LURIE BESIKOF LAPIDUS & COMPANY, LLP 2501 WAYZATA BOULEVARD MINNEAPOLIS, MN 55405-2197

Angel Foundation 700 South Third Street, #106W Minneapolis, MN 55415

Dear Deborah:

Enclosed is the organization's 2013 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2014.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

We have enclosed mailing envelopes for your convenience in filing the return.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

LURIE BESIKOF LAPIDUS & COMPANY, LLP

Note, Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filling for an Additional (Not Automatic) 3-Month Extension on a previously filed Form 8868. If you are filling for an Automatic 3-Month Extension, complete only Part I (lon page 1). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions. Employer Identification number, see instructions. Employer Identification number (EIN) or print and original for the seempt organization or other filer, see instructions. ANGEL FOUNDATION	Form 8868 (Rev. 1-2014)					Page 2
Note, Only complete Part III you have already been granted an automatic 3-month extension on a previously filled Form 8888. • If you are filling for an Automatic 3-Month Extension of Time. Only file the original (no copies needed). Part III		ctension, c	complete only Part II and check this	box		▶ X
e flyou are filling for an Automatio 3-Month Extension, complete only Part I (on page 1). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file and the second of the security number (SN) 3-Month Extension of Social security number (SN) 4-Month Extensi						
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Second Second Price Second Pric	Type or Name of exempt organization or other filer, see instru	ictions.		Employer	Identification nu	mber (EIN) or
Number, street, and room or suite no. It a P.O. box, see instructions. Social security number (SSN) TOO SOUTH THIRD STREET, NO. 106W	print					
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Form 4720 (Individual) Form 990-PF O4 Form 5227 Form 990-PF O5 Form 6099 Form 990-PF O6 Form 6099 DEBORAH BERGLUND - 70 0 SOUTH THIRD STREET, SUITE 106W - The books are in the care of ▶ MINNEAPOLIS, MN 55415 Telephone No.▶ 612-627-9000 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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 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 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 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 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 this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group and enter the organization's four digit Group Exemption Number (GEN) If this a group and ending If the tax year entered in line 6 is for less than 12 months, check reason: Initial return Initial return Initial return Initial return Initial return Initial						
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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature 3245/4 Date 7/26/4			at he completed for Part II	···	L \$	
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Signature > Ferley May monn PAVE > 7/28/14 CPA Date > 7/28/14	it is true, correct, and complete, and that I am authorized to prepare this i	only accom	panying screenies and statements, and t	o me nest c	n agusiovisugs ai	ia neliei,
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	Market Ma		- W	2000		(Rev. 1-2014)

_{Form} **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

Inspection

Department of the Treasury

▶ Information about Form 990 and its instructions is at www its gov/form990

Open to Public

er isai i i	Cicio	and ending		
		2013 calendar year, or tax year beginning and ending	D Employer identificati	ion number
Chec appli	k if	C Name of organization		
A	ddress hange		41-199	00883
N	ame hange	Doing Business As Room/sui	e E Telephone number	
ln	itlal eturn	Number and street (of P.U. DOX II mail is not delivered to should be added as a contract of the contract of th	612-62	27-9000
T	ermin- ted	1 700 SOUTH THIRD STREET	G Gross receipts \$	2,314,703.
IA.	mende	City or town, state or province, country, and ZIP or toreign postar could	III-) to this a group retu	m
	pplica ion	I ware to the TOTAL TO MINISTER TO THE CONTROL OF T	for subordinates?	Yes X No
P	endin		H(b) Are all subordinates inclu	nded? Yes No
		ISAME AS C ABOVE		t (see instructions)
Tax	v 0V0	mpt status: X 501(c)(3)	27 If "No," attach a lis H(c) Group exemption r	umber >
187	hall	e: ► WWW.MNANGEL.ORG	ear of formation: 2000 MS	State of legal domicile: MN
VVE	epsit	organization: X Corporation Trust Association Other L Ye	ar of formation. Zood Mic	Nate of logar domination
C FOI	t I	Summan/	TOTALLON	AWARENESS
Pai	1011	Summary Summary Briefly describe the organization's mission or most significant activities: TO PROVIDED CERVICES RELATING TO CANCER WITH A	DE EDUCATION,	VINC THE
ابو	1	Briefly describe the organization's mission or most significant activities: TO PROVIDAND OTHER SERVICES RELATING TO CANCER WITH A	GOAL OF IMPRO	ATMG TIM
š		AND OTHER SERVICES RELATING TO CHROSE TO CHROSE THE Check this box I if the organization discontinued its operations or disposed of many characters.	ore than 25% of its net ass	ets. 17
Governance		the entering body (PSR VI IIII IIII		$\frac{1}{17}$
١٥	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	4	$\frac{17}{20}$
8	4	Number of independent voting members of the governing body it are visited as a Number of Individuals employed in calendar year 2013 (Part V, line 2a)	5	· · · · · · · · · · · · · · · · · · ·
8	5	Total number of Individuals employed in calendar year 2013 (Fait V, Wild 20)	6	481
₹	6	Total number of individuals employed in datastact year. Total number of volunteers (estimate if necessary)	7a	0.
Activities &	7 a	Total number of volunteers (estimate it necessary) Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.
٩	d	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
			1,626,846.	1,505,063.
	8	Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue	9	D. and a control revenue (Part VIII line 20)	37,789.	114,734.
Š	10	Least income (Part VIII column (A), lines 3, 4, and 7d)	356,095.	447,703.
ď	11	Other recognition (Part VIII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,020,730.	2,067,500.
1	12	The state and lines 8 through 11 (must equal Part VIII, column (A), line 12/	638,394.	787,866.
	13	Contract similar amounts naid (Part IX, column (A), lines 1-3)	030,3320	0.
	14	manufacture of for members (Part IX, column (A), line 4)	472,591.	590,756.
			0.	0.
Expenses	15	Professional fundralsing fees (Part IX, column (A), line 11e) Total fundralsing expenses (Part IX, column (D), line 25) 187,687.	V •	
Ę	168	Professional fundation expenses (Part IX, column (D), line 25)	0.00 (12	318,004.
8	۱ ۱	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	262,613.	1,696,626.
<u></u>	17	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,373,598.	370,874.
	18	Total expenses. Add lines 13-17 (indice equal action) Revenue less expenses. Subtract line 18 from line 12		
	19	Revenue less expenses, Subtract line to from this 12	Beginning of Current Year	End of Year 2,756,649.
Assets or Balances		Total assets (Part X, line 16)	2,253,696.	400 025
Set	20	10tal access to 1	130,763.	182,835.
TASE BASE	21	Total liabilities (Part X, line 26)	2,122,933.	2,573,814.
횔	22	Net assets or fund balances. Subtract line 21 from line 20		
P	art	Signature Block	statements, and to the best of m	ny knowledge and belief, it is
Une	der pe	Signature Block enalties of perjury, I declare that I have examined this return, including accompanying schedules and	enarer has any knowledge.	
Ŋ	e, cor	enalties of perjury, I declare that I have examined this return, including accompanying experience and information of which price, and complete. Declaration of officer than officer) is based on all information of which price the complete of the complete	N. 11//	2/14
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Si.	A STATE OF THE PARTY OF THE PAR	8 gnature of officer		
	re	MARK WILKENING, PRESIDENT		
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	epare	. 2501 WAYZATA BOULEVARD	/_,	612)377-4404
US	se On	ly Firm's address 2501 WAYZATA BOODEVARD MINNEAPOLIS, MN 55405-2197	Phone no. (X Yes No
		THINNING OF THE PROPERTY OF T	***************************************	X Yes No Form 990 (2013)
1.1		to IDS discuss this return with the preparet shown above 1,000 miles		Form 990 (2013)

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
ıza	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	u		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		aan /	(0040)

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ANGEL FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		21
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		-22
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
		,		

