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Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending , 20

<b>B</b> Check if applicable		<b>C</b> Name of organization		<b>D</b> Employer identification number			
<input type="checkbox"/>	Address change	TWO ANGELS FOUNDATION, INC.		20-3875772			
<input type="checkbox"/>	Name change			Number and street (or P O box, if mail is not delivered to street address)		<b>E</b> Telephone number	
<input type="checkbox"/>	Initial return			15801 W. 66TH PLACE		(720 ) 940-6078	
<input type="checkbox"/>	Final return/terminated			City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group Exemption	
<input type="checkbox"/>	Amended return			ARVADA, CO 80007		Number ▶	
<input type="checkbox"/>	Application pending						

**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.TWOANGELSFUNDATION.ORG

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

**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 103,372.

**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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	47,124.
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Investment income	<b>4</b>	4.
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	0
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	56,244.	
<b>6c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	29,192.	
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	27,052.	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	Less cost of goods sold	<b>7b</b>	0	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	74,180.	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	65,233.
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	780.
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	714.
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	6,201.
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	72,928.
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	1,252.
	<b>19</b>	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)	<b>19</b>	65,628.
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year (Combine lines 18 through 20)	<b>21</b>	66,880.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

SCANNED SEP 03 2015

ATCH. 1  
ATCH. 2  
ATCH. 3  
AUG 2015

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PAGE 1

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 3 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, land and buildings, other assets, total assets, total liabilities, and net assets.

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 . . . . .

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Table with 3 columns: Line number, Description, 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. Row 1 contains ATTACHMENT 8.

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

		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	(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				

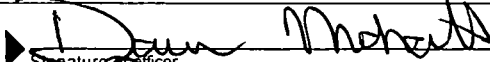
f Total number of other employees paid over \$100,000 . . . . . ▶  
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

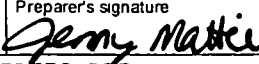
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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		Date
	Dawn Mohralt President	8/14/15

Paid Preparer Use Only	Print/Type preparer's name Jenny Mattie	Preparer's signature 	Date 8/13/15	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 DENVER, CO 80202	Phone no 303-298-9600			

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

**2014**

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

TWO ANGELS FOUNDATION, INC.

Employer identification number

20-3875772

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**
  - b  **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**
  - c  **Type III functionally integrated** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**
  - d  **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	60,522	44,875	51,580	76,713	47,124	280,814
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 Total. Add lines 1 through 3 . . . . .	60,522	44,875	51,580	76,713	47,124	280,814
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). <b>ATCH 1</b> . . . . .						33,940
6 Public support. Subtract line 5 from line 4 . . . . .						246,874

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 . . . . .	60,522	44,875	51,580	76,713	47,124	280,814
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	22	14	3	4	4	47
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						0
11 Total support. Add lines 7 through 10 . . . . .						280,861
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	186,799
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 . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	87.90%
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	87.66%
16a 33 1/3% support test - 2014. 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 . . . . . ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. 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 . . . . . ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
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 . . . . . ▶ <input type="checkbox"/>		

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

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI); 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2013 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2013 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests - 2014. 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.
19b 33 1/3% support tests - 2013. 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 disqualified 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 <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, 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 or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority 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 supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	<b>Total annual distributions.</b> Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013 . . . . .			
f	<b>Total of lines 3a through e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	<b>Excess distributions carryover to 2015</b> Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013 . . . . .			
e	Excess from 2014 . . . . .			

**Part VI** **Supplemental Information.** 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 1

SCHEDULE 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	10,000.	5,617.	4,383.
WELLS FARGO FOUNDATION	13,000.	5,617.	7,383.
BROOMFIELD COMMUNITY FOUNDATION	7,220.	5,617.	1,603.
GINN MILL	19,000.	5,617.	13,383.
ROGER AND DAWN ROGER	7,318.	5,617.	1,701.
DOUG AND LESLIE MOORE	5,619.	5,617.	2.
MATT AND STEF PASCAL	8,650.	5,617.	3,033.
DOUG WILLS	7,850.	5,617.	2,233.
JIM AND MICHELLE COWGILL	5,836.	5,617.	219.
TOTAL	<u>84,493.</u>		<u>33,940.</u>

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

TWO ANGELS FOUNDATION, INC.

