COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

<u>Website alternative</u>: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

<u>Penalties</u>: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- *Exemption Application \$20 per day with no maximum.*
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

<u>Private foundation exempt</u>: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

* *	PUBLIC	DISCLOSURE	COPY	* 1
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990

Department of the Treasury Internal Revenue Service

Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

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



AI	or the	and 2013 calendar year, or tax year beginning and	ending		
B	Check if applicabl	e: C Name of organization		D Employer identified	cation number
	Addre chang	God's Littlest Angels, Inc.			
	chang	3	36-414	9349	
	Initial return		Room/suite	E Telephone number	r
	 ated	2205 Waynoka Koau	719-63	8-4348	
	Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,109,286.	
	Applic tion pendi	Colorado Springs, Co 80915		H(a) Is this a group re	
	pendi	F Name and address of principal officer: John Bickel		for subordinates	? Yes X No
		same as C above		H(b) Are all subordinates ir	ncluded? Yes No
		empt status: 🔟 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)
		e: > www.glahaiti.org		H(c) Group exemptio	
		organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2002	State of legal domicile: CO
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: God's	Littlest	Angels is	
Activities & Governance		dedicated to helping the children and families of Haiti.			
ern		Check this box $ig > igsquart$ if the organization discontinued its operations or dispo			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			8
⊗ ⊗	4	Number of independent voting members of the governing body (Part VI, line 1b)		5	
ies		Total number of individuals employed in calendar year 2013 (Part V, line 2a) \ldots		21	
ivit	6	Total number of volunteers (estimate if necessary)	6	500	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		1,562,796.	1,501,950.
Revenue		Program service revenue (Part VIII, line 2g)		807,521.	607,137.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-4,924.	199.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,365,393.	2,109,286.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		686,685.	642,052.
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			559.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,699,913.	1,532,740.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,386,598.	2,174,792.
		Revenue less expenses. Subtract line 18 from line 12		-21,205.	-65,506.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)	······	2,059,312.	1,962,263.
etA	21	Total liabilities (Part X, line 26)		103,065.	70,295.
		Net assets or fund balances. Subtract line 21 from line 20		1,956,247.	1,891,968.
Pa	art II	Signature Block			

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

Sign	Signature of officer		Date				
Here	Jean Bell, Secretary/Treasurer						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	David C. Moja	Daud C. Mon	7/25/14 ^{If} self-employed P00747006				
Preparer	Firm's name 🕞 Capin Crouse LLP		Firm's EIN 🕨 36-3990892				
Use Only	Firm's address 👞 2435 Research Parkway, S	STE 200					
	Colorado Springs, CO 809	20	Phone no.719-528-6225				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
332001 10-2	332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)						

		tlest Angels, Inc.		36-4149349	Page 2
Pa	t III Statement of Program S	Service Accomplishm	nents		
	Check if Schedule O contains a	response or note to any lin	e in this Part III		Х
1	Briefly describe the organization's mis	sion:			
	God's Littlest Angels is ded				
	families of Haiti by provid				
	malnourished, and abandoned				
	outside help for children ne	eding surgical or med	dical treatment not		
2	Did the organization undertake any si	gnificant program services of	during the year which were not li	isted on	
	the prior Form 990 or 990-EZ?				Yes X No
	If "Yes," describe these new services	on Schedule O.			
3	Did the organization cease conductin	g, or make significant chang	ges in how it conducts, any prog	Jram services?	Yes X No
	If "Yes," describe these changes on S	chedule O.			
4	Describe the organization's program	ervice accomplishments fo	r each of its three largest progra	m services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organi	zations are required to repo	ort the amount of grants and allo	cations to others, the total ex	penses, and
	revenue, if any, for each program serv	ice reported.			
4a	(Code:) (Expenses \$	1,755,629. including	grants of \$) (Revenue \$	607,137.)
	In 2013 GLA continued helpin				
	assistance of \$1,625,919 in	funds to GLA Haiti to	o accomplish the		
	following works:				
	1) GLA Haiti has a fully st				
	provided care at no cost to				
	infants and ill infants were				
	parents in 2013. Many more	were cared for and we	ere able to be referred		
	to adoptive families.				
	2) Completed the placement	of 56 children in add	optive homes in 2013.		
4b	(Code:) (Expenses \$	including	grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including	grants of \$) (Revenue \$)
4d	Other program services (Describe in S	schedule O.)			
	(Expenses \$	including grants of \$) (Revenue \$;)
4e	Total program service expenses	1,755,63	29.		– – – – – – – – – –

Form 990 (2013) God's Littlest Ang
Part IV Checklist of Required Schedules God's Littlest Angels, Inc. 36-4149349

Page 3

			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			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
U	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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,	_		v
•	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		x
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		x
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		х
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		X
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			x
•	Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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		v	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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	10		x
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form **990** (2013)

Form	990 (2013) God's Littlest Angels, Inc. 36-41493	49	Р	age 4
Pa	rt 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		x
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		X
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	. 25 a		X
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	. 25 b		X
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		X
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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	. 27		^ _
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):			
2	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		x	
	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Schedule N, Part II			
00	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			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O		x	

Form **990** (2013)