Form 990 (2013) ANGEL FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response or note to any line in this Part V					
1a Enter the number reported in Box 3 of Form 1086. Enter -0' in rot applicable 1b 0 0 b Enter the number of Forms Wolf chucked in line 1a. Enter -0' in rot applicable 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (garnoling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, face of the calendar year ending with or within the year covered by this return 2 20 b If at least one is reported on line 28, did the organization file all regular defearal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a If the organization have uninested business gross income of \$1,000 or more during the year? 3a If the organization have uninested business gross income of \$1,000 or more during the year? 3a A ran yrithe during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization by a prohibited tax shorter barrascition at any time during the tax year? 5b If Yes, 1 file in 6 are 6b, oid the organization file Form 868617 5c in Yes, 1 for in 6 are 6b, oid the organization file Form 868617 5c in Yes, 1 for in 6 are 6b, oid the organization file Form 868617 5c in Yes, 1 for in 6 are 6b, oid the organization file Form 868617 5c in Yes, 1 for in 6 are 6b, oid the organization file Form 868617 5c in Yes, 1 for in 6 are 6b, oid the organization file Form 868617 5c in Yes, 1 for in 6 are 6b, oid the organization file Form 868617 5c in Yes, 1 for in 6 are 6b, oid the organization file Form 868617 5c in Yes, 1 for in 6 are 6b, oid the organization file form 868617 5c in Yes, 1 for in 6 are 6b, oid the organization file form 868617 5c in Yes, 1 for in 6 are 6b, oid the organi						Yes	No
b Enter the number of Forms W.2G included in line 1s. Enter 0-1 in clapplicable 10 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	22			
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 Intelligent of the calendar year ending with or within the year covered by this return 3 Intelligent of the calendar year ending with or within the year covered by this return 3 Intelligent of the calendar year ending with or within the year of the calendar year of the year? If Y-No, 1 for its 3b, provide an explanation in Schedule O 3 Intelligent of the calendar year, did the organization than 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)? 4 At any time the name of the foreign country (such as a bank account, securities account, or other financial account)? 5 In 1 Y-Yes, 1 foreign country (such as a bank account, securities account, or other financial Accounts. 5 Was the organization have in the foreign country of the properties of the organization than an explanation and any time during the tax year? 5 In 1 Y-Yes, 1 foreign country (such as a bank account, securities account, or other financial Accounts. 5 Was the organization have an other than account any time during the tax year? 5 Was the organization have an explanation file form 88861? 5 In 1 Y-Yes, 1 foreign country (such as a bank account, securities) and property of the propartization solicit any contributions that any contributions of any time of the organization solicit and any accountry to the calendar of the organization solicit and accountry to the calendar of the organization solicit in the properties of the value			1b	0			
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resture. Secondary	С			able gaming			
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1 fall teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a I but the organization have unreated business gross income of \$1,000 or more during the year? 3a I X 3b If "Yes," has it filed a Form 990-T for this year? If "No," to file 30, provide an explanation in Schedule O 3b I A At any time during the calendary vary, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A tarny time the name of the foreign country? 5b If "Yes," a fine the name of the foreign country? 5c I "Yes," to line 5a or 5b, did the organization file Form 886817 6c I "Yes," to line 5a or 5b, did the organization file Form 886817 6d Does the organization and party to a prohibited tax shelter transaction? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c I "Yes," id life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization sell- explanation in excess of \$75 made party sa sombibution and party for poods and services provided to the payor? 7b If "Yes," did the organization mickle with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization receive a payment in excess of \$75 made party sa sombibution and party for poods and services provided to the payor? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d I of the or		(gambling) winnings to prize winners?			1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business pross income of \$1,000 or more during the year? 3a At any time during the calendary var, did the organization have unduring the year? 4a At any time during the calendary var, 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 accountly? 4a X 5b If Yes, "the three the name of the foreign country (such as a bank account, securities account, or other financial accounts. 5c If Yes, "to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, "to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, "to line 5a or 5b, did the organization file Form 8896-17 6c Does the organization hat were not tax deductible as charitable contributions? 6c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 If Yes, "did the organization notity the donor of the value of the goods or services provided? 9 Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If X 9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified Intellectual property, did the organization in line supports of the organization in line form 899 as required? 10 If the organization received an contribution of cars, boats, airpl	2a						
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3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if Yes, has it flied a Form 9901 for this year? if ™o,* 1 for ine 3, provide an explanation in Schedule O d 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 accounts). b if Yes, free ther the name of the foreign country: ▶ See instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 8 Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization fle Form 8896-17? 6 If Yes, to line 5a or 5b, did the organization fle Form 8896-17? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions? 6 If Yes, the dide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization seleve apayment in excess of \$75 made partly as a contribution and partly for podds and services provided to the payor? 7 Organization seleve apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If Yes, did the organization seleve apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If Yes, did the organization seleve any funds, directly or indirectly, on a personal benefit contract? 9 If Yes, did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 If the organization received a contribution of cars, boats, airplanes, or other	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly. 4b If "Yes," enter the name of the foreign country. ► 5e instructions for filing requirements for Form TD = 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or other banks of the same state of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or of the value of the organization and such deductible? 7 Organizations that may receive deductible contributions under section 170(c). a) Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a) Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a) Did the organization include with every solicitation and partly for goods and services provided to the part of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). a) Did the organization notify the donor of the value of the goods or services provided? 7 Organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 5 Organization received any funds, directly or indirectly, no payernal personal benefit contract? 7 Organizations maintaining donor advised funds		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization that it was or is a party to a prohibited tax shelter transaction? 5b	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
financial account in a foreign country (such as a bank account, securities account, or other financial accounti)? b if "Yes," enter the name of the foreign country; "See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IV 3C II "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b X 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organization stat may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If Yes, I did the organization notify the donor of the value of the goods or services provided? 7 If Yes, I did the organization on only the donor of the value of the goods or services provided? 7 If Yes, I did the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7 If X 9 If the organization member of Forms 8282 filed during the year 9 If the organization or second a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7 If X 9 If the organization member of payment in device filed the organization file a Form 1098-C? 7 If X 9 If the organization member of payment filed filed filed	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b If "Yes," enter the name of the foreign country: Sea instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization aperuments for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization ty to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If "Yes," in line Sa or 5b, Lin	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Gross income from members or shareholders	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "No," provide an explanation in Schedule O 16 If "No," provide an explanation in Schedule O 17 If "No," provide an explanation in Schedule O	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а				13a		
organization is licensed to issue qualified health plans							
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		ı				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							v
		• • • • • • • • • • • • • • • • • • • •					
	b	It "Yes," has it filed a Form 720 to report these payments? It "No," provide an explanation in Schedul	е U			000	(2012)

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line ed, es, or res selen, december the directinetes, proceeded, or changes in constant of the			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	DEBORAH BERGLUND - 612-627-9000			
	700 SOUTH THIRD STREET, SUITE 106W, MINNEAPOLIS, MN 55415			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line) 20.00	tee or director	not cl unles	ss pe	ition more rson i irecto	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	hours for related organizations below line)	Individual trustee or director	tutional trustee					the	organizations	
	20.00		Instii	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARGIE SBOROV								0		0
FOUNDER & DIRECTOR	1 00	Х		Х				0.	0.	0.
(2) MIKE BUTTRY	1.00	,,						0		0
DIRECTOR	1 00	Х						0.	0.	0.
(3) DAVID FINE	1.00	,,						0	_	0
DIRECTOR	2 00	Х						0.	0.	0.
(4) MARSHA LIETZ	3.00	,,						0	_	0
PAST CHAIR	2 00	Х						0.	0.	0.
(5) STEVE WOOLDRIDGE	3.00	. ,		77				0	0.	0
TREASURER	1.00	Х		Х				0.	0.	0.
(6) TERESE RADFORD	1.00							0.	0.	0
DIRECTOR THE THEODY	3.00	Х						0.	0.	0.
(7) JULIE VERRY CHAIR OF THE BOARD	3.00	х		х				0.	0.	0.
(8) CURT ARVIDSON	1.00	Λ		Λ				0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(9) MARK WILKENING	40.00	Δ						0.	0.	0.
PRESIDENT	40.00	х		х				41,673.	0.	0.
(10) KIM BROWN	1.00	77		71				±1,075•	0.	· ·
DIRECTOR	1.00	x						0.	0.	0.
(11) DR. THOMAS FLYNN	3.00							<u> </u>	•	
VICE CHAIR	3,00	x		х				0.	0.	0.
(12) PETE OPP	1.00									
DIRECTOR		x						0.	0.	0.
(13) JEFF VELCH	1.00								•	
DIRECTOR		x						0.	0.	0.
(14) KELLY GROSKLAGS	1.00									
DIRECTOR		x						0.	0.	0.
(15) DAVID B. JOHNSON	3.00									
SECRETARY		х		х				0.	0.	0.
(16) SCOTT MAEYAERT	1.00									
DIRECTOR		х						0.	0.	0.
(17) STEVE PHILLIPS	1.00									
DIRECTOR		x						0.	0.	0.