Employer identification number

20-3875772

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**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)	1. (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	35,684.	12,057.	8,503.	56,244.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	35,684.	12,057.	8,503.	56,244.
Direct Expenses	4	Cash prizes			2,400.	2,400.
	5	Noncash prizes	1,120.	648.		1,768.
	6	Rent/facility costs	9,588.			9,588.
	7	Food and beverages	720.	466.	804.	1,990.
	8	Entertainment				
	9	Other direct expenses	4,310.	7,761.	1,375.	13,446.
	10	Direct expense summary Add lines 4 through 9 in column (d)				29,192.
11	Net income summary Subtract line 10 from line 3, column (d)				27,052.	

**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 Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_  
 a Is the organization licensed to conduct 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 conduct 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 conducted 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

15a 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. 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 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

**2014**

**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

Employer identification number

TWO ANGELS FOUNDATION, INC.

20-3875772

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	4.
TOTAL	<u>4.</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>
SMILES FOR MILES (5K)	12,057.	8,875.	3,182.
GOLF	35,684.	15,738.	19,946.
POKER	8,503.	4,579.	3,924.
TOTALS	<u>56,244.</u>	<u>29,192.</u>	<u>27,052.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	344.
WEB PAGE	1,147.
FILING FEES	25.
DUES AND SUBSCRIPTIONS	185.
BOARD EXPENSES	780.
INSURANCE	1,550.
BANK FEES	59.
CREDIT CARD FEE EXPENSES	1,982.
MISCELLANEOUS	129.
TOTAL	<u>6,201.</u>

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	64,988.	63,293.
TOTALS	<u>64,988</u>	<u>63,293</u>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization TWO ANGELS FOUNDATION, INC.	Employer identification number 20-3875772
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ATTACHMENT 5

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
OTHER RECEIVABLES	640.	3,587.
TOTALS	<u>640.</u>	<u>3,587.</u>

ATTACHMENT 6

FORM 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 PHSYICALLY DISABLE CHILDREN.

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS P

ATTACHMENT 7

IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

VARIOUS - *See attachment 7D*

NONE

PURCHASE ADAPTIVE EQUIPMENT FOR DISABLE CHILDREN

65,233

TOTAL CONTRIBUTIONS PAID

65,233

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/ DEFERRED COMPENSATION</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
GREG WHISLER 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 0	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	SECRETARY 5.00	0	0	0
KATHLEEN HUSS 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 5.00	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
LESLIE HENSON-GROCHOCKI 15801 W. 66TH PLACE ARVADA, CO 80007	BOARD MEMBER 5.00	0	0	0
<u>GRAND TOTALS</u>				<u>0</u>