Part U Statements Regarding Other IRS Filings and Tax Compliance Check K Schedule O contains a response or note to any line in the Part V Image: Check K Schedule O contains a response or note to any line in the Part V I Enter the number reported in Dox 3 or Form 1995. Enter -0: In ot applicable Image: Check K Schedule O contains a response or note to any line in the Part V I Enter the number of forms W3G included in line 1a. Enter -0: In ot applicable Image: Check K Schedule O contains or the other the number of promoved in the output with own with near common by the number of reportable gamming (gambing) winnings to prize with each with earl own 20. yournay be required to -M lee enstructors in Schedule O B Image: Check K Schedule O Contains (Schedule O B) 3a Dut the organization the way with o within the year cowred by the regards to -M lee enstructors in Schedule O B Image: Check K Schedule O Contains (Schedule O B) 3a Dut the organization the sum of the organization the schedule second. or other authority over, a time check schedule and the organization the schedule sched	Form	990 (2013) God's Littlest Angels, Inc.	36-4149349		P	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter D if not applicable 1a 1a <td< th=""><th>Par</th><th>t V Statements Regarding Other IRS Filings and Tax Compliance</th><th></th><th></th><th></th><th></th></td<>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
a Enter the number eported in Box 3 of Form 1096. Enter-0: fin ot applicable 1		Check if Schedule O contains a response or note to any line in this Part V				
a Enter the number eported in Box 3 of Form 1096. Enter-0: fin ot applicable 1					Yes	No
b Enter the number of Forms W22 included in line 1a. Enter 0: In not applicable 10	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to price withmers? 1 2 2 2 2 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2 2 2 X b If at least one is exported on the 2, did the organization file all required to the file (see instructions) 3a X b If ves, "has if field a form 90-T for this year? If No. 10 in 30, provide an explanation in Schedule O 3b 4 d At any time during the calendary year, did the organization hear an interest n, or a signature or other authority over, a financial account? 4a X b If 'ves," that if field a form 90-T for this year? If No. 10 in 30, provide an explanation in Schedule O 3b 4a X c Did ent graphization have an interest n, or a signature or other authority over, a financial account? 4a X 5a X d Did and schedule payt notify the organization have an interest n, or a signature or other authority over, a financial account? 5a X d Did and schedule payt notify the organization have an interest n, or a signature and the authority organization have annual gross recoling that an anomaly graster than \$100,000, and did the organization solid any contributions and explore sta						
genulning: winnings to prize winners? 1c X 2a Enter the number of employees reported on from W3. Transmittal of Wage and Tax Statements. 21 21 24 2a Enter the number of employees reported on line 2a, did the organization file all required the deal employment tax returns? 26 X 3a Do the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3b If "vss," has title a 5 cm 000 Tor this year? 3a X 3b If "vss," has title a 5 cm 000 Tor this year? 3a X 3a Diff vss," has title a 5 cm 000 Tor this year? 3a X 3b If "vss," has title a 5 cm 000 Tor this year? 3a X 3c Note if the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X 3c Was the organization is are or 10 F 0.02.0.1, Report of Foreign Bank and Financial Accounts. 5a X 5a Was the organization include with every solicitation an express statement that such contributions or gifs were not tax deductible a charlable contributions? 5a X 6b Diff vss, 'to line 5a c 5b, id the organization file Form 8886.17 5a X			eportable gaming			
2a Ener the number of employees reported on Form W-5. Transmittal of Wage and Tax Statements. 2 <th></th> <th></th> <th></th> <th>1c</th> <th>x</th> <th></th>				1c	x	
tied for the calendary part ending with or within the year covered by this return 2a 21 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If 1*\sets.* The sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3b If 1*\sets.* The sum of the calendar year, did the organization have an interest 1, or a signature or other authority over, a financial account? 3a X 4a At any time during the calendar year, did the organization scenttles account, or other financial account? 4a X b If *\sets.* The organization on party to a prohibid tax shelter transaction? 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid. are contributions or gifts were not tax deductible? 5a X 6b If *\sets.* Gift dhe organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the party or 2 X 1 If *\sets.* If during requirements of the value of the organization tothy the organization tax in a constrabution and party for goods and services provided to the party as a contribution and party for goods and services provided to the party as a contribution of the value of the organization cense a party ta a contribution of contract? 7a X	2a					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Dotte organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Tyes," has it filed a form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b X 4a At any time the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," retar the name of the foreign country (such as a bank account, securities account, or other financial accounts. 5a X 5a Was the organization have numble to displace the sheet transaction? 5b X 5a Was the organization are numble or file organization have parity to a problet dax sheet transaction? 5b X 6a Dod any taxele pary notify the organization the Sent 886:7 5c C 6a Dod any taxele pary notify the organization the Sent 886:7 5c C 7b Tyes," did the organization are septes statement that such contributions or gifts were not tax deductible as charitable contributions? 5b X 7c Tyganization neeke aphyticit is a solit bay as contribution and parity for problet as sheet transaction? 7c X			2a 21			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Did the organization have unrelated business greas income of \$1.000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest 1, or a signature or other authority over, a financial account? 4a X 5a If "Yes," that it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a X 5a Max the organization server more of the forsign country ▶ B4113 See instructions for filing requirements for Form TD F 902.1, Report of Foreign Bank and Financial Accounts. 5a X 5a Max the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible is a chartable contributions. 5e 1a 6a Did the organization neuron that were solicitation an express statement that such contributions or gifts were not tax deductible is the organization neuron ty inde during the year? 7a X 7b If "Yes," did the organization organization coll the during the year 7d 7a X 7b If "Yes," did the organization neuron the value of the goods or services provided? 7a X 7b If "Yes," did the organization neceive a payment in excess of	b			2b	x	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a x bit f*yes, 'has if field a Form 900-T for this year? If *No,' fo <i>line 3b</i> , provide an explanation in Schedule O 3a x bit f*yes, 'has if field a Form 900-T for this year? If *No,' fo <i>line 3b</i> , provide an explanation in Schedule O 4a x bit f*yes, 'has if field a Form 900-T for this year? If *No,' fo <i>line 3b</i> , provide an explanation in Schedule O 4a x bit f*yes, 'has if field a Form 900-T for this year? If *No,' fo <i>line 3b</i> , provide tax shelter transaction? 5a x 5b Was the organization a party to a probibited tax shelter transaction? 5a x 5b Did any taxable party notify the organization tile tax shelter transaction? 5c 5c 61 Tryes,' to line 5a or 5b, did the organization tile tax shelter transaction? 5c 5c 61 Tryes,' to line 5a or 5b, did the organization neity as a contributions? 6a x 70 Organization selve anyment in excess of 35 made party is a contributions and party for goods and services provided to the party? 7a x 71 Yes,' taid the organization neity the donor of the value of the goods or services provided? 7a x 72 Did the organization neicevis any funds, directly o						
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	~			1		
				14a		x
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		