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Part VII Section A. Officers, Directors, 7		ploy	ees			ghe	st C						
(A)	(B)			(C Posi		,		(D)	(E)	(F)			
Name and title	Average hours per		not c	heck I	more	than		Reportable	Reportable			timate	
	week					is bot or/trus		compensation from	compensation from related			nount o other	Σľ
	(list any	tor						the	organization			pensa	tion
	hours for	or director				D.		organization	(W-2/1099-MIS			om the	
	related	tee or	ustee			ensati		(W-2/1099-MISC)	•		org	anizati	on
	organizations	al trus	nal tr		employee	om b						d relate	
	below line)	Individual trustee	Institutional trustee	Officer	emp /	Highest compensated employee	Former				orga	anizatio	ons
(10)	,	pul	Sul.	JJ0	Key	e Fig	윤						
(18) DENISE SCHUENKE	1.00	x						0.		0.			0 .
DIRECTOR (19) MARK SBOROV, M.D.	1.00	^						0.		0.			
DIRECTOR	1.00	x						0.		0.			0.
(20) DEAN GESME, M.D.	1.00						\vdash	•		•			
DIRECTOR	1.00	x						0.		0.			0.
(21) VICTORIA STUTE	40.00									••			
PAST PRESIDENT	10.00	x		x				44,089.		0.			0.
		1											
						_							
		ł											
						<u> </u>							
		1											
1b Sub-total					l	<u> </u>	┢	85,762.		0.			0.
c Total from continuation sheets to Pa								0.		0.			0.
d Total (add lines 1b and 1c)								85,762.		0.			0.
Total number of individuals (including by									0,000 of reportab	le	l		
compensation from the organization						,		•					(
												Yes	No
3 Did the organization list any former offi	icer, director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J	for such individual										3		X
4 For any individual listed on line 1a, is th	e sum of reportab												
and related organizations greater than	\$150,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual			4		Х
5 Did any person listed on line 1a receive	or accrue compe	nsati	ion f	rom	any	/ unr	relat	ed organization or indiv	idual for services				
rendered to the organization? If "Yes,"	complete Schedul	e J f	or su	ıch j	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highes	· ·									npens	ation 1	rom	
the organization. Report compensation		ear e	endi	ng w	vith	or w	/ithir		year. I				
(A) Name and busin		NC	ONE	7				(B) Description of s	ervices	C)) ompe		n
							_	•			•		
							_						
							\dashv						
2 Total number of independent contractor	ors (including but r	ot lir	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organization	,					0		·					
											Form	990 (2013

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	t VII	(==:=)	TOONDAT	1011			41 1000	OOS Fage O
Fai	L VII				5			
		Check if Schedule O cont	ains a response	or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and ve 1f 1,	2,518. 502,545. 190,011.	1,505,063.			
\neg				Business Code				
Program Service Revenue	2 a b c d							
۲	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including other similar amounts) Income from investment of tax	dividends, intere	est, and	40,368.			40,368.
	5	Royalties		<u></u>				
	b	Gross rents Less: rental expenses Rental income or (loss)		(ii) Personal				
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 51,128.	(ii) Other				
		and sales expenses Gain or (loss) Net gain or (loss)		23,238.	74,366.			74,366.
Other Revenue		Gross income from fundraisin including \$ 2,5 contributions reported on line Part IV, line 18 Less: direct expenses	18 • of 1c). See	694,906. 247,203.				
0		Net income or (loss) from fund			447,703.			447,703.
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See					
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a b					
ļ	С	Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	q							
		All other revenue						
		Total. Add lines 11a-11d Total revenue . See instructions.			2 067 500	0.	0	562,437.
I	12	i viai i cvolluc. Oce IIISii uciiOIIS.			,	ı • •	· ·	~~~, ~~, .

Form 990 (2013) ANGEL FOUNDAT Part IX Statement of Functional Expenses

Ject	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			ппрівтв соіштін (А).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		·		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22	787,866.	787,866.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	05 760	24 205	F1 4F7	
	trustees, and key employees	85,762.	34,305.	51,457.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	432,651.	237,761.	73,649.	121,241
7 8	Other salaries and wages	±32,031•	231,101.	73,043.	101,0 1 1
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,932.	9,022.	7,208.	5,702
10	Payroll taxes	50,411.	26,671.	11,948.	11,792
11	Fees for services (non-employees):	,		,	,
	Management				
b					
С					
d					
е	D (' ' ' ' ' ' ' ' O D ' ' ' ' ' ' ' ' ' '				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	77,227.	26,383.	43,038.	7,806 9,866
12	Advertising and promotion	26,139.		16,273.	9,866
13	Office expenses	44,075.	30,785.	5,935.	7,355
14	Information technology				
15	Royalties	F4 44 F	44 420	10 000	
16	Occupancy	51,415.	41,132.	10,283.	12 000
17	Travel	42,448.	25,160.	3,300.	13,988
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates	11,462.	7,397.	1,698.	2,367
23		7,557.	6,046.	1,511.	2,501
.s 24	Other expenses. Itemize expenses not covered	. , 55 / 1	0,0101	=,0==	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TELEPHONE	20,184.	15,817.	4,367.	0
b	BANKING FEES	11,968.	220.	10,186.	1,562
c	PRINTING	11,404.	8,707.	1,710.	987
d	POSTAGE	11,320.	6,991.	1,984.	2,345
	All other expenses	2,805.	129.	•	2,676
25	Total functional expenses. Add lines 1 through 24e	1,696,626.	1,264,392.	244,547.	187,687
26	Joint costs. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,046,545.	1	680,403.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,000.	4	0.
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens		· · · ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	·				
		employers and sponsoring organizations of sec					
s,		employees' beneficiary organizations (see instr)		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			22,151.	8	17,327
	9	5			27,914.	9	17,327 31,934
	l	Land, buildings, and equipment: cost or other	I I				,
		basis. Complete Part VI of Schedule D	10a	85,604.			
	b		10b	85,604.	37,950.	10c	25,374
	11	Investments - publicly traded securities	.02		37,950. 1,115,384.	11	25,374 2,001,611
	12	Investments - other securities. See Part IV, line			, -,	12	, , .
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			1,752.	15	0
	16	Total assets. Add lines 1 through 15 (must equ			2,253,696.	16	2,756,649
	17	Accounts payable and accrued expenses			40,298.	17	44,845
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	,		
	19	Deferred revenue			90,465.	19	137,990
	20	Tax-exempt bond liabilities			,	20	, , , , , ,
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to current and forme					
iţie		key employees, highest compensated employe					
Liabilities		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		Schedule D	,	·		25	
	26	Total liabilities. Add lines 17 through 25			130,763.	26	182,835
		Organizations that follow SFAS 117 (ASC 958			·		·
S		complete lines 27 through 29, and lines 33 ar					
ũ	27	Unrestricted net assets			1,886,228.	27	2,354,374
ala	28	Temporarily restricted net assets			36,311.	28	19,046.
Ā	29		<u></u>	200,394.	29	200,394.	
ΨĒ		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
SS	31	Paid-in or capital surplus, or land, building, or ed				31	
et ⊿	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			2,122,933.	33	2,573,814.
	34	Total liabilities and net assets/fund balances .			2,253,696.	34	2,756,649.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,06	<u>7,5</u>	<u>00.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,69		
3	Revenue less expenses. Subtract line 2 from line 1	3			74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,12		
5	Net unrealized gains (losses) on investments	5	8	8,8	13.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<	8,8	<u>06.</u> >
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,57	3,8	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

