzalez-D: Julia		1276 Valentin St	Denver, CO 80220	14	Rifton Bike	CP	1,152 32
Silvia	Rodriguez		Rodriguez	Viridiana	2640 Hawk St	Federal Heights, CO 80250	12	Rifton Bike	CP	1,297 48
Marianne	Oswalt	seesbeyond143@comcast.net	Oswalt	Daimon	5941 W 108th Ave	Westminster, CO 80020	8	handcycle	CP	2,181 50
Cindy	Valdez	sportscheermom20@m.com	Valdez	Elias	PO Box 5777	Colorado Springs, CO 80931	11	bike	CP, autism	1,388 96
City of	Broomfield							Broomfield Adaptive Park		3,000 00

2012 Gift Totals

40,641.54

Attachment