Form 990	(2013)
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_	990 (2013) God's Littlest Angels, Inc.	36-4149349			age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through the second se	-	a "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		. 1		Yes	No
1 a		la	8		
	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.		_		
		lb	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w			v	
•	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the o				x
	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		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset		6		X
6	Did the organization have members or stockholders?		0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximate persons and the power to elect or approximate persons who had the power to elect or appr		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		14		
U			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	w the following:	10		
a	The governing body?		8a	x	
	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 reach				
5	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 Reve				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve			Yes	No
		enue Code.)	10a	Yes	No X
10a	Lion B. Policies (This Section B requests information about policies not required by the Internal Reverse Did the organization have local chapters, branches, or affiliates?	enue Code.)		Yes	
10a	Did the organization have local chapters, branches, or affiliates?	enue Code.) oters, affiliates,		Yes	
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters of	enue Code.) oters, affiliates,	10a	Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chap and branches to ensure their operations are consistent with the organization's exempt purposes?	enue Code.) oters, affiliates,	10a 10b		
10a b 11a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chap and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body to Describe in Schedule O the process, if any, used by the organization to review this Form 990.	enue Code.) oters, affiliates,	10a 10b		
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chap and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body to Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ortue Code.)	10a 10b 11a	X	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chap and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body to Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	oters, affiliates,	10a 10b 11a 12a	x	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chap and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body to Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	onue Code.) oters, affiliates, pefore filing the form? conflicts? " describe	10a 10b 11a 12a	x	
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10a b 11a b 12a c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chap and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body to Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval to persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	onue Code.) oters, affiliates, pefore filing the form? conflicts? " <i>describe</i>	10a 10b 11a 12a 12b 12c 13	x x x x x x	
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10a b 11a b 12a b c 13 14 15 a b 16a b Sec 17	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chap and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body to Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval the persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization 'S CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AK, AZ, AR, CA, CT, DC, FL, <i>y</i>	oters, affiliates, pefore filing the form? conflicts? " <i>describe</i> by independent nt with a its participation ation's GA , HI , IL , KS , KY	10a 10b 11a 12a 12b 12c 13 14 15b 15b 16a	x x x x x x x x	
10a b 11a b 12a c 13 14 15 a b 16a b Sec	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chap and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body to Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes in Schedule O how this was done</i> Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval the persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? tion C. Disclosure	oters, affiliates, pefore filing the form? conflicts? " <i>describe</i> by independent nt with a its participation ation's GA , HI , IL , KS , KY	10a 10b 11a 12a 12b 12c 13 14 15b 15b 16a	x x x x x x x x	

Tor public mapection. Ind	icale now you made these a	valiable. Offeck all that app	Diy.	
Own website	Another's website	I Upon request	Other (explain in Schedule O)	
Describe in Schedule O	whether (and if so, how), the	organization made its gove	erning documents, conflict of interest policy, and finand	cial

	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 organization:
	Jean Bell - 719-638-4348

2283 Waynoka Road, No. Unit A, Colorado Springs, CO 80915

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Form 990 (2013) God's Littlest Angels, Inc.	36-4149349	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, High	est 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 organizati Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ons), regardless of amount of compensa	ation.

• 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.

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

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

(A) Name and Title	(B) Average hours per	(do	not c	(C Pos heck	itior more	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	irecto	Highest compensated snut/ud employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) John Bickel President	60.00							47.000		2 2 2 2
(2) Jean Bell	44.00	X		х				47,880.	0.	2,322.
Treasurer / Secretary	44.00	x		x				55,000.	0.	2,663.
(3) Dixie Bickel	60.00							55,000.	0.	2,005.
Director / Orphanage Dir.	00.00	x		x				47,880.	0.	1,660.
(4) Aaron Ramsay	1.00	<u> </u>	-	<u> </u>		-	-	47,000.	0.	<u> </u>
Director		x						0.	0.	0.
(5) Glenn Thamer	1.00	<u> </u>	-					· · ·		<u>.</u>
Director		x						0.	0.	0.
(6) Jill Wilkins	1.00									
Director		x						0.	0.	0.
(7) Ryan Matthyse	1.00									
Director		x						0.	0.	٥.
(8) Wendy Kittlitz	1.00									
Director		x						0.	Ο.	0.

	1990 (2013) God's Little:	st Angels,	Inc							36-414934	49		Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	SC) f org an		pensa om the anizat d relat inizati	e ion ed
				-							-			
1b	Sub-total						-		150,760.		٥.		6,	645.
с	Total from continuation sheets to Part V								0.		٥.			0.
d	Total (add lines 1b and 1c)								150,760.		٥.		6,	645.
2	Total number of individuals (including but r compensation from the organization	not limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable				0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-		•			o				Yes	No X
4	For any individual listed on line 1a, is the su								her compensation from			3		
_	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i>					-		elat	ted organization or indivi	dual for services		5		х
Sec	tion B. Independent Contractors						_				·· _	_		
1	Complete this table for your five highest co the organization. Report compensation for										ensat	tion f	rom	
(A) (B) Name and business address NONE Description of services											Со	(C) Compensation		n

Page **8**

					Ange	ls, Inc.			36-4149349	Page 9
Ра	rt V	/111								
_			Check if Schedule O cont	ains a res	sponse	or note to any lin	e in this Part VIII	(5)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts Its	1	а	Federated campaigns		1a					
irar oun			Membership dues		1b					
а.			Fundraising events		1c					
ar ,			Related organizations		1d					
inil S			Government grants (contribut	r	1e					
r S		f	All other contributions, gifts, grant	ts, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above	ve	1f	1,501,950.				
d tr		g	Noncash contributions included in lines	1a-1f: \$		48,568.				
<u>a C</u>		h	Total. Add lines 1a-1f			►	1,501,950.			
						Business Code				
ce	2	-				900099	390,003.	390,003.		
ervi			Room & Board income			721310	189,722.	189,722.		
n Si enu		с	Other Program Revenue			900099	27,412.	27,412.		
Program Service Revenue		d								
rog		е								
Δ.			All other program service reve							
		g	Total. Add lines 2a-2f				607,137.			
	3		Investment income (including				100			100
			other similar amounts)				199.			199.
	4		Income from investment of tax	•						
	5		Royalties							
				(i) R	eal	(ii) Personal				
			Gross rents							
			Less: rental expenses							
			Rental income or (loss)							
	_		Net rental income or (loss)							
	'	а	Gross amount from sales of assets other than inventory	(i) Secu	unities	(ii) Other				
		h	Less: cost or other basis							
		U	and sales expenses							
		~	Gain or (loss)							
			Net gain or (loss)							
•	8		Gross income from fundraising							
nue	ľ	-	including \$	0	·					
eve			contributions reported on line							
ų,			Part IV, line 18	'						
Other Revenue		b	Less: direct expenses			1				
0			Net income or (loss) from func							
			Gross income from gaming ac							
			Part IV, line 19		a					
		b	Less: direct expenses		b					
		с	Net income or (loss) from gam	ning activ	ities	►				
	10	а	Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold			-				
		С	Net income or (loss) from sale		ntory					
			Miscellaneous Revenu	е		Business Code				
	11									
		b								
		C								
			All other revenue							
			Total. Add lines 11a-11d				2 100 206	607 127		100
33200	12		Total revenue. See instructions.			🕨	2,109,286.	607,137.	0.	199.