41-1990883

Department of the Treasury Internal Revenue Service

Name of the organization ANGEL FOUNDATION **Employer identification number**

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
The orga	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌			a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical res	search organization	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and stat											
5	1		operated for the benefit of a college or university owned or operated by a governmental unit described in									
	-	•	(1)(A)(iv). (Complete Part II.)									
6	1		, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X		on 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	1		section 170(b)(1)(A)(vi). ((Complete	Part II)							
9 🗆	1		eives: (1) more than 33 1			rom contri	butions m	nembershi	n fees a	nd aross	receipts	from
• —	-	•	nctions - subject to certa					· ·		-	-	
			axable income (less sect									
		509(a)(2). (Complete	•		,,, ,, o,,,, b,	011100000	zoquii ou b	y and orga	. neation	artor our	0 00, 10	
10			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	1).				
11		-	perated exclusively for the	· -	-			-	v out the	nurnose	s of one	or
	J		ations described in section		′ '		,		,			O.
			organization and comple		•		.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,(-,		071 111011	
	a Type I			ype III - Fu			d	Typ	e III - No	n-functior	nally inte	arated
е 🗆	1		at the organization is not		•	•		• •			•	-
		•	han one or more publicly		-	-	-		•	-		
f			ten determination from t						()()		()()	
		rganization, check th										
g	•	•	organization accepted ar					owina pers	sons?			
J			lirectly controls, either al								Yes	No
											(i)	
	-		n described in (i) above?									
			person described in (i) o									
h			about the supported org									
		Ü		9	. ,							
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	ı notify the	(vi) ls	the .	(vii) Amo	unt of mo	netary
` '	ganization	(11) 2.11	(described on lines 1-9	in col. (i) lis		organizat		organizátio (i) organiz	on in col. ed in the		support	notal y
				governing	document?	(i) of your	support?	(i) organiz U.S	.?		• •	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	· · · · · · · · · · · · · · · · · · ·											
Γotal												

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1040350.	1195893.	1304086.	1626846.	1505062.	6672237.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1040350.	1195893.	1304086.	1626846.	1505062.	6672237.
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)						146,022.
6	Public support. Subtract line 5 from line 4.						6526215.
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1040350.	1195893.	1304086.	1626846.	1505062.	6672237.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	7,118.	16,128.	21,186.	37,789.	114,734.	196,955.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			305,364.	356,295.	447,704.	
11	Total support. Add lines 7 through 10						7978555.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u></u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (14	81.80 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	81.50 %
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2012. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s ▶ 🔲
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2013

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	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and stop here	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

ANGEL FOUNDATION 41-1990883

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2013

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MINNESOTA ONCOLOGY HEMOTOLOGY	265,164.	105,593.
SUSAN G KOMEN BREAST CANCER FOUNDATION	200,000.	40,429.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

ANGEL FOUNDATION

Employer identification number

41-1990883

Organiza	ation type (check or	ne):						
Filers of	:	Section:						
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	For an organization contributor. Comple	in filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.						
Special l	Rules							
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	contributions for us If this box is checked purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, see exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year						
Caution.	. An organization th	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

2013
Open to Public Inspection

Name of the organization

ANGEL FOUNDATION

ANGEL FOUNDATION

ANGEL FOUNDATION

Paı	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	S.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	-	
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
Pai	rt II Conservation Easements. Complete if the organ		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
	T		اما
	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired aft		
	listed in the National Register		
3	Number of conservation easements modified, transferred, release		
	year >	, , , ,	3
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizatio		
	conservation easements.		
Paı	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

	t III Organizations Maintaining C	collections of Ar	t Historical Tr	easures or Oth	er Simil		ts/contin		
3	Using the organization's acquisition, accessi								
3	(check all that apply):	on, and other record	s, check any or the	TO TO WITH THAT ARE A	Sigrillicarit	use of its	Collection	i iterris	
_	Public exhibition	d	L con or ovo	hange programs					
a									
b									
C	Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
4						ose in Pan	I XIII.		
5	During the year, did the organization solicit o						Yes	□ N-	
Dai	to be sold to raise funds rather than to be material t IV Escrow and Custodial Arran							└── No	
rai	reported an amount on Form 990, Par		te ir the organizatio	n answered "Yes" to	o Form 990), Part IV, I	ine 9, or		
			ion , for contribution		t included				
ıa	Is the organization an agent, trustee, custodi						Yes	□ N-	
	on Form 990, Part X?						」 Yes	└── No	
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A		
	De viscoire e la classe				4-		Amount		
	Beginning balance								
a	Additions during the year								
e	Distributions during the year								
f O-	Ending balance	000 D-+V !	040		1f		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Did the organization include an amount on Fo						Yes	No	
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in								
ı aı	Endowment I dries. Complete I			(c) Two years back		voare back	(a) Four	years back	
4.	Desiration of wear belongs	(a) Current year 973,689.	(b) Prior year 663,742.	` '	(d) Three	62,772.	(e) i oui	years back	
	Beginning of year balance	158,409.	285,109.			565,335.		62,772.	
b	Contributions	41,591.	24,838.	-		25,122.		02,772.	
С.	Net investment earnings, gains, and losses	41,391.	24,030.	3,211.		25,122.			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	1,173,689.	073 600	662 742				60 770	
g	End of year balance		973,689.			553,229.		62,772.	
2	Provide the estimated percentage of the curr			a)) held as:					
а	Board designated or quasi-endowment	83.00	_%						
b	Permanent endowment 17.00	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c shou	-							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation	г		
	by:						-	Yes No X	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	^	
	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm		D 1 1 1 1 1 1 0	5 000 B 13					
	Complete if the organization answered								
	Description of property	(a) Cost or ot	' '		Accumulate		(d) Book	value	
		basis (investm	nent) basis	(outer) de	epreciation				
	Land								
b	Buildings			1 761	10 0	01			
	Leasehold improvements			4,761.	12,6		2.2	2,080.	
d	Equipment		- 	0,843.	47,5	49.	۷.	3,294.	
	Other	•						774	
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part .	x. column (B). line 1	U(c).)			۷:	5,374.	

