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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 2009, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: TWO ANGELS FOUNDATION, INC. D Employer identification number: 20-3875772. E Telephone number: (720) 940-6078. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash, [] Accrual. Other (specify).

I Website: WWW.TWOANGELSFOUNDATION.ORG

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one): [X] 501(c)(3), [] 4947(a)(1) or [] 527.

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 70,848.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Includes a 'RECEIVED' stamp: MAY 20 2010 OGDEN, UT. IRS-OSC.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

Form 990-EZ (2009)

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11 P

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

Table with columns Yes, No and row 33 with 'X' in the No column.

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

Table with columns Yes, No and row 34 with 'X' in the No column.

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a with 'X' in the No column.

b If "Yes," has it filed a tax return on Form 990-T for this year?

Table with columns Yes, No and row 35b.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

Table with columns Yes, No and row 36 with 'X' in the No column.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a

Table with columns Yes, No and row 37a.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with 'X' in the No column.

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

Table with columns Yes, No and row 38a with 'X' in the No column.

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

Table with columns Yes, No and row 38b.

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 39a

Table with columns Yes, No and row 39a.

b Gross receipts, included on line 9, for public use of club facilities 39b

Table with columns Yes, No and row 39b.

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶

Table with columns Yes, No and row 40a.

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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

Table with columns Yes, No and row 40b with 'X' in the No column.

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶

Table with columns Yes, No and row 40c.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶

Table with columns Yes, No and row 40d.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e with 'X' in the No column.

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ DAWN MOHATT Telephone no ▶ 720-940-6078 Located at ▶ 15801 W. 66TH PLACE ARVADA, CO ZIP + 4 ▶ 80007

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Table with columns Yes, No and row 42b with 'X' in the No column.

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

Table with columns Yes, No and row 42c with 'X' in the No column.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44 with 'X' in the No column.

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 45 with 'X' in the No column.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
- b If "Yes," was the related organization a section 527 organization? Yes No
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ NONE

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 ▶ NONE

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 <i>Dawn Mohatt</i>	Date <i>5/15/10</i>		
	Type or print name and title <i>Dawn Mohatt, President</i>			
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date <i>5/11/10</i>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) P00342848
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>BRINKERHOFF REVENIG & CORRIGAN P.C.</i>	EIN <i>84-1035533</i>	Phone no <i>303-757-8000</i>	
	<i>1873 S BELLAIRE STREET, SUITE 1000 DENVER, CO 80222</i>			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization TWO ANGELS FOUNDATION, INC.	Employer identification number 20-3875772
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Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization []
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization []
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization []
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization []
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions []

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 ►

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	17.
TOTAL	<u>17.</u>

ATTACHMENT 2

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GOLF TOURNAMENT	21,981.
5K RACE	4,979.
WINE TASTING	1,145.
TOTAL	<u>28,105.</u>

ATTACHMENT 3

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLF TOURNAMENT	9,727.	13,857.	-4,130.
5K RACE	1,660.	4,187.	-2,527.
WINE TASTING	2,925.	2,538.	387.
TOTALS	<u>14,312.</u>	<u>20,582.</u>	<u>-6,270.</u>

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	246.
WEB PAGE	400.
FILING FEES	100.
DUES AND SUBSCRIPTIONS	80.
BOARD OF TRUSTEES	991.
VOLUNTEER RECOGNITION	165.
INSURANCE	1,538.
BANK FEES	1,528.
TOTAL	<u>5,048.</u>

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

PRIOR PERIOD ADJUSTMENT

16.

TOTAL

16.

ATTACHMENT 6

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

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	42,630.	41,937.
TOTALS	<u>42,630.</u>	<u>41,937.</u>

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
OTHER ACCOUNTS RECEIVABLE	0.	44.
TOTALS	<u>0.</u>	<u>44.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO RAISE MONEY FOR MAKE-A-WISH FOUNDATION, MUSCULAR DYSTROPHY ASSOCIATION AND OTHER SIMILAR NON-PROFITS AND ALSO TO DIRECTLY FUND PURPOSES THAT BENEFIT PHYSICALLY DISABLED CHILDREN.

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

ATTACHMENT 9

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>
DAWN MOHATT 15801 W. 66TH PLACE ARVADA, CO 80007	PRESIDENT 30.00	0.
ROGER MOHATT 15801 W. 66TH PLACE ARVADA, CO 80007	CHAIRMAN OF THE BOARD 5.00	0.
CARRIE HOOPER 8420 W. 81ST DRIVE ARVADA, CO 80005	TREASURER 10.00	0.
STEVE HOOPER 8420 W. 81ST DRIVE ARVADA, CO 80005	BOARD MEMBER 5.00	0.
JULIE MACKIN 12537 ELIOT STREET BROOMFIELD, CO 80020	SECRETARY 10.00	0.
JOHN MACKIN 12537 ELIOT STREET BROOMFIELD, CO 80020	BOARD MEMBER 5.00	0.
MATT PASCAL 8005 SUNRISE CIR	BOARD MEMBER 5.00	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 9 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>
ERIE, CO 80516		
STEF PASCAL 8005 SUNRISE CIR ERIE, CO 80516	BOARD MEMBER 5.00	0.
GREG WHISLER 1373 HIGHWAY 52 WIGGINS, CO 80654	BOARD MEMBER 5.00	0.
DOUG MOORE 2868 W. 115TH DR WESTMINSTER, CO 80234	BOARD MEMBER 5.00	0.
KIM WILLIS 14314 COTTAGE WAY BROOMFIELD, CO 80020	BOARD MEMBER 5.00	0.
KATHLEEN HUSS 16847 W. 62ND PL. ARVADA, CO 80403	BOARD MEMBER 10.00	
MICHELLE COWGILL 6770 VIOLET WAY ARVADA, CO 80007	BOARD MEMBER 5.00	

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

ATTACHMENT 9 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>
BETH HUTCHINSON 30611 HOLLINGS WAY GOLDEN, CO 80403	BOARD MEMBER 10.00	0.
GRAND TOTALS		0.