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response		this Part IX		
	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				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	157,405.	54,528.	43,162.	59,715
6	Compensation not included above, to disqualified	,	,	,	,
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100,847.	22,622.	71,843.	6,382
7	Other salaries and wages	348,384.	296,137.	27,215.	25,032
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,223.	5,154.	733.	336
10	Payroll taxes	29,193.	20,485.	7,097.	1,611
11	Fees for services (non-employees):				
а	Management				
b	F	8,689.	8,689.		
С	9 F	40,540.		40,540.	
d	, o H				
e					
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.)	150,977.	147,956.	3,021.	
10	Advertising and promotion	1,483.	117,550.	5,021.	1,483
12 13		204,018.	121,111.	82,907.	1,403
14	Office expenses Information technology		,•		
15	Royalties				
16	Occupancy	311,027.	286,145.	24,882.	
17	Travel	118,777.	106,899.	11,878.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,506.		2,506.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,910.	71,919.	7,991.	
23	Insurance	8,290.	7,461.	829.	
24	Other expenses. Itemize expenses not covered 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	Guiden for ourbours	290,273.	290,273.		
b	<u> </u>	256,368.	256,368.		
c	Nursery	52,893.	52,893.		
d	Earthquake Relief	6,989.	6,989.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,174,792.	1,755,629.	324,604.	94,559
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)				

33

34

Form	1 990 ((2013) God's Littlest Angels	s, Ind	2.		36-41	L49349	Page 11
	rt X	(====)	,					1 ugo
		Check if Schedule O contains a response or not	te to ar	ny line in this Part X				
		·			(A) Beginning of year		(B) of year
	1	Cash - non-interest-bearing			171,966.	1		94,429.
	2	Savings and temporary cash investments			225,519.	2		172,317.
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			88,726.	4		37,469.
	5	Loans and other receivables from current and for						
		trustees, key employees, and highest compensi						
		Part II of Schedule L			2,399.	5		
	6	Loans and other receivables from other disqual						
		section 4958(f)(1)), persons described in sectior	-					
		employers and sponsoring organizations of sec						
ts		employees' beneficiary organizations (see instr)	2,426.	6				
Assets	7	Notes and loans receivable, net				7		
Ä	8	Inventories for sale or use			123,442.	8		88,725.
	9	Prepaid expenses and deferred charges			36,251.	9		37,625.
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	2,054,869.				
	b	Less: accumulated depreciation	10b	532,519.	1,402,529.			1,522,350.
	11	Investments - publicly traded securities			6,054.	11		9,348.
	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			15			
	16	Total assets. Add lines 1 through 15 (must equ			2,059,312.			1,962,263.
	17	Accounts payable and accrued expenses		57,600.			52,295.	
	18	Grants payable			45.465	18		10.000
	19	Deferred revenue			45,465.			18,000.
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete Loans and other payables to current and former				21		
lities	22	key employees, highest compensated employee						
ilidi				· ·		22		
Liabil	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrela		to at the activity of		22		
	24	Unsecured notes and loans payable to unrelate				24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines						
		Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			103,065.	26		70,295.
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here 🕨 🗴 and				
es		complete lines 27 through 29, and lines 33 ar						
ũ	27	Unrestricted net assets			1,713,921.	27		1,680,088.
Net Assets or Fund Balances	28	Temporarily restricted net assets			242,326.	28		211,880.
lbn	29	Permanently restricted net assets			29			
Ц		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🛄				
s or		and complete lines 30 through 34.						
set	30	Capital stock or trust principal, or current funds				30		
As	31	Paid-in or capital surplus, or land, building, or ec				31		
Net	32	Retained earnings, endowment, accumulated in	icome,	or other funds	1 956 247.	32		1 891 968.
-	1.5.4			I	L JJU 241.			- 00 C - 200.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2013)

1,891,968.

1,962,263.

33

34

1,956,247.

2,059,312.

Form	990 (2013) God's Littlest Angels, Inc.	36-4149349		Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,109	,286.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,174	,792.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-65,5					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5		1	,227.			
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			٥.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1	,891	,968.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>			
				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	e 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 reviewe	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	te basis,						
	consolidated basis, or both:							
	Separate basis X 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							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	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	iired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2013)

Total

332021 09-25-13

Interr	nal Reve	nue Service	Information about	out Schedule A (Form 990	or 990-EZ)	and its inst	tructions is	at www in	s aov/form	990	Ins	pect	ion	
Nar	ne of t	the organizati		•							identifica	ation	num	ber
			God's Litt	lest Angels, Inc.						36	5-414934	9		
Pa	art I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	te this par	t.) See inst	tructions.					
The	organ	nization is not a	a private foundation	because it is: (For lines 1	I through	11, check	only one b	oox.)						
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)						
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3				tal service organization of			170(b)(1)	(A)(iii).						
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospi [,]	tal's r	name,	,
		city, and stat	e:											
5		An organizat	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	/ a governi	mental uni	t describ	oed in			
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(⁻	1)(A)(v).						
7		An organizat	on that normally rec	eives a substantial part of	of its supp	ort from a	governme	ental unit c	or from the	general	public de	scrib	ed in	
		section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8		A community	r trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9	X	An organizat	on that normally rec	eives: (1) more than 33 1	I/3% of its	support f	rom contri	ibutions, m	nembershi	p fees, a	nd gross	recei	pts fro	om
		activities rela	ted to its exempt fu	nctions - subject to certa	in excepti	ons, and (2) no more	e than 33 1	I/3% of its	support	t from gro	ss inv	/estm	ient
				axable income (less sect	ion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June	e 30,	1975.	
		See section 509(a)(2). (Complete Part III.)												
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11		An organizat	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	e purpose:	s of c	ne or	
				ations described in section		-		2). See sec	ction 509(a)(3). Ch	eck the b	ox th	at	
				organization and comple		-								
		a 📖 Type			/pe III - Fui				і — Тур			-	-	
e	•			at the organization is not										
				han one or more publicly						9(a)(1) or	section 5	09(a)	(2).	
f				ten determination from t	he IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III					
			rganization, check th										I	
ç	J			organization accepted ar										
				lirectly controls, either al									es I	No
		-											_	
				n described in (i) above?										
				person described in (i) o							11g(i	II)		
ł	1	Provide the f	ollowing information	about the supported or	ganization	(S).								
	N N I	- f		(iii) Type of organization	(iv) is the o	ragnization	(v) Did vo	u notify the	(vi) Is	the	(
()		of supported anization	(ii) EIN	(III) Type of organization (described on lines 1-9	in col. (i) lis	sted in vour	organizat	ion in col.	organizatio (i) organiz	on in col	(vii) Amoເ	int of uppor		tary
	Ulya	amzation		above or IRC section	governing			r support?	U.S	.?	5	uppoi	L	
				(see instructions))	Yes	No	Yes	No	Yes	No				

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.