Schedule D (Form 990) 2013

Part VII	Investments -	- Other Se	curities

	to Form 990, Part IV,			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t	to Form 990, Part IV,	ine 11c. See Form 99	0, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method o	f valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				
(9)				
(9)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	to Form 990, Part IV,	ine 11d. See Form 99	0, Part X, line 15.	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" t	to Form 990, Part IV, I	ine 11d. See Form 99	0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" t		ine 11d. See Form 99	0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" table (a) [ine 11d. See Form 99	0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [1] (1) (2)		ine 11d. See Form 99	0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) [1] (1) (2) (3)		ine 11d. See Form 99	0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" tags of the complete if the compl		ine 11d. See Form 99	0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" t (a) □ (1) (2) (3) (4) (5)		ine 11d. See Form 99	0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" tags of the complete if the compl		ine 11d. See Form 99	0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) □ (1) (2) (3) (4) (5) (6) (7)		ine 11d. See Form 99	0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) □ (1) (2) (3) (4) (5) (6) (7) (8)		ine 11d. See Form 99	0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) □ (1) (2) (3) (4) (5) (6) (7)	Description		0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		0, Part X, line 15.	(b) Book value
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" tags of the complete if the organization and tags of the complete if the organization and tags of the complete if	Description			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" tags of the complete if the organization and tags of the complete if the organization and tags of the complete if	Description	ine 11e or 11f. See Fo		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes	Description	ine 11e or 11f. See Fo		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization of liability (1) Federal income taxes (2)	Description	ine 11e or 11f. See Fo		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" table (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" table (a) Description of liability (1) Federal income taxes (2) (3)	Description	ine 11e or 11f. See Fo		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" tags of the complete of the organization answered "Yes" tags of the complete of the organization answered "Yes" tags of the complete of the organization answered "Yes" tags of the complete of the organization answered "Yes" tags of the organization of liability (1) Federal income taxes (2) (3) (4)	Description	ine 11e or 11f. See Fo		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5)	Description	ine 11e or 11f. See Fo		.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered tags of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	ine 11e or 11f. See Fo		.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the organization answered "Yes" tags of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	ine 11e or 11f. See Fo		.
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" tags of the complete if the organization answered "Yes" tags of the complete if the organization answered tags of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	ine 11e or 11f. See Fo		.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial State		Revenue per F	Return	-
Complete if the organization answered "Yes" to Form 990, Part IV, line				2 215 550
1 Total revenue, gains, and other support per audited financial statements			1	2,215,559
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	00 013		
a Net unrealized gains on investments		88,813. 59,246.	4	
b Donated services and use of facilities		39,240	4	
c Recoveries of prior year grants			-	
d Other (Describe in Part XIII.)	2d		-	140 050
e Add lines 2a through 2d			2e	148,059 2,067,500
3 Subtract line 2e from line 1			3	2,007,500
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b			-	
b Other (Describe in Part XIII.)			١	0
c Add lines 4a and 4b			4c	2,067,500
 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial State 			5 Detu	
Complete if the organization answered "Yes" to Form 990, Part IV, line		i Expenses per	netu	
			1	1,764,678
1 Total expenses and losses per audited financial statements				1,704,070
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	59,246.		
a Donated services and use of facilities		33,240	4	
b Prior year adjustments			-	
c Other losses d Other (Describe in Part XIII.)			-	
, , , , , , , , , , , , , , , , , , , ,			2e	59,246
			3	1,705,432
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line 1:				2,,00,102
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		<8,806.	<u> </u>	
a Asial Base As and Ale		•	4c	<8,806
 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 			5	1,696,626
Part XIII Supplemental Information.			1 0 1	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h	and 2b: Part V line	4· Part	X line 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			1,1 411	7, 1110 2, 1 41174,
and and and are the are the are the provided any	additional inform	iation.		
PART X, LINE 2:				
EXPLANATION: THE FOUNDATION FOLLOWS THE GU	IDANCE I	N THE INCO	ME :	ГАХ
STANDARD REGARDING THE RECOGNITION AND MEA	SUREMENT	OF UNCERT	MIAT	TAX
POSITIONS. THE GUIDANCE CLARIFIES THE ACC	OUNTING	FOR THE UN	ICER:	TAINTY IN
INCOME TAXES RECOGNIZED IN THE ENTITY'S FI	NANCIAL	STATEMENTS	S. 5	THE
GUIDANCE FURTHER PRESCRIBES RECOGNITION AN	D MEASUR	EMENT OF T	I XA'I	PROVISIONS
TAKEN OR EXPECTED TO BE TAKEN ON A TAX RET	URN THAT	ARE NOT	CERTA	AIN TO BE
REALIZED. THE APPLICATION OF THIS STATNDA	RD HAS N	O IMPACT (ON TH	ΙE
FOUNDATION'S FINANCIAL STATEMENTS.				
PART XII, LINE 4B - OTHER ADJUSTMENTS:				

332054 09-25-13

DEPRECIATION DIFFERENCES

-8,806.

Schedule D (Form 990) 2013 ANGEL FOUNDATION	41-1990883 Page 5
Schedule D (Form 990) 2013 ANGEL FOUNDATION Part XIII Supplemental Information (continued)	
-	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs gov/form 990

Employer identification number

ANGEL F	OUNDATION				41-1990	883
Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	Did aiser ustody trol of utions?	(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			
	<u> </u>					
List all states in which the organizatic or licensing.	on is registered or licensed to solicit	contrib	outions	I s or has been notified	d it is exempt from re	legistration
-						

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

Schedule G (Form 990 or 990-EZ) 2013

		le G (Form 990 or 990-EZ) 2013 ANGEL F				1990883 Page 2
Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANGEL AWARDS		(4.545) 75.075 53	(add col. (a) through col. (c))
ine			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	440,796.	168,574.	88,054.	697,424.
	2	Less: Contributions			2,518.	2,518
	3	Gross income (line 1 minus line 2)	440,796.	168,574.	85,536.	694,906
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
Ӧ	8	Entertainment	54,249.	20,025.	7,665.	81,939
	9	Other direct expenses	115,829.	•	30,366.	165,264.
	10	, ,			_	247,203. 447,703.
Pa	ırt l	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990 Part IV line 19 or r		447,703
		\$15,000 on Form 990-EZ, line 6a.				
enue			(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				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	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	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization opera	_			
		the organization licensed to operate gaming ac No," explain:		states?		└── Yes └── No
	_					
		ere any of the organization's gaming licenses re		rminated during the tax y	/ear?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

Sch	edule G (Form 990 or 990-EZ) 2013 ANGEL FOUNDATION 41	-1990	883	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	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:			
	The organization's facility	13a		%
	o An outside facility			/ 6
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[102		
••	Enter the manie and address of the person who propares the organization organization of gaming/special events become and records.			
	Name ▶			
	Name			
	Address >			
	Address -			
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
156	boes the organization have a contract with a tring party from whom the organization receives garning revenue:			
L	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
L				
	of gaming revenue retained by the third party \$			
С	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:			
а	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 ▶ \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	I. lines 9.	9b. 10	b. 15b.
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		,	-,,
	tos, re, and res, at approaches the partie provide any additional membranes.			
_				
			_	_
_				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2013)

ANGEL FOU	NDATION						41-1990883
Part I General Information on Grants a	and Assistance						
Does the organization maintain records	to substantiate the	amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or as:	sistance, and the select	
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to		•			anization answered "`	Yes" to Form 990, Part I	V, line 21, for any
recipient that received more than		•			(f) Method of	1	
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table				>
3 Enter total number of other organization							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH ASSISTANCE	1416	787,866.	0.		
		, -			
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: ANGEL FOUNDATION PROV	/IDES FINA	ANCIAL ASS	SISTANCE GR	ANTS TO	
ADULTS IN ACTIVE TREATMENT FOR CA	NCER. TH	E ORGANIZA	TION PAYS	FOR	
NON-MEDICAL NEEDS SUCH AS RENT, MO	ORTGAGE,	UTILITIES,	GAS AND F	OOD. CHECKS	
ARE MADE PAYABLE DIRECTLY TO THE	/ENDOR, H	OLIDAY GAS	CARDS AND	CUB FOOD	
CARDS ARE PROVIDED TO MEET TRANSPO	ORTATION A	AND FOOD N	EEDS.		
		<u> </u>			

FORM 990, SCHEDULE I, PART III, LINES (A-E)

EXPLANATION: NO SINGLE INDIVIDUAL RECEIVED MORE THAN \$5,000 IN

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ANGEL FOUNDATION

Employer identification number 41-1990883

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contr amounts repor		Method of de		•	_
		applicable		Form 990, Part VI		noncash contribu	illon ai	nount	S
1	Art - Works of art			į	,				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	37	1	107	722	EMS 7			
25	Other (LEASE)	X	1 6	/		FMV			
26	Other (DESIGNS, PHOT) Other (SUPPLIES)	X	8			FMV FMV			
27	A TEM CARRO	X	37			FMV			
28	7				300.	L III A			
29	Number of Forms 8283 received by the organization completed Form 828		•		00				
	for which the organization completed Form 828	oo, Part IV, I	Donee Acknowled	gement	29			Yes	No
302	During the year, did the organization receive by	, contributio	on any proporty ro	oortod in Part L line	oc 1 22 t	hat it must hold for		162	No
Sua	at least three years from the date of the initial of								
	•		•	•		• • •	30a		Х
h	the entire holding period?						Sua		
31	Does the organization have a gift acceptance p	nolicy that re	equires the review	of any non-standa	rd contrib	utions?	31		Х
	Does the organization have a girt acceptance p								
<u>u</u>	contributions?						32a		х
b	If "Yes," describe in Part II.						<u></u>		_
33	If the organization did not report an amount in	column (c) f	or a type of prope	rtv for which colun	nn (a) is ch	ecked.			
-	describe in Part II.	(3)	, - - - - - -	,	(-, .5 51	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
SPACE
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 12804.
(D) METHOD OF DETERMINING REVENUE: FMV

Schedule M (Form 990) (2013)

332142 09-03-13

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ANGEL FOUNDATION

Employer identification number 41-1990883

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY OF LIFE THROUGHOUT THE CANCER EXPERIENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO 1,416 ADULTS IN THE SEVEN-COUNTY METRO AREA.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: MARGERY SBOROV - PRESIDENT/FOUNDER/BOARD MEMBER, SPOUSE OF

MARK SBOROV

MARK SBOROV - ADVISORY BOARD, SPOUSE OF MARGERY SBOROV

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: UPON COMPLETION OF FORM 990, A DRAFT IS GIVEN TO THE FINANCE

MANAGER WHO DISTRIBUTES THE DRAFT TO THE FINANCE COMMITTEE FOR REVIEW.

