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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

A Fo	rthe 2	2009 cale	ndar year	r, or tax year beginning 01-01	L-2009 an	d ending 12-31-2009			
		[Please	C Name of organization				D Employer id	lentification number
_	ress ch	ange	ıse IRS	DENVER OSTEOPATHIC FOUNDATE	ITON			84-04253	68
— _{Nar}	ne char		abel or orint or	Doing Business As				E Telephone n	umber
_	ıal retur	t	ype. See Specific					(303) 996	-1140
_		. 1	nstruc-	Number and street (or P O box 3801 E FLORIDA AVE	ıf maıl ıs not d	elivered to street addres	ss) Room/suite	G Gross receipts	s \$ 2,137,305
_	mınated		ions.	ROOM/SUITE 635					
Am	ended r	return		City or town, state or country, and DENVER, CO 80210	nd ZIP + 4				
App	lication	pending		DENVERY CO COLLO					
			F Nam	ne and address of principal of	ficer		H(a) Is th	■ Is a group retul	rn for
				S A RING MBA			affilia		⊤Yes ∀ No
				FLORIDA AVE 635 R,CO 80210					
				.,,				l affiliates inclu	
Ta:	x-exem	pt status	▼ 501(c)	(3) ◄ (insert no)	(1) or \square 527	,	_	o," attach a iis ip exemption n	t (see instructions)
							H(c) Grou	ip exemption ii	amber F
		∷ ► WWW							
		janization [Corporat	on Trust Association Othe	er 🟲		L Year of fo	rmation 1920	M State of legal domicile CO
Pa	rt I	Summ	ary						
	1	•		e organization's mission or m -	ost significa	ant activities			
φ.		SEE ATT	ACHMEN	1					
Governance									
Ĕ.									
\$	2	Check thi	ıs box 🛏	if the organization discontin	nued its ope	rations or disposed	of more than	25% of its net	assets
	3	Number o	f voting n	nembers of the governing bod	dy (Part VI,	line 1a)			314
жо «Л	4	Number o	fındepen	dent voting members of the g	overning bo	dy (Part VI, line 1b)		414
≝	5	Total num	nberofem	nployees (Part V , line 2a) .					54
Activities &	6	Total num	nber of vo	lunteers (estimate if necessa	ary)				5 15
ă	7a	Total gros	ss unrelat	ed business revenue from Pa	art VIII, col	umn (C), line 12 .		7	'a 0
		-		ness taxable income from Fo	·	* **		7	 'b
					,		Prio	r Year	Current Year
	8	Contribi	itions and	grants (Part VIII, line 1h)				89,163	131,121
n He	9			revenue (Part VIII, line 2g)				1,170	33,401
9	10			ne (Part VIII, column (A), lin				22,875	101,915
Вэуе	11			art VIII, column (A), lines 5,				22,073	75
				id lines 8 through 11 (must e					
	12			ia ililes 8 tilloagii 11 (iliast e	•		·	113,208	266,512
	13			r amounts paid (Part IX, colu				12,000	0
	14	Benefits	paid to o	r for members (Part IX, colur	nn (A), line	4)			0
	15	Salaries	, other co	mpensation, employee benef	ts (Part IX,	column (A), lines 5	_		
Expenses		10)	•			,		135,580	150,375
क	16a	Professi	onal fund	raising fees (Part IX, column	(A), line 11	e)			0
ੜੇ	ь	Total fund	raising expe	enses (Part IX, column (D), line 25)) ► -0				
ш	17	Othere	kpenses (Part IX, column (A), lines 11	a-11d, 11f	-24f)		146,007	170,816
	18			dd lines 13–17 (must equal				293,587	321,191
	19			enses Subtract line 18 from				-180,379	-54,679
× 00°			'				Beginnin	g of Current	·
Net Assets or Fund Balances								'ear	End of Year
3.44 3.44 3.44 3.44 3.44 3.44 3.44 3.44	20	Total as	sets (Par	t X, line 16)				2,198,068	2,405,167
절품	21	Total lıa	bilities (P	art X, line 26)				30,358	42,324
žÏ	22	Netass	ets or fun	d balances Subtract line 21	from line 20			2,167,710	2,362,843
Par	t II	Signa	ture Blo	ock					
				gury, I declare that I have examine					
		and belief,	, it is true, c	correct, and complete Declaration o	of preparer (oti	ner than officer) is based	on all informat	ion of which prepa	rer has any knowledge
Sign	1	*****	*				2010-	10-21	
Here		Signati	ure of office	r			Date	10 21	
		L DHVIIT	SADINGM	BA EXECUTIVE DIRECTOR					
			r print nam						
		Drone	L		Date	1	heck if	Preparer's ident	tifving number
De: 4		Preparer's signature		BAUER CPA		-10-21 s	elf-	(see instruction	, ,
Paid Brond	۔ ادمی		<u> </u>			e	mpolyed 🕨 🦳		
	arer's	Firm's nam if self-emp	ne (or yours ployed),	JDS PROFESSIONAL GROUP				EIN Þ	
Use (וווע	address, a		5670 GREENWOOD PLAZA BLVI	O STE 200				
				GREENWOOD VILLAGE, CO 80	111			Phone no 🕨 (303) 771-0123
May t	ha ID	S discuss	thic retur	n with the preparer shown ab		actructions)		•	Evas ENa