Open to Public

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Department of the Treasury al Povonuo Sorvio

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SCHEDULE A

(Form 990 or 990-EZ)

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port	
a section	

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OMB No. 1545-0047 **?1**<u></u><u></u>

ZU

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Concaulo	
Part II	Supp

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.)

Sec	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.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
See	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						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)		-	12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here		<u></u>		<u></u>	
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2013. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			▶∟
b	33 1/3% support test - 2012. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	his box
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop h	here. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	in Part IV how the	Э
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publi	icly supported org	anization	►
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 God's Littlest Angels, Inc.

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 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.") 973,399 3,203,896 1,579,613 1,562,796 1,501,950 8,821,654. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 654,018 563,588 488,750 807,521 607,137 3,121,014. organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1,627,417. 3,767,484, 2,068,363. 2,370,317. 2,109,087. 11,942,668. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 15,091 5,092 9,249 8,795 6,514 44,741. **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. 15,091, 5,092. 9,249. 8,795 6,514 44 741. c Add lines 7a and 7b 11,897,927, 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 3,767,484 2,109,087 1,627,417 2,068,363 2,370,317. 11,942,668. **10a** Gross income from interest. dividends, payments received on securities loans, rents, royalties 537 199 4,641. and income from similar sources 7 3,327 571 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 3,327. 571. 537. 199 7. 4,641. Net income from unrelated business 11 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 29,225 29,225. assets (Explain in Part IV.) 1,656,649. 3,770,811. 2,068,934. 2,370,854. 2,109,286. 11. 976,534. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f) 15 99.34 % 99.12 16 Public support percentage from 2012 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 04 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f) 17 % .04 18 Investment income percentage from 2012 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

* *	PUBLIC	DISCLOSURE	COPY	**
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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

Employer identification number

Schedule B

(Form 990, 990-EZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

Go	d's Littlest Angels, Inc.	36-4149349
Organization type (check of	one):	
Filers of:	Section:	

Form 990 or 990-EZ	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

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

Х For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) 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 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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).

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)

Schedule B	(Form	990,	990-EZ,	or 990-F	PF) (2013)
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Name of organization

Employer identification number

God's Littlest Angels, Inc.

36-4149349 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll Noncash 657,485. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 2 Person Payroll Noncash 37,594. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for

noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Page 3

Employer identification number

36-4149349

God's Littlest Angels, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Pan	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
—			
453 10-24		\$Schedule B (Form	990 990-E7 or 990-PE) (2

Name of orga	anization		Employer identification number
God's Lit	tlest Angels, Inc.		36-4149349
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(c he following line entry. For organizatic c., contributions of \$1,000 or less for al space is needed.	(//), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	t Relationship of transferor to transferee

60	HEDULE D	Supplemental	Financial Statement			OMB No.	1545-0047
	m 990)		ization answered "Yes," to Form 99			20	13
		Part IV, line 6, 7, 8, 9, 10, 1	1a, 11b, 11c, 11d, 11e, 11f, 12a, or 1	2b.		Open	to Public
	tment of the Treasury al Revenue Service	formation about Schedule D (Form	tach to Form 990. 990) and its instructions is at www	irs aov/fa	nrm99		
Nam	e of the organization					oloyer identificat 36-4149349	ion number
Pa		od's Littlest Angels, Inc. Maintaining Donor Advised	Funds or Other Similar Fund	ls or A	000		the
га		red "Yes" to Form 990, Part IV, line 6				III.3. Complete li	line
	organization answe	red Tes to Form 390, Part IV, inte o	(a) Donor advised funds	(1) Fun	ds and other acc	ounts
1	Total number at end of ver	ar			-)		
2		o (during year)					
3		ring year)					
4		year					
5			iting that the assets held in donor adv	ised fund	ds		
	-		clusive legal control?			Yes	🗌 No
6			visors in writing that grant funds can b				
	for charitable purposes an	d not for the benefit of the donor or c	donor advisor, or for any other purpos	e conferi	ring		
		efit?				Yes	No No
Pa	rt II Conservation I	Easements. Complete if the orgar	nization answered "Yes" to Form 990,	Part IV,	line 7.		
1		n easements held by the organization					
		for public use (e.g., recreation or edu					
	Protection of natural		Preservation of a ce	rtified his	storic	structure	
-	Preservation of oper	•					
2		2d if the organization held a qualified	d conservation contribution in the form	n of a co	nserva	ation easement of	n the last
	day of the tax year.			Г		Held at the End of	the Tax Vear
-	Total number of conservat	ion assemants			2a		
a b	<u> </u>				2a 2b		
c c	τ,		ture included in (a)	r	20 2c		
d			ter 8/17/06, and not on a historic struc	г	20		
-					2d		
3			ased, extinguished, or terminated by th		izatior	n during the tax	
	year 🕨			Ū		C C	
4	Number of states where p	roperty subject to conservation ease	ment is located ►				
5	Does the organization have	e a written policy regarding the period	dic monitoring, inspection, handling of	f			
	violations, and enforcemer	nt of the conservation easements it h	olds?			Yes	No No
6			nd enforcing conservation easements	-		-	
7			forcing conservation easements durin			\$	
8			satisfy the requirements of section 17				□
~						Yes	L No
9		•	easements in its revenue and expension easements in its revenue and expension and expens				
	conservation easements.	ext of the foothote to the organization	n's financial statements that describe	s the org	anzai	tion's accounting	101
Pa		Maintaining Collections of A	Art, Historical Treasures, or (Other S	Simil	ar Assets.	
		anization answered "Yes" to Form 99					
1a	If the organization elected,	, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement an	id bala	ance sheet works	of art,
			bition, education, or research in further				
		its financial statements that describe					
b	If the organization elected,	, as permitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and ba	alance	e sheet works of a	art, historical
	treasures, or other similar	assets held for public exhibition, edu	cation, or research in furtherance of p	ublic ser	vice, p	provide the follow	ing amounts
	relating to these items:						
						\$	
						\$	
2	-		sures, or other similar assets for financ	ial gain, l	orovid	le	
		uired to be reported under SFAS 116				•	
a						\$	
b	Assets included in Form 9	90, Part X				ን	