ONCE REVIEWED, IT IS FORWARDED TO THE BOARD OF DIRECTORS FOR APPROVAL, ONCE

APPROVED IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ANY STAFF MEMBER WHO THINKS A CONFLICT OF INTEREST MAY EXIST

MUST REPORT, IN WRITING, TO THE BOARD OF DIRECTORS THE DETAILS OF THE

POTENTIAL CONFLICT. THE BOARD WILL THEN DETERMINE WHETHER A CONFLICT OF

INTEREST EXISTS BY ORDER OF A VOTE. IF THE BOARD VOTES THAT A CONFLICT OF

INTEREST DOES EXIST, THE BOARD WILL RECOMMEND ACTIONS DEEMED NECESSARY TO

ADDRESS THE CONFLICT AND PROTECT THE ORGANIZATION'S BEST INTERESTS. ALL

VOTES SHALL BE BY A MAJORITY VOTE WITHOUT COUNTING THE VOTE OF ANY

INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A

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

332211 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

FORM 990 PAGE 10

Asset No.	Description	Da Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT												
1	COPIER/PRINTER/FAX	010	108	SL	3.00	17	1,400.			1,400.	1,400.		0.
2	LAPTOP-FACT	031	308	SL	3.00	17	908.			908.	908.		0.
	LAPTOP-GRANTS LAPTOP-FINANCIAL	031	308	SL	3.00	17	908.			908.	908.		0.
		042	408	SL	3.00	17	830.			830.	830.		0.
	LAPTOP-ADMIN WINDOWS SERVER	072	208	SL	3.00	17	881.			881.	881.		0.
		040	909	SL	3.00	17	1,546.			1,546.	1,546.		0.
7		060	909	SL	3.00	17	879.			879.	879.		0.
8	- ADMIN RAISER'S EDGE-DONOR	120	309	SL	3.00	17	648.			648.	648.		0.
	DATABASE-DEVELOPME PARAMETERS-OFFICE	061	5 1 0	SL	5.00	17	8,393.		4,197.	4,196.	2,098.		839.
10		062	210	SL	7.00	17	12,625.		6,313.	6,312.	2,255.		902.
	MACHINERY & EQUIPM						29,018.		10,510.	18,508.	12,353.	0.	1,741.
	OTHER RAISER'S												
	EDGE-MEMORIAL MODUL POPP.COM - TOBISHA				7.00	17	1,200.			1,200.	257.		171.
	TELEPHONE SYSTEM PARAMETERS-FOLDING	042	711	SL	5.00	17	3,093.			3,093.	928.		619.
	POPP.COM - POLYCOM	101				17	3,487.			3,487.	747.		498.
	POPP.COM - TOBISHA	103			5.00	17	984.			984.	295.		197.
15	TELEPHONE SYSTEM	050	911	SL	5.00	17	3,093.			3,093.	928.		619.

328102 05-01-13

⁽D) - Asset disposed

FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	POPP.COM - TOBISHA TELEPHONE SYSTEM	05091	1SL	5.00	17	1,467.			1,467.	440.		293.
		01151	1SL	5.00	17	1,000.			1,000.	300.		200.
18	LEASEHOLD IMPROVEMENTS LEASEHOLD	05241	1SL	15.00	17	3,990.			3,990.	399.		266.
19		06031	1SL	15.00	17	8,782.			8,782.	878.		585.
20	IMPROVEMENTS	08171	1SL	15.00	17	964.			964.	96.		64.
21	LEASEHOLD IMPROVEMENTS	09121	1SL	15.00	17	1,025.			1,025.	102.		68.
	FINANCIAL ASSISTANCE PROGRAM	01091	2SL	3.00	17	6,518.			6,518.	1,086.		2,173.
23	COMPUTER	03011	2SL	5.00	17	709.			709.	71.		142.
24	COMPUTER	03011	2SL	5.00	17	709.			709.	71.		142.
25	COMPUTER	03011	2SL	5.00	17	709.			709.	71.		142.
26	COMPUTER	03011	2SL	5.00	17	709.			709.	71.		142.
27	COMPUTER	03011	2SL	5.00	17	709.			709.	71.		142.
28	LAPTOP-ALL	03011	2SL	5.00	17	1,059.			1,059.	106.		212.
		05101	2SL	7.00	17	528.			528.	38.		75.
	COMPUTERS(2)-MKTG/D EV	08021	2SL	5.00	17	1,479.			1,479.	148.		296.
31	BLACKBAUD LICENSES	10111	2SL	3.00	17	2,500.			2,500.	417.		833.
32	MONITOR	10121	2SL	5.00	17	3,399.			3,399.	340.		680.
33	COMPUTER-FIN ASSIST	12191	2SL	5.00	17	784.			784.	78.		157.

328102 05-01-13

⁽D) - Asset disposed

FORM 990 PAGE 10

Asset No.	Description	Date Acquire	ed Me	ethod	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
34		0225	13SL		3.00	19A	2,750.			2,750.			458.
35		0411	13SL		3.00	19A	772.			772.			129.
36	UPTIME SYSTEMS FACT DATABASE * 990 PAGE 10 TOTAL	0605	13SL		5.00	19в	4,169.			4,169.			417.
	·· 990 PAGE 10 101AL OTHER * GRAND TOTAL 990						56,588.		0.	56,588.	7,938.	0.	9,720.
	PAGE 10 DEPR						85,606.		10,510.	75,096.	20,291.	0.	11,461.