## Two Angels Foundation

Date	Name	Original Amount	Balance
<b>41000 - Unrestricted Revenue</b>			
1/3/2014	Hunter Douglas	200 00	200 00
1/3/2014	Mohatt, Roger and	50 00	250 00
1/25/2014	Broaddus, Gary	500 00	750 00
1/31/2014	Klein, Phil	10 00	760 00
2/3/2014	Cowgill, Jim and Mi	850 00	1,610 00
2/3/2014	Mohatt, Roger and	50 00	1,660 00
2/11/2014	Beasley, Erin	25 00	1,685 00
2/15/2014	Melaleuca - The W	11 75	1,696 75
2/21/2014	Jones, Scott	125 00	1,821 75
3/3/2014	Mohatt, Roger and	50 00	1,871 75
3/4/2014	Klein, Phil	10 00	1,881 75
3/10/2014	Jones, Scott	74 74	1,956 49
3/15/2014	Melaleuca - The W	10 40	1,966 89
3/28/2014	Klein, Phil	10 00	1,976 89
4/3/2014	Mohatt, Roger and	50 00	2,026 89
4/14/2014	Mark & Laura Vivien	150 00	2,176 89
4/15/2014	Kelly, Robert and D	1,000 00	3,176 89
4/15/2014	Melaleuca - The W	10 10	3,186 99
4/16/2014	Hurt, Janet	50 00	3,236 99
4/16/2014	Shores, Sharon	150 00	3,386 99
4/17/2014	Nall, James	47 00	3,433 99
4/28/2014	Klein, Phil	10 00	3,443 99
4/28/2014	Jones, Scott	62 50	3,506 49
4/28/2014	Jubi & Marcello Ser	20 00	3,526 49
5/1/2014	Charles & Clara An	150 00	3,676 49
5/3/2014	Mohatt, Roger and	50 00	3,726 49
5/5/2014	Mistry, Anant	150 00	3,876 49
5/6/2014	Matthew Coast Int'l	100 00	3,976 49
5/9/2014	Kriete, Elizabeth	50 00	4,026 49
5/9/2014	Willis, Kim	100 00	4,126 49
5/11/2014	Beasley, Erin	25 00	4,151 49
5/15/2014	Melaleuca - The W	9 70	4,161 19
5/17/2014	Grochocki, Frank &	2,500 00	6,661 19
5/17/2014	Rasmussen, david	100 00	6,761 19
5/25/2014	Jones, David and Ann	100 00	6,861 19
5/27/2014	Cowgill, Steve and	100 00	6,961 19
5/28/2014	Klein, Phil	10 00	6,971 19
5/28/2014	Gravity Sales LLC	250 00	7,221 19
5/31/2014	Fieselman, Ralph a	50 00	7,271 19
6/3/2014	Mohatt, Roger and	50 00	7,321 19
6/6/2014	Andrews, Wayne	100 00	7,421 19
6/6/2014	Mohatt, John and S	150 00	7,571 19
6/15/2014	Melaleuca - The W	9 65	7,580 84
6/16/2014	Hughes, Courtney	25 00	7,605 84
6/16/2014	Mackin, Jim and Jodi	212 50	7,818 34
6/19/2014	Lewan, Korrie	200 00	8,018 34
6/20/2014	Google	500 00	8,518 34
6/23/2014	Jones, Scott	62 50	8,580 84
6/24/2014	Veraldi, Steve & Val	30 00	8,610 84
6/25/2014	Ball Corporation	100 00	8,710 84
6/27/2014	Mohatt, Gary	300 00	9,010 84
6/27/2014	Jones, Scott	62 50	9,073 34
6/28/2014	Klein, Phil	10 00	9,083 34
6/28/2014	Cohen, David & De	75 00	9,158 34
7/1/2014	Mile High United Way	12 75	9,171 09
7/3/2014	Mohatt, Roger and	50 00	9,221 09
7/3/2014	Handley, Don and L	100 00	9,321 09
7/5/2014	Petranek, Molly	25 00	9,346 09
7/5/2014	Watson, Jenny	50 00	9,396 09
7/8/2014	Rice, Wendy	25 00	9,421 09
7/12/2014	Robb, John Paul	30 00	9,451 09
7/15/2014	Melaleuca - The W	9 31	9,460 40
7/15/2014	Hoffmann, M	50 00	9,510 40
7/28/2014	Klein, Phil	10 00	9,520 40
7/28/2014	Walsh, Brian	300 00	9,820 40
7/30/2014	Jones, Scott	62 50	9,882 90
8/3/2014	Mohatt, Roger and	50 00	9,932 90