		st Angels, Inc						36-41493			² age 2
Pa	t III Organizations Maintaining Co	llections of A	rt, Hist	torical Tr	reasures, c	or Othe	r Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	following that	t are a siç	gnificant (use of its	collectior	n item	าร
	(<u>check all that apply):</u>										
а	Public exhibition	d		Loan or exc	hange progra	ms					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explai	n how th	ney further t	the organizatio	on's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be main	ntained as part of t	the orga	nization's c	ollection?				Yes		□ No
Pa	t IV Escrow and Custodial Arrange								ine 9, or		
	reported an amount on Form 990, Part										
1 a	Is the organization an agent, trustee, custodiar	n or other intermed	liary for	contributio	ns or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar										
	······································								Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. C]
	t V Endowment Funds. Complete if t										
		(a) Current year		rior year	(c) Two years			ears back	(e) Four	vears	back
1a	Beginning of year balance	(4) 04011 904	(~)	ner jeu		^			(0)	,	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	nt vear end balanc	e (line 1	a column (a)) held as:						
	Board designated or quasi-endowment		%	g, column (
	Permanent endowment	%									
	Temporarily restricted endowment	%									
C	The percentages in lines 2a, 2b, and 2c should										
20	Are there endowment funds not in the possess	•	ation the	t are hold a	and administra	rad far th	o organia	otion			
Ja		sion of the organiza			and administer		e organiz	ation	Г	Yes	No
	by:								3a(i)	162	
	(i) unrelated organizations										<u> </u>
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations I								3a(ii) 3b		<u> </u>
4	Describe in Part XIII the intended uses of the c								30		L
<u> </u>	t VI Land, Buildings, and Equipme		owment	iunas.							
I u	Complete if the organization answered		Part IV	line 11a S	See Form 990	Part X li	ne 10				
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Bool	(valu	
	Description of property	basis (investr			(other)	• •	reciation	u	(u) BOOR	valu	.C
10	Land		,		275,767.					275	,767.
	Land				2,3,707.					275	,,,,,,
	Buildings				60,000.		60	000.			0.
	Leasehold improvements				238,975.		176,			62	,352.
	Equipment			1	1,480,127.		295.		1		,231.
e Tabl	Other		V colum				29 ⁵ ,	<u> </u>			,350.
rota	Aud lines ta through te. (Column (d) must equ	ιαι ι υππ 330, Ράπ	A, COIUN	, מן וווופ,	<i>i</i> U(U)./			Schodulo			

Schedule D (Form 990) 2013

(b) Book value	(c) Method of	valuation: Cost or en	id-of-year market value
	e 11c. See Form 990,	Part X, line 13.	
(b) Book value	(c) Method of	valuation: Cost or en	id-of-year market value
ļ			
	e 11d. See Form 990,	Part X, line 15.	1
Description			(b) Book value
ne 15.)		►	
" to Form 990, Part IV, lir		m 990, Part X, line 25	5.
	(b) Book value	4	
		_	
		_	
		_	
ne 25.) ►		-	
	(b) Book value	(b) Book value (c) Method of	

Sche	edule D (Form 990) 2013 God's Littlest Angels, Inc.		36-4149349	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	e per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expens	es per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)			
Pa	rt XIII Supplemental Information.			
_				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 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 additional information.

Part X, Line 2:

Explanation: The financial statement effects of a tax position taken or

expected to be taken are recognized in the consolidated financial

statements when it is more likely than not, based on the technical merits,

that the position will be sustained upon examination. Interest and

penalties, if any, are included in expenses in the consolidated statements

of activities. As of December 31, 2013, GLA had no uncertain tax positions

that qualify for recognition or disclosure in the consolidated financial

statements.

GLA's federal Return of Organization Exempt from Income Tax Form 990 for

the years ended December 31, 2012, 2011, and 2010 are subject to

examination by the IRS, generally for three years after they were filed.

Supplemental Information (continued)	

SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part			OMB No. 1545-0047
Department of the Treasury			orm 990. 🕨 See separate instructio			Open to Public
Internal Revenue Service	Information abo	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo		Inspection entification number
Name of the organization					Employer la	
God's Littlest Angels,					36-4149349	
		ctivities Out	tside the United States. Comple	ete if the organ	ization answer	ed "Yes" on
Form 990, Part IV						
-	•		ds to substantiate the amount of its grather the selection criteria used to award the		-	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance	e outside the
3 Activities per Region. (T			an be duplicated if additional space is			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
				Support chi		
					e facility,	
Central America and the Caribbean	1	80	Drogram gorvigog		of local are and adoption	
		82	Program services	children, a		1,216,246.
3 a Sub-total	1	82				1,216,246.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	1	82				1,216,246.

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

Schedule F (Form 990) 2013

God's	Littlest	Angels,	Inc.
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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organizatio	n (b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			recognized as charities by the				1	1	
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

Schedule F (Form 990) 2013

36-4149349

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(d) Amount of

cash grant

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2013

(a) Type of grant or assistance

God's Littlest Angels, Inc.

(b) Region

	1	1	1	Schedu	le F (Form 990) 2013

(g) Description of

non-cash assistance

(h) Method of valuation (book, FMV, appraisal, other)

36-4149349

(e) Manner of

cash disbursement

(f) Amount of

non-cash

assistance

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5713, <i>International Boycott Report. (see Instructions for Form</i> 5713)	Yes	X No

Schedule F (Form 990) 2013

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
Part I, line 3:
Explanation: The organization tracked expenditures in accordance with the
accrual basis of accounting using expense reports and other appropriate
documentation.