328102 05-01-13 990

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

990

Attachment Sequence No. **179**

OMB No. 1545-0172

Identifying number

_	GEL FOUNDATION				PAGE 10		41-1990883
Pa	rt Election To Expense Cert	tain Property Under Section 1	79 Note: If you have any list	ted property	, complete Par	t V before y	
1 N	Maximum amount (see instruc	ctions)				1	500,000.
2 7	Total cost of section 179 prop	perty placed in service (see	instructions)			2	
3 7	Threshold cost of section 179	property before reduction	in limitation			3	2,000,000.
4 F	Reduction in limitation. Subtra	act line 3 from line 2. If zero	o or less, enter -0-				
5 [Dollar limitation for tax year. Subtract lin						
6	(a) Desc	cription of property	(b) Cost (busine	ess use only)	(c) Elect	ed cost	
	isted property. Enter the ame					- 1 -	
	Total elected cost of section 1						
	Tentative deduction. Enter the						
	Carryover of disallowed dedu Business income limitation. Er						
	Section 179 expense deducti						
	Carryover of disallowed deduction					12	
Note	: Do not use Part II or Part III	below for listed property.	Instead, use Part V.	10			
			Depreciation (Do not include	de listed pro	perty.)		
14 5	Special depreciation allowand						
					Ū	14	
	Property subject to section 16						
	Other depreciation (including)						
Pa	rt III MACRS Depreciation	on (Do not include listed p	roperty.) (See instructions.))			
			Section A				
17 N	MACRS deductions for assets	s placed in service in tax y		3		17	10,457.
	f you are electing to group any assets p	placed in service during the tax year	ears beginning before 2013 into one or more general asset acco	ounts, check her	re▶ [-
	f you are electing to group any assets p	placed in service during the tax year - Assets Placed in Service	ears beginning before 2013 into one or more general asset accorde During 2013 Tax Year U	ounts, check her	eneral Depred		-
	f you are electing to group any assets p	placed in service during the tax year	ears beginning before 2013 into one or more general asset accorded During 2013 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the G (d) Recover period	eneral Deprec	iation Syst	em (g) Depreciation deduction
	f you are electing to group any assets p Section B	olaced in service during the tax year - Assets Placed in Servic (b) Month and year placed	ears beginning before 2013 into one or more general asset acce ce During 2013 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 3,522.	Jsing the G (d) Recover period	eneral Deprec	iation Syst	em (g) Depreciation deduction
<u>18</u> H	f you are electing to group any assets p Section B (a) Classification of property	olaced in service during the tax year - Assets Placed in Servic (b) Month and year placed	ears beginning before 2013 into one or more general asset accorded During 2013 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the G (d) Recover period	eneral Deprec	iation Syst	em (g) Depreciation deduction
18 H	f you are electing to group any assets page 5 Section B (a) Classification of property 3-year property	olaced in service during the tax year - Assets Placed in Servic (b) Month and year placed	ears beginning before 2013 into one or more general asset acce ce During 2013 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 3,522.	Jsing the G (d) Recover period	eneral Deprec	iation Syst	em (g) Depreciation deduction
18 H	Section B (a) Classification of property 3-year property 5-year property	olaced in service during the tax year - Assets Placed in Servic (b) Month and year placed	ears beginning before 2013 into one or more general asset acce ce During 2013 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 3,522.	Jsing the G (d) Recover period	eneral Deprec	iation Syst	em (g) Depreciation deduction
18 H	Section B (a) Classification of property 3-year property 5-year property 10-year property 15-year property	olaced in service during the tax year - Assets Placed in Servic (b) Month and year placed	ears beginning before 2013 into one or more general asset acce ce During 2013 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 3,522.	Jsing the G (d) Recover period	eneral Deprec	iation Syst	em (g) Depreciation deduction
18 H	Section B (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	olaced in service during the tax year - Assets Placed in Servic (b) Month and year placed	ears beginning before 2013 into one or more general asset acce ce During 2013 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 3,522.	ounts, check her Jsing the G (d) Recover period 3 YRS 5 YRS	eneral Deprec	iation Syst (f) Method SL SL	em (g) Depreciation deduction
19a b c d e	Section B (a) Classification of property 3-year property 5-year property 10-year property 15-year property	olaced in service during the tax year - Assets Placed in Servic (b) Month and year placed	ears beginning before 2013 into one or more general asset acce ce During 2013 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 3,522.	ounts, check her Jsing the G (d) Recover period 3 YRS 5 YRS 25 yrs.	eneral Deprec	iation Syst (f) Method SL SL S/L	em (g) Depreciation deduction
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19a b c d e f g	Section B (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	claced in service during the tax year - Assets Placed in Servic (b) Month and year placed in service	ears beginning before 2013 into one or more general asset acce ce During 2013 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 3,522.	counts, check her Jsing the G (d) Recover period 3 YRS 5 YRS 25 yrs. 27.5 yrs 27.5 yrs	eneral Deprec	isiation Syst (f) Method SL SL S/L S/L S/L S/L	em (g) Depreciation deduction
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19a b c d e f g h i 20a b c Pa	Section B (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real propert Class life 12-year 40-year	Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service (e) Month and year placed in Service (f) Month and year placed in Service (g) Mo	ears beginning before 2013 into one or more general asset accorded During 2013 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 3,522. 4,169.	counts, check her Jsing the G (d) Recover period 3 YRS 5 YRS 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alter 12 yrs. 40 yrs.	eneral Deprec y (e) Conventio HY HY MM MM MM MM ernative Depre	siation Syst (f) Method SL SL S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 587. 417.
19a b c d e f g h i 20a b c Paa 21 l	Section B (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real propert Section C - Class life 12-year 40-year Summary (See instri	Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service (e) Month and year placed in service (f) Month and year placed in service (g) Mo	ears beginning before 2013 into one or more general asset accorded During 2013 Tax Year Use (c) Basis for depreciation (business/investment use only - see instructions) 3,522. 4,169.	counts, check her Jsing the G (d) Recover period 3 YRS 5 YRS 25 YRS 27.5 yrs 27.5 yrs 39 yrs. sing the Alter 12 yrs. 40 yrs.	eneral Deprecent (e) Convention HY HY MM MM MM MM ernative Depre	siation Syst (f) Method SL SL S/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction 587. 417.
19a b c d e f g h i c C Pa 21 l 22 1	Section B (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year TIV Summary (See instruction B	Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service (e) Month and year placed in service (f) Month and year placed in service (g) Month and year placed in service (h) Mo	ears beginning before 2013 into one or more general asset accorded During 2013 Tax Year Use (c) Basis for depreciation (business/investment use only - see instructions) 3,522. 4,169. During 2013 Tax Year Use During 2013	25 yrs. 27.5 yrs 27.5 yrs.	eneral Deprecent (e) Convention HY HY MM MM MM MM ernative Deprecent MM MM	SL S/L S/L	em (g) Depreciation deduction 587. 417.
19a b c d e f g h i 20a b c Par 21 L 22 1 E	Section B (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 40-year TIV Summary (See instructive of the component of the comp	Assets Placed in Service (b) Month and year placed in service (c) Month and year placed in service (b) Month and year placed in service (c) Month and year placed in service (d) Month and year placed in service (e) Month and year placed in service (f) Month and year placed in service (g) Month and year placed in service (e) Month and year placed in service (f) Month and year placed in service (g) Mo	ears beginning before 2013 into one or more general asset acces as During 2013 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) 3,522. 4,169. During 2013 Tax Year Use During 2013 Tax	25 yrs. 27.5 yrs 27.5 yrs.	eneral Deprecent (e) Convention HY HY MM MM MM MM ernative Deprecent MM MM	SL S/L S/L	em (g) Depreciation deduction 587. 417.

Form 4562 (2013)	ANG	EL FOUND	аттоn					2	41 – 1990	883 Page 2
			ain other vehicles	s. certain cor	nputers	s. and pro	perty used			
amusement.)					-		-			
			ng the standard n nd Section C if ap							
Section A	Depreciation	on and Other In	formation (Caut	ion: See the	instruc	tions for li	mits for pas	ssenger a	automobiles.))
24a Do you have evidence to s	support the bu	siness/investment	use claimed?	Yes	No	24b If "Y	es," is the e	evidence	written?	Yes No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	Basis for dep (business/inv use on	estment	(f) Recovery period	(g) Metho Convent		(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allo	owance for q	ualified listed pr	operty placed in	service durir	ng the ta	ax year an	d			
used more than 50% in	a qualified b	usiness use						25		
26 Property used more tha							•	•		
	: :	%								
	: :	%								
	1 1	%								
27 Property used 50% or le	ess in a quali	ified business us	se:							•
		%					S/L -			
	: :	%					S/L -			
	: :	%					S/L -			
28 Add amounts in column	(h), lines 25	through 27. Ent	er here and on lir	ne 21, page 1	1			28		
29 Add amounts in column							_		29	
	(/),		ction B - Informa							
Complete this section for ve	hicles used	_		_			or related n	erson If	vou provided	d vehicles
to your employees, first ans							•			
			(a)	(b)		(c)	(d)		(e)	(f)
30 Total business/investment	miles driven d	uring the	Vehicle	Vehicle	l v	ehicle	Vehicle		Vehicle	Vehicle
year (do not include com		Ŭ ⊢	2011010	7 0111010	+	0111010	VOITION		VOITIOIO	VOINGIO
31 Total commuting miles										
32 Total other personal (no								_		
drivon	ncommuning	i) iiiles								

30	Total business/investment miles driven during the	1	(a) Vehicle		(b) Vehicle		(c) Vehicle		d) iicle	(e) Vehicle		(f) Vehicle	
30	year (do not include commuting miles)	Ven	vernicle		vernicie		Vernole		iicie	Verificie		Verificie	
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

OW	ners or related persons.							
37	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?					Yes	No	
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners								
39 Do you treat all use of vehicles by employees as personal use?								
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?								
41	Do you meet the requirements concerning qu Note: If your answer to 37, 38, 39, 40, or 41 is							
Р	art VI Amortization							
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage		(f) rtization his year	