## Two Angels Foundation

Date	Name	Original Amount	Balance
8/11/2014	Beasley, Erin	25 00	9,957 90
8/14/2014	Amazon Smile	22 79	9,980.69
8/15/2014	Melaleuca - The W	9 25	9,989 94
8/24/2014	Ganter, Wesley & S	500 00	10,489 94
8/24/2014	DesGarenees, Ken	500 00	10,989 94
8/24/2014	Becker, John & Kaye	500 00	11,489 94
8/24/2014	cash	371 00	11,860 94
8/24/2014	Young, Steve and H	3,000 00	14,860 94
8/25/2014	Jones, Scott	62 50	14,923 44
8/28/2014	Klein, Phil	10 00	14,933 44
9/3/2014	Mohatt, Roger and	50 00	14,983 44
9/9/2014	Broomfield Commu	1,000 00	15,983 44
9/9/2014	Broomfield Commu	1,000 00	16,983 44
9/15/2014	Melaleuca - The W	9 70	16,993 14
9/22/2014	Jones, Scott	62 50	17,055 64
9/23/2014	Oliver, Jessica	35 00	17,090 64
9/28/2014	Klein, Phil	10 00	17,100 64
10/3/2014	Mohatt, Roger and	50 00	17,150 64
10/13/2014	Kelly, Robert and D	500 00	17,650 64
10/15/2014	Melaleuca - The W	9 65	17,660 29
10/22/2014	Layman, Rob	1,000 00	18,660 29
10/24/2014	Rolling Hills Countr	2,000 00	20,660 29
10/27/2014	Jones, Scott	62 50	20,722 79
10/28/2014	Klein, Phil	10 00	20,732.79
10/29/2014	Willis, Kim	175 00	20,907 79
10/31/2014	Storlie, Lee & Diane	25 00	20,932 79
10/31/2014	The Colorado Floor	200 00	21,132 79
11/1/2014	Mohatt, Roger and	200 00	21,332 79
11/1/2014	Sill-Terhar Motors, I	100 00	21,432 79
11/3/2014	Cheers for Charity	500 00	21,932 79
11/3/2014	Goddard School of	250 00	22,182 79
11/6/2014	Mohatt, Roger and	50 00	22,232 79
11/6/2014	Cheers for Charity	50 00	22,282 79
11/10/2014	Harcros Chemicals	2,500 00	24,782 79
11/11/2014	Beasley, Erin	25 00	24,807 79
11/12/2014	Amazon Smile	8 98	24,816 77
11/15/2014	Melaleuca - The W	9 21	24,825 98
11/15/2014	Campbell, Sue	100 00	24,925 98
11/18/2014	Anonymous	525 00	25,450 98
11/20/2014	Madden, Jay and S	30 00	25,480 98
11/20/2014	Peterson, Tyr	100 00	25,580 98
11/21/2014	Burnham, Michael a	10 00	25,590 98
11/21/2014	Cowgill, Steve and	150 00	25,740 98
11/22/2014	Koenig, Patricia	100 00	25,840 98
11/22/2014	T3J Properties LLC	100 00	25,940 98
11/23/2014	CrossFit Participants	95 00	26,035 98
11/24/2014	Jones, Scott	62 50	26,098 48
11/24/2014	Marschner, Pam	20 00	26,118 48
11/25/2014	Anonymous	100 00	26,218 48
11/28/2014	Klein, Phil	10 00	26,228 48
12/1/2014	Handley, Don and L	100 00	26,328 48
12/1/2014	Green, Bill and Susan	50 00	26,378 48
12/3/2014	Palombo, Joe	30 00	26,408 48
12/3/2014	Anonymous	50 00	26,458 48
12/4/2014	Penny	25 00	26,483 48
12/4/2014	Mohatt, John and S	200 00	26,683 48
12/4/2014	Mohatt, Roger and	50 00	26,733 48
12/4/2014	Bermudez, Luis and	50 00	26,783 48
12/5/2014	Baum, James & Mary	200 00	26,983 48
12/6/2014	Donathan, Joe & M	50 00	27,033 48
12/8/2014	Beicher, Michele	20 00	27,053 48
12/9/2014	Colo Gives Day Do	6,737 47	33,790 95
12/10/2014	CrossFit Participants	4,416 89	38,207 84
12/11/2014	Schmedes-Shook,	750 00	38,957 84
12/11/2014	Gregory, Kristy	50 00	39,007 84
12/12/2014	Anonymous	1,820 00	40,827 84
12/12/2014	Anonymous	1,260 00	42,087 84
12/12/2014	Sampson, Matt	50 00	42,137 84

## Two Angels Foundation

Date	Name	Original Amount	Balance
12/12/2014	Merrell, Juliet	50 00	42,187 84
12/12/2014	Sanders, Lisa	50 00	42,237 84
12/12/2014	High Plains Pediatr	50 00	42,287 84
12/14/2014	Curtis & Megan Buym	50 00	42,337 84
12/15/2014	Melaleuca - The W	9 06	42,346 90
12/18/2014	Anonymous	700 00	43,046 90
12/18/2014	Anonymous	100 00	43,146 90
12/18/2014	Castaways Foundat	1,000 00	44,146 90
12/18/2014	Brown, Janet	100 00	44,246 90
12/19/2014	Fuchser, Fay and H	50 00	44,296 90
12/19/2014	Hauserman, Larry &	500 00	44,796 90
12/20/2014	Mackin, Jim and Jodi	35 00	44,831 90
12/22/2014	Mackin, Daniel	50 00	44,881 90
12/22/2014	Jones, Scott	62 50	44,944 40
12/23/2014	Dopheide, Molly	100 00	45,044 40
12/23/2014	Hunter Douglas	220 00	45,264 40
12/23/2014	Kong Company	1,000 00	46,264 40
12/26/2014	Crown, Bradley	100 00	46,364 40
12/28/2014	Klein, Phil	10 00	46,374 40
12/29/2014	Mackin, Paul	25 00	46,399 40
12/29/2014	Mackin, Paul	25 00	46,424 40
12/30/2014	Nenninger, Alissa	200 00	46,624 40
12/31/2014	Wills, Doug	250 00	46,874 40
12/31/2014	Jordan, Barbara	100 00	46,974 40
12/31/2014	Stegeman, Craig an	50 00	47,024 40
12/31/2014	Brubaker, Mike and	100 00	47,124 40
Total 41000 Unrestricted Revenue			47,124 40
<b>TOTAL</b>			<b>47,124.40</b>