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

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Department of the Treasury	
Internal Revenue Service	

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

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

Open To Public Inspection

Name	of	the	0.000	inctic
iname	OI.	une	oruar	iizatic

Name of the	organization Go	od's Litt	lest	Angels, In	c.						p loye r 4149∶	i dent i 349	ficati	on nu	mber
Part I							section 501(c)(4) org								
	Complete if the c						art IV, line 25a or 25l	o, or	⁻ Form 990-EZ, P	art V,	line 40)b.			
1 (a) Name of disqualified person			(b) H	elationship bety person and or			lified (c	c) De	escription of tran	sactic	n		(d) Corrected		
()				person and or	ganiza	alion	· · · ·						Ye	es	No
													+	-+	
													+	-+	
													+	-+	
														_	
													+		
2 Enter th section				•	•		qualified persons du	Ũ			•				
							ganization								
U Enter ti	ic amount of tax,	n any, on m	02,0		scu by		gamzation				ΨΨ				
Part II	Loans to and	l/or From	Int	erested Per	sons										
	Complete if the c	organization	ansv	vered "Yes" on	Form 9	990-EZ	, Part V, line 38a or l	Forn	n 990, Part IV, lin	ne 26;	or if th	ie orga	unizati	on	
	reported an amo									_					
	Name of	(b) Relation	nship (c) Purpose (d) Loan to or			(e) Original			(g)) In	(h) App by boa	Approved (i) / board or		ritten	
interes	sted person	with organiza			ization?	principal amount			default?		comm	ittee?	e? agreement?		
					То	From				Yes	No	Yes	No	Yes	No
Total							▶ \$								
Part III	Grants or As	sistance	Ber	nefiting Inter	reste	d Pe	rsons.						, 		
	Complete if the c	organization	ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 27.								
(a) Na	me of interested p	person	(b) Relationship			(c) Amount of		(d) Type			• • •		ose of	
				interested pers		d	assistance		assistan	се		á	assista	ance	
				the organiza	ation										
			+												
			+												
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			+												
			1												

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

Schedule L (Form 990 or 990-EZ) 2013

Complete if the organization answered "Yes" on Form 990. Part IV, line 28a, 28b, or 28c.

	1 TES UN FUNITI 990, Fait IV, III e 20a, 2	00, 01 20C.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
Laurie Bickel	Officer's daughter	35,292.	W2 Employee		X
Kate Benson	Officer's daughter	24,169.	W2 Employee		х
Jo Ramsay	Board member's moth	22,864.	W2 Employee		х

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Jo Ramsay

(b) Relationship Between Interested Person and Organization:

Board member's mother

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

3

Open	to	Publ	ic
Ins	pec	ction	

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

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

Name of the organization

Employer identification number 36-4149349

20

God':	s Littl	est Angel	.s, Inc.

Par	τI	Types	s of Property					-			
				(a)	(b)	(c)			(d)		
				Check if	Number of	Noncash contr		Method o			
				applicable	contributions or	amounts repor Form 990, Part VI		noncash cont	tribution a	mount	S
1	Δrt	Works of	art			10111330,1 at V	in, inte ty				
2			treasures								
_											
3			interests								
4			olications	v			0 000				
5			ousehold goods	X			9,200.	FMV-Similar As	sset Sal	es	
6			r vehicles								
7			nes								
8			operty								
9	Sec	curities - Pu	blicly traded								
10	Sec	curities - Clo	osely held stock								
11	Sec	curities - Pa	rtnership, LLC, or								
	trus	st interests									
12			scellaneous								
13			ervation contribution -								
	His	toric structi	ures								
14			ervation contribution - Other								
15			esidential								
16			ommercial								
17			ther								
18											
19				x	3	1	7,671.	- FMV-Similar As	sset Sal	es	
				x	47		1	FMV-Similar As			
20			dical supplies				1,002.	INV DIMITUI IN	bee bui	60	
21											
22			acts								
23			imens								
24			artifacts				64F				
25			School Suppli)	X	21		615.	FMV-Similar As	sset Sa		
26	Oth	ner 🕨 (()								
27	Oth	ner 🕨 ()								
28	Oth	ner 🕨 (()								
29	Nur	mber of For	ms 8283 received by the organ	ization durin	g the tax year for c	contributions					
	for	which the c	organization completed Form 82	283, Part IV,	Donee Acknowled	gement	29				
										Yes	No
30a	Dur	ring the yea	r, did the organization receive b	y contributio	on any property rep	oorted in Part I, line	es 1 - 28, 1	that it must hold fo	r		
	at l	east three y	ears from the date of the initial	contribution	, and which is not	required to be use	d for exen	npt purposes for			
	the	entire hold	ing period?								х
b			ibe the arrangement in Part II.								
31			nization have a gift acceptance	policy that r	equires the review	of any non-standa	rd contrib	utions?	31	х	
		-	nization hire or use third parties			-					
		ntributions?	•		•				32a		x
h			ibe in Part II.						024		
33			tion did not report an amount in	column (c)	for a type of propo	rty for which colum	on (a) is ch	hecked			
55		scribe in Pa	•		or a type of prope		(a) 15 CI				
1 1 1 4			ork Reduction Act Notice, see	the locator -	tions for Form 00	0		O a la a de d	М (Г	0000	(2042)
LHA	- r	or raperw	OR NEQUELION ACTIVOLICE, SEE	, are mouuc	JUCITS IOL FULLI 99	···		Schedule	ווו וט־ון וער ד	33U) ((CI U 3)

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.

Schedule M, Part I, Column (b):

Explanation: The number listed represents the number of unique

contributions received.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.)-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ.		Open to Public Inspection
Name of the organization	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/		r identification number
	God's Littlest Angels, Inc.	36-41	49349
Form 990, Part III	, Line 1, Description of Organization Mission:		
available in Haiti	. We will also assist in placing abandoned children		
with adoptive fami	lies. Our purpose is to help the children of Haiti		
in any way we can	and to spread the word of God to each person we		
serve. GLA conduc	ts weekly church services and Bible Studies for all		
staff members, and	has recently sponsored the development of a new		
church for the Hai	tian community.		
Form 990, Part III	, Line 4a, Program Service Accomplishments:		
3) GLA Haiti prov	ided care by trained and volunteer staff to		
approximately 184	children. The children were given high protein, high		
calorie diets to r	everse the effects of malnutrition.		
4) Provided onsit	e education to children. GLA HAITI also helped with		
the education of 1	ocal area children whose parents cannot afford to		
send their childre	n to school. There is no public education in Haiti,		
and the cost for 1	year of tuition in 2013 was \$460 USD per child.		
Since this represe	nts the average annual income for many Haitian		
families, many chi	ldren would not be able to attend school without this		
program. With the	help of sponsors from the USA, Canada, and Europe,		
400 children were	able to attend school in 2013.		
Form 990, Part VI,	Section A, line 2:		
Explanation: John	Bickel, President, and Dixie Bickel, board member and		
orphanage director	, are married.		

