

2015

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 2015, and ending 2015
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization ANGEL EYES INC
D Employer identification no. 74-2159335
E Telephone number (303) 320-7771
Room/suite 560
City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80246
F Name and address of principal officer: STEPHANIE GERARD
SAME AS C ABOVE
G Gross receipts \$ 164,021

I Tax-exempt status: 501(c)(3)
J Website: WWW.ANGELEYES.ORG
K Form of organization: Corporation
L Year of formation: 1981
M State of legal domicile: CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities: COUNSELING AND INFORMATION TO FAMILIES THAT EXPERIENCE A SUDDEN UNEXPECTED DEATH TO AN INFANT OR TODDLER. THE ORGANIZATION ALSO PROVIDES PROFESSIONAL EDUCATION AND SEMINARS RELATING TO THE ABOVE.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Total unrelated business taxable income.

Revenue section table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Expenses section table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Net Assets or Fund Balances section table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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
STEPHANIE GERARD, Signature of officer
STEPHANIE GERARD, BOARD MEMBER, Type or print name and title

Preparer Use Only
Print/Type preparer's name: DAVID GREEN
Preparer's signature: DAVID GREEN
Date: 08-26-2016
Firm's name: GREEN & ASSOCIATES LLC
Firm's address: 119 E BRIDGE STREET STE 210 BRIGHTON CO 80601
Firm's EIN: P00968135
Phone no.: 720-839-6458

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

COUNSELING AND INFORMATION TO FAMILIES THAT EXPERIENCE A SUDDEN UNEXPECTED DEATH TO AN INFANT OR TODDLER. THE ORGANIZATION ALSO PROVIDES PROFESSIONAL EDUCATION AND SEMINARS RELATING TO THE ABOVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O. Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O. Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 104,899 including grants of \$ ) (Revenue \$ ) INFORMATION AND COUNSELING TO FAMILIES THAT EXPERIENCE A SUDDEN UNEXPECTED DEATH OF AN INFANT OR TODDLER

4b (Code: ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ ) including grants of \$ ) (Revenue \$ )

4e Total program service expenses 104,899

Part IV Checklist of Required Schedules

Table with 19 rows and 2 columns (Yes/No) containing various questions about organizational activities, financial statements, and fundraising efforts.