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SEE ATTACHMENT

4e	Total program ser	vice expenses►\$	284,343		
4d	Other program se (Expenses \$	rvices (Describe in Sche inclu	dule O) ding grants of\$) (Revenue \$)
	SCHOOL PROGRAMS	- SEE ATTACHMENT			·
4c	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
	PHYSICIAN EDUCATIO	DN - SEE ATTACHMENT			
4b	(Code) (Expenses \$	39,134 including grants of	\$) (Revenue \$)
	•	, , ,	,	, (Revende \$,
4a	(Code PUBLIC EDUCATION/F) (Expenses \$ PUBLICATION - SEE ATTACHMEN	245,209 including grants of IT	(Re	venue \$
Section 501(c)(3) and 501(c)(4) or allocations to others, the total experience (Code (Code (Figure 1988))	rs, the total expe	nses, an	d revenue, if any, for each pro	gram service reported	-
				three largest program services b	
	If "Yes," describe t	hese changes on Schedu	e O		
3	_	- ·	ake sıgnıficant changes ın hov	,	┌ Yes ┌ No
	If "Yes," describe t	hese new services on Scl	nedule O		
2			nt program services during the	e year which were not listed on	┌ Yes ┌ No

Part IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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 Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and 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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

Form 990 (.	,2009)		Рα
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Ves	N

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 6			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this		163	
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a		No
h	return?	3b		NO
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	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			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 3		
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	vear			

3801 E FLORIDA AVE 635 DENVER, CO 80210 (303) 996-1140

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

Se	ction A. Governing Body and Management						
			Yes	No			
_							
1a							
ь	Enter the number of voting members that are independent 14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo			
6	Does the organization have members or stockholders?	6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)						
Ne	venue code.)		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		No			
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
		11	Yes				
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13		Νo			
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
ь	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?						
		16b					
	Let the States with which a copy of this Form 000 is required to be filed.						
17 18	List the States with which a copy of this Form 990 is required to be filed.						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n 🕨			
	THE ORGANIZATION						

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did r	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, dırector, trustee o	or key employee	
(A) Name and Title	(B) Average hours	Posii t	(C tion (hat a	che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RICHARD BARBER DO DIRECTOR	1 00	х						0	0	0
DAVID ROTHMAN DO DIRECTOR	1 00	х						0	0	0
RICHARD STALLER DO SEC/TREAS	1 00	х		х				0	0	0
LEWIS FRATERELLI DO DIRECTOR	1 00	х						0	0	0
THOMAS GREENE DO DIRECTOR	1 00	х						0	0	0
TIMOTHY JUDD DO PRESIDENT	1 00	Х		Х				0	0	0
JOSEPH MAJOR DO VICE PRES	1 00	Х		х				0	0	0
LOUIS KASUNIC DO DIRECTOR	1 00	Х						0	0	0
CARL KRUEGER DIRECTOR	1 00	х						0	0	0
JILL PITCHER DO IM PAST PRES	1 00	Х		х				0	0	0
JOHN HILL DO DIRECTOR	1 00	Х						0	0	0
WILLIAM PATTERSON CPA DIRECTOR	1 00	Х						0	0	0
SAM ORIGILIO DO DIRECTOR	1 00	Х						0	0	0
YANI ZINIS DO DIRECTOR	1 00	Х						0	0	0
PHYLLIS RING EXEC DIRECT	40 00			х				75,000	0	16,629