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year	
42 Amortization of costs that begins during your 2013 tax year:							
	1 1						
	1 1						
43 Amortization of costs that began before your 2	43						
44 Total. Add amounts in column (f). See the inst	4 Total. Add amounts in column (f). See the instructions for where to report						

316252 12-19-13 Form **4562** (2013)

Election Out of Special Depreciation Allowance of Code Section 168(k)

Taxpayer's name: Angel Foundation

Taxpayer's address: 700 South Third Street, 106W Taxpayer's tax identification number: 41-1990883

Attachment to Form 990, Tax Year Ending December 31, 2013

The taxpayer hereby elects out of the special depreciation allowance for all property placed in service by the taxpayer during the taxable year which would otherwise qualify for the special depreciation allowance under Code Section 168(k) and which is in the following classes:

All 3 year property All 5 year property

See attached form 4562

STATE OF MINNESOTA

	CHARITABLE ORGANIZATION INITIAL RE	GISTRATION & AN	NUAL REPORT FOR	IVI		
SUI	ORNEY GENERAL LORI SWANSON TE 1200, BREMER TOWER	X Annual Reporting Initial Registration FEDERAL EIN NUMBER: 41–1990883				
ST.	MINNESOTA STREET PAUL, MN 55101-2130) 757-1311					
(651) 296-1410 (TTY) v.ag.state.mn.us	FOR YEAR ENDING:	12/31/2013			
	SECTION A: REQUIRED INFORMATION FOR IN	ITIAL REGISTRATION &	ANNUAL REPORTING	_		
1.	Legal Name of Organization: ANGEL FOUNDATION					
	If annual reporting, is this a new name since the organization's last filing	ıg?	Yes	X No		
	If so, please state former name:					
2.	List all names under which the organization solicits contributions: ANGEL FOUNDATION					
3.	Mailing Address of Organization (required)	Physical Address of Orga	nization (required)			
	700 SOUTH THIRD STREET MINNEAPOLIS, MN 55415	700 SOUTH THE MINNEAPOLIS,				
	MINNEAPOLIS, MN 53415	MINNEAPOLIS,	MIN 55415			
4.	Contact Person DEBORAH BERGLUND Tel. No. 952-627-9000	E-mail DBERGLUI 612-338	ND@MNANGEL.ORG -3018			
5.	Does the organization use the services of a professional fund-raiser (or Yes X No	utside solicitor or consultant)?				
	If so, provide name and address of any outside professional fund-raise compensation each outside fund-raiser received from the filing organization					
	Name					
	AddressCity State ZIP	Compens	ation			
6.	a) Does this professional fund-raiser solicit or consult in Minnesota?		Yes	□ No		
	b) Is this professional fund-raiser registered to solicit or consult in Min	nnesota?	Yes	□ No		
7.	Month and day accounting year ends: 12/31					
8.	Has the organization included the filing fee, late fee (if any) and all atta	chments required by the instru	ctions? X Yes	☐ No		

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Office Use Only:

Upon request this material can be made available in alternate formats.

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399801 05-01-13

J 990 l

ARF

\$25

\$50

N (e-Postcard)

Audit

SAL

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

INCOME

Contributions from the public	\$ 1,505,063.
Government Grants	\$ 0.
Other revenue	\$ 562,437.
TOTAL REVENUE	\$ 2,067,500.

EXCESS or DEFICIT	\$_	370,874.
TOTAL Assets	\$	2,756,649.
TOTAL Liabilities	\$_	182,835.

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities)

\$ 2,573,814.

SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

	/ LE / Wilder in	eport mero wider complete qu	ications i c					
1.	Has the organization's accounting year changed since If yes, provide the new year-end date:	the last report was filed?		Yes	X No			
2.	Attach an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. Attached							
3.	List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.							
	Name/Title	Compensation	Deferred Compensation	Fringe Be	enefits			
4.	1 2 3 4 5 Attach a list of organization's board of directors.			Attached				
5.	Attach a GAAP audit if total revenue exceeds \$750,00	00.		X Included in X Attached	n IRS return			
	Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).							
6.	Minnesota law requires that an organization file a copy 990, 990-EZ, or 990-PF, including all schedules and an informational returns, including IRS Form 990-N (e-Pos donor list)?	nendments. Has the organizati stcard), 990, 990-EZ or 990-PF es No (Not required t	on included with this annual re that it filed with the IRS (exclu o file a return with IRS or files	eport a copy of al ding Schedule B a group return).	I tax or or any other			
	NOTE: By answering YES to the above question, you a all schedules and attachments, of the IRS informational	•						

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that

does not contain a completed functional expenses statement within the IRS Form 990.

	Statement of Functional Expenses						
		(A)	(B)	(C)	(D)		
		Total expenses	Program service	Management and	Fundraising		
			expenses	general expenses	expenses		
1	Grants and other assistance to governments						
	and organizations in the U.S.						
2	Grants and other assistance to individuals in the U.S.	787,866.	787,866.				
3	Grants and other assistance to governments,						
	organizations, and individuals outside the U.S.						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	85,762.	34,305.	51,457.			
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	432,651.	237,761.	73,649.	121,241.		
8	Pension plan contributions (include section						
	401(k) and section 403(b) employer contributions)						
9	Other employee benefits	21,932.	9,022.	7,208.	5,702.		
10	Payroll taxes	50,411.	26,671.	11,948.	11,792.		
11	Fees for services (non-employees):						
а	Management						
b	Legal						
С	Accounting						
d	Lobbying						
е	Professional fundraising services						
f	Investment management fees						
g	Other	77,227.	26,383.	43,038.	7,806.		
12	Advertising and promotion	26,139.		16,273.	9,866.		
13	Office expenses	44,075.	30,785.	5,935.	7,355.		
14	Information technology						
15	Royalties						
16	Occupancy	51,415.	41,132.	10,283.			
17	Travel	42,448.	25,160.	3,300.	13,988.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	11,462.	7,397.	1,698.	2,367.		
23	Insurance	7,557.	6,046.	1,511.			
24	Other expenses. Itemize expenses not covered						
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of						
	total expenses shown on line 25 below.)						
а	TELEPHONE	20,184.	15,817.	4,367.			
b	BANKING FEES	11,968.	220.	10,186.	1,562.		
С	PRINTING	11,404.	8,707.	1,710.	987.		
d	All other expenses STMT 1	14,125.	7,120.	1,984.	5,021.		
25	Total functional expenses. Add lines 1 through 24d	1,696,626.	1,264,392.	244,547.	187,687.		
26	Joint costs. Check here						
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a						
	combined educational campaign and						
	fundraising solicitation	accordance with gene					

Must be prepared in accordance with generally accepted accounting principles. For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF The total of Column A, lines 1 through 24d should equal line 25a.

The total of lines 25b, 25c and 25d, should equal line 25a

SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

PRESIDENT	(Title) and		(Title) respectively, and
that we execute this document	on behalf of the organization pursuant to the	resolution of	the
	(Board of	f Directors, Tr	rustees, or Managing Group) adopted on the
day of, 20	, approving the contents of the docume	ent, and do he	ereby certify that the
	(Board of	f Directors, Tr	rustees, or Managing Group) has assumed, and will continue
to assume, responsibility for det	termining matters of policy, and have supervi	sed, and will	continue to supervise, the finances of the organization. We
further state that the information	n supplied is true, correct and complete to th	e best of our	knowledge.
MARK WILKENING			
Name (Print)		Name	(Print)
Signature		Signature	
PRESIDENT			
Title		Title	
Date		Date	

* NOTICE *

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

AG: #3124563-v1

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ANNUAL REPORT OTHER EXPENSES			STATEMENT 1	
DESCRIPTION	TOTAL EXPENSE	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
TELEPHONE	20,184.	15,817.	4,367.	0.
BANKING FEES	11,968.	220.	10,186.	1,562.
PRINTING	11,404.	8,707.	1,710.	987.
POSTAGE	11,320.	6,991.	1,984.	2,345.
VIDEO/DVD	1,752.	0.	0.	1,752.
TRAINING/EDUCATION	1,053.	129.	0.	924.
TOTALS INCLUDED ON LN 25	57,681.	31,864.	18,247.	7,570.