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization God's Littlest Angels, Inc.	Employer identification number 36-4149349
Form 990, Part VI, Section B, line 11:	
Explanation: The Form 990 was prepared by an independent CPA firm, reviewed	
by the Finance Department, and then copies of the Form 990 were e-mailed	
out to the board members for their review before the Form 990 was filed	
with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
Explanation: Member of the board and corporate officers are required to	
disclose any potential conflicts of interest on an annual basis. Should	
any conflict of interest present itself, the interested party would excuse	
themselves from the decision making process. The policy is monitored	
regularly and consistently by the board as a whole.	
Form 990, Part VI, Section B, Line 15:	
Explanation: When determining compensation and benefits for the	
organization's President and other corporate officers, the board uses	
publically available comparability data in helping them determine an	
appropriate salary level. This is done on an annual basis. Data used	
includes compensation paid to individuals serving in similar positions, in	
similar industries, within the same geographical region. An industry	
average is determined and a compensation figure below this amount is	
selected. Compensation decisions are voted on by all members of the board,	
the majority of whom are independent. Decisions and deliberation are	
contemporaneously documented in the minutes of the meetings of the board of	
directors.	

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

ichedule O (Form 990 or 990-EZ) (2013) Iame of the organization	Page Employer identification number
God's Littlest Angels, Inc.	36-4149349
K, OR, PA, RI, SC, TN, UT, VA, WA, WI	
orm 990, Part VI, Section C, Line 19:	
xplanation: The organization's governing documents, conflict of interest	
olicy, and financial statements are all available upon request.	
orm 990, Part XII, Line 2c - Explanation of Responsibility:	
xplanation: The organization has a committee that assumes	
esponsibility for oversight of the review of its financial statements	
nd selection of an independent accountant. This process has not	
hanged since the prior year.	

(Rev. January 2014)

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

► X

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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

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

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

And any other O. Manually Franks and the of . / -11

Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpora	tion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete			
Part I only							
	corporations (including 1120-C filers), partnerships, REM	1ICs, and t	rusts must use Form 7004 to reque	st an extension of time			
to file inco	ome tax returns.			Enter filer's identifying num	ıber		
Type or	Name of exempt organization or other filer, see instru		Employer identification numb	er (EIN) or			
print							
File by the	God's Littlest Angels, Inc.			36-4149349			
due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social security number (SSN)		
return. See	2283 Waynoka Road, No. Unit A						
instructions.	City, town or post office, state, and ZIP code. For a fe Colorado Springs, CO 80915	oreign ado	Iress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		0 1		
		-					
Applicati	on	Return	Application				
Is For		Code	Is For				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)		07		
Form 990	-BL	02	Form 1041-A		08		
Form 472	0 (individual)	03	Form 4720 (other than individual)		09		
Form 990	-PF	04	Form 5227		10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990	-T (trust other than above)	06	Form 8870		12		
	Jean Bell						
	ooks are in the care of 🕨 2283 Waynoka Road, No.	. Unit A					
	none No. 719-638-4348		Fax No. 🕨				
	organization does not have an office or place of busines						
 If this i 	s for a Group Return, enter the organization's four digit	-					
box 🕨 L	$_$. If it is for part of the group, check this box \blacktriangleright $_$				for.		
	quest an automatic 3-month (6 months for a corporation August 15, 2014 , to file the exemp	-	-				
		ot organiza	tion return for the organization nam	led above. The extension			
	or the organization's return for:						
	<u>x</u> calendar year <u>2013</u> or		al an alian				
	tax year beginning	, an		·			
2 If th	ne tax year entered in line 1 is for less than 12 months, c	book rooo	on: Initial return	Final return			
	Change in accounting period	ILECK IEAS		I marretum			

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

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

Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only	complet	e Part II if	you have a	Iready been	granted a	an auto	matic 3-n	nonth exte	nsion on	a previously	filed Form 88	68.
	e e				-			• /				

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).							
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
	Enter filer's identifying number					tructions	
Type or	r Name of exempt organization or other filer, see instructions. En				Employer identification number (EIN) or		
print							
File by the					36-4149349		
due date fo filing your	number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)			
return. See	See 2283 Waynoka Road, No. Unit A						
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	Colorado Springs, CO 80915						
Enter th	e Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01					
Form 990-BL		02	Form 1041-A		08		
Form 4720 (individual)		03	Form 4720 (other than individual)		09		
Form 990-PF		04	Form 5227	newy			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069				
Form 990-T (trust other than above)		06	Form 8870			12	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.							
Jean Bell							
• The books are in the care of 🕨 2283 Waynoka Road, No. Unit A - Colorado Springs, CO 80915							
Telephone No. ► 719-638-4348 Fax No. ►							
 If the organization does not have an office or place of business in the United States, check this box 							
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this							
box 🕨 🛄 . If it is for part of the group, check this box 🏲 🛄 and attach a list with the names and EINs of all members the extension is for.							
4 I request an additional 3-month extension of time until November 15, 2014							
6 If	If the tax year entered in line 5 is for less than 12 months, check reason:						
L	L Change in accounting period						
	ADDITIONAL TIME IS NEEDED TO GATHER AND ANALYZE ACCOUNTING DATA TO						
<u> </u>	CEPARE AN ACCORATE RETORN.						
Ro If	this application is for Forms 000 PL 000 PE 000 T 4720	or 6060	optor the tentative tax, loss any				
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 prrefundable credits. See instructions.	, 01 0009,	enter the tentative tax, less any	8a	\$	0.	
		anter an	v refundable credits and estimated	00	Ψ		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits ar tax payments made. Include any prior year overpayment allowed as a credit and any amount and any amount of the second s							
	previously with Form 8868.				\$	Ο.	
 Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 				8b	÷		
				8c	\$	٥.	
	Signature and Verification must be completed for Part II only.						
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 David C. Main Title DCPA, Partner				Date	▶ 7/11/14		