For	n 990 (2009)			Page 8
1b	Total			16,629
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
		$\frac{1}{2}$		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •	<u></u>		2 (2000)
			orm 991) (2009)

Form 99								Page 9
Part v	2111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
इइ	1a	Federated cam	paigns 1a					
듄	ь	Membership du	es 1b	25				
	c	Fundraising eve	ents 1 c					
ž i	d	Related organiz	ations 1d					
<u>∞</u> <u>≡</u>	e	Government grants	s (contributions) 1e	113,814				
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and 1f	17,282				i
<u>하</u> 라	g	sımılar amounts no Noncash contri	bt included above butions included in					
돌유								
ဝွန	h	Total. Add lines	s 1a-1f	🖊	131,121			
				Business Code				
Program Service Revenue	2a	CME REGISTRATIO	N FEES		33,401	33,401		
84 24	ь							
- 65 -	c							
er E	d							
8	e							
in an	f	All other progra	am service revenue					
کِ	g	Total Add lines	s 2a-2f	L	33,401			
	3		ome (including dividen		33,401			
			aramounts)	. 1	41,817			41,817
	4		tment of tax-exempt bond	1				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	1,930,891					
		assets other than inventory						
	ь	Less cost or other basis and	1,870,793					
		sales expenses	60,000					
	C .	Gain or (loss)	60,098	<u> </u>	60,098			60,098
	d 8a	Gross income f	s)	· · · · · · ·	00,030			00,030
<u> </u>		events (not inc	_					
Other Revenue		\$	reported on line 1c)					
ě			e 18					
<u>.</u>			а					
횿	Ь		penses b					
U	c 9a		loss) from fundraising	events F				
	3 a	See Part IV, lin	rom gaming activities le 19					
			а					
	Ь		penses b					
	102		loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve	,				
		Miscellaneous		Business Code	35	7-		
	11a	MISCELLANEC) US		75	75		
	Ь							
	c							
	d	All other revenu						
	e	Total. Add lines	s 11a-11d		75			
	12	Total revenue.	See Instructions .	▶	266,512	33,476		101,915

Part IX Statement of Functional Expenses

	Section $501(c)(3)$ and $501(c)(4)$ organizations mus Il other organizations must complete column (A) but are not required to α	t complete all c	olumns.	(D)	
			(B), (C), and	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	91,630	30,613	61,017	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	48,439	19,771	28,668	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,306		10,306	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,500		1,500	
С	Accounting	9,673	300	9,373	
d	Lobbying	·			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	41,573	41,573		
12	Advertising and promotion	893	893		
13	Office expenses	13,035	10,119	2,916	
14	Information technology	,		,	
15	Royalties				
16	Occupancy	18,193	1,301	16,892	
17	Travel	15,405	14,554	851	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	15,105	11,551	551	
19	Conferences, conventions, and meetings	7,349	6,927	422	
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,617		1,617	
23	Insurance	1,865		1,865	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PURCHASED SUPPLIES	38,968	39,455	-487	
b	DONATIONS	7,215	7,165	50	
c	INVESTMENT EXPENSE	6,488		6,488	
d	TELEPHONE	4,808		4,808	
e	DUES	1,291	602	689	
f	All other expenses	943	111,070	-110,127	
25	Total functional expenses. Add lines 1 through 24f	321,191	284,343	36,848	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-			orm 990 (2009)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,674	1	22,120
	2	Savings and temporary cash investments	354,432	2	1,175
	3	Pledges and grants receivable, net		3	13,887
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
ssets	7	Notes and loans receivable, net		7	_
8	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	1,200	9	1,200
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 31,075			
	ь	Less accumulated depreciation 10b 26,657	6,035	10c	4,418
	11	Investments—publicly traded securities	1,832,727	11	2,362,367
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,198,068	16	2,405,167
	17	Accounts payable and accrued expenses .	30,358	17	42,324
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>.</u>	21	Escrow or custodial account liability $\it Complete Part IV of Schedule D$		21	_
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ä		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	30,358	26	42,324
م		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			_
2		through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	2,116,814	27	2,313,148
Fund Balance	28	Temporarily restricted net assets	50,896	28	49,695
핕	29	Permanently restricted net assets		29	
Œ		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
ŏ		lines 30 through 34.			
Assets	30	Capital stock or trust principal, or current funds		30	
S	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	2 167 710	32	2 262 942
Net	33	Total labelitase and ask access (find belones	2,167,710	33	2,362,843
	34	Total liabilities and net assets/fund balances	2,198,068	34	2,405,167

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization DENVER OSTEOPATHIC FOUNDATION

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.