TWO ANGELS FOUNDATION  
Angels Gift list  
8/13/2015

Last Name	First Name	City	sex	Age	Item Requested	Diagnosis	2014 Gifts	status 1=rec.	Vendor	Received
Rhodes	Brianna	Lafayette, CO 80026	F	5	adaptive pedals	spastic paraparesis	91.64	1	FlagHouse	1/31/2014
Alvarado	Bailey	Denver, CO 80211	F	5	adaptive bike	Ataxic CP	960.32	1	Numotion	12/11/2014
Cloud	Ashley	Westminster, CO 80021	F	8	adaptive bike	central core disease	972.32	1	Numotion	9/18/2014
Turnpseed	Reese	Denver, CO 80206	F	7	adaptive bike	glutamic acidemia type I	1,051.70	1	Angellech	4/8/2014
Lenzen	Henry	Centennial, CO 80016	M	6	adaptive bike	Pitt Hopkins Syndrome	1,057.28	1	Numotion	4/2/2014
O'Connor	Thomas	Westminster, CO 80021	M	11	Rifton Bike	Down Syndrome	1,070.72	1	Numotion	5/27/2014
Thomas	Jonathan	Denver, CO 80236	M	7	adaptive bike	premature-developmental delays	1,070.72	1	Numotion	8/15/2014
Roze	Colin	Lakewood, CO 80228	M	9	Rifton	Doose Syndrome	1,088.48	1	Numotion	8/18/2014
Bursiek	Kyla	Boulder, CO 80301	F	9	Rifton Bike	Down Syndrome	1,104.32	1	Numotion	3/18/2014
Pruett	Alyssa	Boulder, CO 80303	F	18	rifton bike	Down Syndrome	1,110.08	1	Numotion	8/20/2014
Derdzinski	Christopher	Denver, CO 80238	M	16	Wike bike trailer	CP	1,115.00	1	Wike	3/20/2014
Hoff	Caden	Denver, CO 80210	M	6	Rifton Bike	Septo-Optic Dysplasia, general delays	1,124.48	1	Numotion	4/30/2014
Chnani	Mohammad	Denver, CO 80231	M	5	Rifton Bike	CP	1,129.76	1	Numotion	8/20/2014
Johnson	Andrew	Aurora, CO 80016	M	11	rifton bike	Down Syndrome	1,135.52	1	Numotion	9/2/2014
Rivard	Trinity Precious	Denver, CO 80219	F	14	Rifton Bike	HPLV, heart transplants, seizures	1,153.28	1	Numotion	3/6/2014
Loebig	Alisha	Aurora, CO 80017	F	15	bike	downs syndrome	1,189.28	1	Numotion	5/31/2014
Herrera de Jesus	Rebecca	Westminster, CO 80030	F	8	Rifton Bike	CP	1,226.72	1	Numotion	2/19/2014
Cruz	Amanda	Pueblo West, CO 81007	F	12	Adaptive Bike	Epilepsy	1,234.88	1	Numotion	8/22/2014
Saucedo-Martinez	Bruno	Denver, CO 80120	M	5	Rifton Bike	CP	1,245.92	1	Numotion	5/9/2014
Puitu Hedge	Aditya	Boulder, CO 80304	M	7	Rifton Bike	Birth Asphyxia seizures	1,245.92	1	Numotion	8/7/2014
Lundstad	Jayden	Littleton, CO 80128	M	8	Rifton Bike	Dandy Walker Variant	1,255.52	1	Numotion	5/7/2014
Playola-Dorantes	Ray	Denver, CO 80219	M	12	Rifton Bike	CP	1,286.72	1	Numotion	10/24/2014
Cable	Lillian	Lakewood, CO 80232	F	8	adaptive bike	Multiple	1,325.12	1	Numotion	5/31/2014
Kandt	Allie	Thornton, CO 80241	F	9	adaptive bike	Epilepsy/night functional hemispherectomy	1,325.12	1	Numotion	5/21/2014
Famke	Kadina	Aurora, CO 80012	F	5	Rifton Bike	CP	1,828.04	1	Numotion	2/22/2014
Clem	Elisha	Canon City, CO 81212	F	10	adaptive bike	Down Syndrome	1,327.52	1	Numotion	7/8/2014
Solo-Lozoya	Miranda	Denver, CO 80223-2532	F	10	Rifton	severe seizure disorder/hypothyroidism	1,342.88	1	Numotion	8/18/2014
Arenas	Jadyn	Arvada, CO 80003	M	5	adaptive bike	CP	1,382.72	1	Numotion	5/20/2014
Sharmit	Noor	Aurora, CO 80014	M	7	Rifton Bike	CP	1,389.92	1	Numotion	5/9/2014
