

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the 2015 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WARM HEARTS - WARM BABIES INC		D Employer identification number 31-1728454
	Doing business as		E Telephone number 303-975-6394
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite D	
	City or town, state or province, country, and ZIP or foreign postal code ARVADA, CO 80004		G Gross receipts \$ 372,900.
F Name and address of principal officer: NANCY COCHRAN 6429 MILLER ST; SUITE D, ARVADA, CO 80004			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.WARMHEARTSWARMBABIES.ORG			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2001
			M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WARM HEARTS-WARM BABIES PROVIDES CLOTHING, BLANKETS AND OTHER ESSENTIAL ITEMS TO PREMATURE AND				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	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)		8	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		0	
	6	Total number of volunteers (estimate if necessary)		400	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		0.	
7b	Net unrelated business taxable income from Form 990-T, line 34		0.		
Revenue			<table border="1"> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </table>	Prior Year	Current Year
	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	214,237.	369,617.	
	9	Program service revenue (Part VIII, line 2g)	0.	0.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	95.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	3,138.	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	214,237.	372,850.		
Expenses			<table border="1"> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </table>	Prior Year	Current Year
	Prior Year	Current Year			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b	Total fundraising expenses (Part IX, column (D), line 25)	758.			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	215,279.	360,143.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	215,279.	360,143.		
19	Revenue less expenses. Subtract line 18 from line 12	-1,042.	12,707.		
Net Assets or Fund Balances			<table border="1"> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </table>	Beginning of Current Year	End of Year
	Beginning of Current Year	End of Year			
	20	Total assets (Part X, line 16)	15,303.	64,988.	
21	Total liabilities (Part X, line 26)	2,721.	0.		
22	Net assets or fund balances. Subtract line 21 from line 20	12,582.	64,988.		

Part 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 Here	Signature of officer	Date
	NANCY COCHRAN, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DON M. MCNURLIN, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00359452
	Firm's name MCNURLIN & ASSOCIATES, P.C.	Firm's address 2535 S WADSWORTH BLVD. LAKEWOOD, CO 80227		Firm's EIN 84-1233353	
				Phone no. 303-988-5648	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No