TWO ANGELS FOUNDATION
2009 GIFTS

Angel #	Last Name	First Name	Address	City	Relation	Age	Application Date	Item Requested	Diagnosis	2009 Gifts	Vendor	Received
141	Dewey	Cameron	1208 Snowberry Lane	Castle Rock, Co 80104	none former	3	2/9/2009	OT swing	Autism	323 70	1 South Paw Enter	3/20/2009
145	Eidt	Christina	5781 S Flanders Ct	Aurora, CO 80015	recipient	10	3/10/2009	Adam's Camp	CP	500 00	1 Adam's Camp	4/8/2009
147	Galster	Jacob	8733 Massey Circle	Colorado Springs, CO 8092C	none former	8	3/24/2009	Adams Camp	CP	500 00	1 Adam's Camp	4/8/2009
140	Stevens	Kellie	17459 E Union Dr	Aurora, CO 80015	recipient	14	2/20/2009	Adam's Camp	CP & Epilepsy	695 00	1 Adam's Camp	4/8/2009
136	Go	Kiana	11761 Ivy St	Thornton, CO 80233	Beth's patient	12	11/19/2008	bike trailer	CP	844 00	1 www.wicycle.com	1/29/2009
154	Oliver	Jonathon	14607 Josephine St	Thornton, CO 80602	Beth's patient	10	4/16/2009	WIKE trailer	Lesch-Nyhan Syndrome	854 00	1 WIKE	6/29/2009
116	Crawford	Tyler	11538 S Tumble Brush St	Parker, CO 80134	none	2	2/26/2008	adaptive bike	Spina Bifida	880 99	1 Angletech	10/22/2009
162	Warden	Noah	9152 Garland St	Westminster, CO 80021	Beth's patient former	9	10/15/2009	platform swing	CP	653 74	1 Southpaw	12/22/2009
135	Brown	Matthew	7766 S Saulsbury St	Littleton, CO 80128	recipient former	8	11/16/2008	Adam's Camp	CP	1,300 00	1 Adam's Camp	4/8/2009
148	Spitt	Jack	1639 S Garland Ct	Lakewood, CO 80232	recipient	8	3/30/2009	Adam's Camp	CP	1,300 00	1 Adam's Camp	4/14/2009
151	Hallberg	Jacob	13960 Lake Island Lane	Broomfield, CO 80020	none	3	4/28/2009	warm water therapy	Mitochondrial Disorder	1,300 00	1 Bal Swan	8/9/2009
156	Norman	Zacariah	5731 W 92nd Ave #128	Westminster, CO 80031	Kerry's patient	5	5/27/2009	Rifton Bike	CP	1,309 45	1 ATG Rehab	7/24/2009
157	Gonzalez	Luis	10872 Larson Dr	Northglenn, CO 80233	Kerry's patient	11	5/27/2009	Rifton Bike Adaptive Adventures	CP	1,486 90	1 ATG Rehab	7/23/2009
124	McKinney	Patrick	13394 Jersey St	Thornton, CO 80602	none former	9	5/28/2008	handpedal trike	CP	1,500 00	1 Adaptive Adventures	1/11/2009
134	Bursiek	Kyla	3223 Iron Forge Place, Unit K103	Boulder, CO 80301	recipient	5	11/4/2008	hippotherapy	CP	1,540 00	1 Colorado Therapeutic	1/12/2009
155	Mount	Cody	1739 Coltonwood ST	Broomfield, CO 80020	Kerry's patient	8	5/27/2009	Freedom Concepts bike	CP	2,872 50	1 ATG Rehab	7/29/2009
159	Encrapera	Adam	8976 Miners Dr	Highlands Ranch, CO 80126	none	9	5/26/2009	lightfoot cycle	Alstrom Syndrome	2,955 00	1 Lightfoot Cycles, Inc	9/1/2009
146	Salazar	Sharna Paige	4005 S Dillon Way #102	Aurora, CO 80014	none	7	3/24/2009	Freedom Concepts bike	CP	3,289 36	1 Freedom Concepts	4/21/2009
138	Reed	Ariana "Gemi"	20058 Summerset Ct	Parker, CO 80138	none	8	12/4/2008	Freedom concepts discovery	CP	3,311 50	1 Freedom Concepts	2/5/2009
133	Guzman	Jazmin	10108 Wyandott Cir North	Thornton, CO 80260	none	8	10/30/2008	Freedom Concepts Discovery injury	traumatic brain	3,350 86	1 Freedom Concepts	2/15/2009
160	Veraldi	Spencer	9375 Webster Ct	Westminster, CO 80021	Kirk Nelson	13	7/25/2009	bike	CP	3,535 00	1 freedom concepts	11/19/2009
142	Kelly	Katelyn	16363 Fremont Ave, Apt 1517	Aurora, CO 80016	none	14	2/14/2009	freedom concepts trike	CP	3,623 80	1 Freedom Concepts	3/27/2009
137	Rugger	Sophia	501 North Bernhart St	Lafayette, CO 80026	none	16	12/4/2008	Freedom concepts AS2600	Migrational disorder of the cortex	3,892 00	1 Freedom Concepts	2/15/2009
										\$ 41,817 80	23	