Dodd-Brown	Alexander	Longmont, CO 80504	M	3	rifton bike	CP	1,418.96	1	Numotion	4/14/2014
Kirby	Marshall	Thornton, CO 80260	M	15	adaptive bike	Down Syndrome	1,422.08	1	Numotion	5/9/2014
Hagens	Alexandria	Westminster, CO 80234	F	13	adaptive bike	Down Syndrome & Autism	1,434.08	1	Numotion	1/31/2014
Guzman	Jazmin	Louisville, CO 80027	F	13	Rifton Bike	Down Syndrome	1,437.92	1	Numotion	4/18/2014
Kral	Michael	Thornton, CO 80241	M	13	Recombent bike	CP	1,500.00	1	AngelTech	7/10/2014
Lyde	Keira	Thornton, CO 80241	F	12	Rifton Bike	CP	1,509.44	1	Numotion	5/20/2014
Groover	Rachel	Colorado Springs, CO 80917	F	12	adaptive bike	CP	1,679.52	1	Numotion	3/12/2014
Pitman	Luke	Denver, CO 80239	M	18	In tandem	downs syndrome	1,695.95	1	Industrial Bike	5/11/2014
Smith	Tim	Denver, CO 80239	M	16	Rifton	CP	1,742.72	1	Numotion	7/24/2014
Sanderfer	Lillian	Lochbuie, CO 80603	F	9	Invacare Exceleator X	CP	1,791.70	1	Numotion	5/31/2014
Mestas	Cole	Commerce City, CO 80022	M	5	adaptive bike	Spina Bifida	1,945.20	1	Numotion	5/20/2014
Sipe	David	Thornton	M	14	AngelTech Cycle	Amnioglyposis Multiplex Congentia	2,000.00	1	AngelTech	5/30/2014
Ediger	Everett	Denver, CO 80204	M	6	adaptive bike	Spina Bifida	2,009.50	1	Numotion	6/11/2014
Delles	Jackson	Gypsum, CO 81637	M	7	Rifton Bike	Spina Bifida	2,099.00	1	Numotion	10/2/2014
Holckhiss	Noah	Durango, CO 81301	M	15	sports chair	paralysis	2,470.00	1	Numotion	1/31/2014
Hartman	Caedon	Blackhawk, CO 80422	M	11	Hippocampe-all terrain	CP	2,500.00	1	MySpecialWor	6/11/2014
Carlson	Lucas	Lakewood, CO 80228	M	12	Terra Trke	CP	2,734.91	1	Angellech	1/31/2014
							65,232.88	46		

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>TWO ANGELS FOUNDATION, INC.</b>	Employer identification number (EIN) or <b>20-3875772</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>15801 W. 66TH PLACE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ARVADA, CO 80007</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► DAWN MOHATT, 15801 W 66TH PLACE ARVADA, CO 80007

Telephone No ► 720 940-6078 FAX No ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
►  calendar year 2014 or  
►  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0

Caution If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.  
 ▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see Instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	TWO ANGELS FOUNDATION, INC.	20-3875772
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	15801 W. 66TH PLACE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ARVADA, CO 80007	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ DAWN MOHATT, 15801 W 66TH PLACE ARVADA, CO 80007

Telephone No ▶ 720 940-6078 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2014 or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$ 0
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$ 0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$ 0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

JSA