Public Charity Status and Public Support

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

Employer identification number

	rt I			olic Charity Stat						structions		
he d	organız			foundation because					x)			
1		A churc	h, conventic	on of churches, or ass	sociation of	churches s	ection 170(b)(1)(A)(i).				
2				ın section 170(b)(1)								
3		A hospit	tal or a coop	erative hospital serv	vice organiz	atıon descri	bed in sectio	n 170(b)(1)((A)(iii).			
4	Γ			organization operate y, and state	ed in conjun	ction with a	hospital desc	cribed in sec i	tion 170(b)(:	1)(A)(iii). En	ter the	
5	Γ	_	-	rated for the benefit	_	or universit	ty owned or o	perated by a	government	al unıt descrı	bed ın	
	_			A)(iv). (Complete Pa								
6		A federa	ıl, state, or l	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).			
7	 ~	describe	ed in	t normally receives a \)(vi) (Complete Pa		l part of its	support from	a governmei	ntal unit or fr	om the gener	al public	C .
8	Г			described in section		A)(vi) (Con	nplete Part II	.)				
9	, _			t normally receives					utions mem	bership fees	and are	is s
•	,	_		ties related to its ex	•				•		_	.55
		•		ss investment incom	•	_		•	• •			
			_	anızatıon after June 3				•		iday irom busi		
LO	\vdash			anized and operated	•			•	•			
LO L1	<u>'</u>	_	_	anized and operated	•	•	•			carry out th	e nurno	sas of
••	'	one or m	nore publicly	supported organizar besthe type of suppo Type II	tions descri orting organi	bed in secti zation and o	on 509(a)(1)) or section 5 s 11e throug	509(a)(2) Se gh 11h	e section 50	9(a)(3).	. Check
e f g	,	other the section If the or check the Since A	an foundation 509(a)(2) Iganization r Inis box Iugust 17, 2	x, I certify that the o on managers and othe eceived a written det 006, has the organiz	er than one termination	or more pub	licly support	ed organızatı Type I, Type	ons describe	d in section	509(a)(1) or
		-	persons?	ectly or indirectly co	ntrols aithe	ralone ort	ogether with	narsons das	cribed in (ii)		Yes	No
				overning body of the	•		-	persons 4es.		11g(i		140
				r of a person describ		_	2011			11g(ii		
		• •	•	ed entity of a person			hove?			11g(ii		
h				g information about t						119(11	<u>'' </u>	<u> </u>
<u>"</u>		TTOVIGE	the followin			u organizat						
	(ii) Name of supported or ganization organization Organiz					otify the ition in of your	(v Is t organiza col (i) or in the	he ation in ganized	Am	(vii) ount of pport?		
				instructions))	Yes	No	Yes	No	Yes	No	7	
										1		
										1	+	
						+		+	+			

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I.)			
	ection A. Public Support	_					-	
Cak	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	54,81	3 241,988	3 98,366	89,163		131,096	615,431
2	grants ") Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
_	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	54,81	241,988	98,366	89,163		131,096	615,431
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							615,431
S	ection B. Total Support	•						
Cal	endar year (or fiscal year beginning lin)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) ⊤otal
7	A mounts from line 4	54,818	223,340	98,366	89,163		131,096	615,431
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	187,264	223,340	328,545	159,815		41,817	940,781
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	416					75	491
11	Total support (Add lines 7 through 10)							1,556,703
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		79,409
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or fil	fth tax year as a !	501(c)(3	3) organız	ation, ▶ T
	ection C. Computation of Pub Public Support Percentage for 2009			11 001 (5)				
14				11 column (I))		14		39 530 %
15	Public Support Percentage for 2008	•	•		4.4 22.4100/	15		36 810 %
тоа	33 1/3% support test—2009. If the and stop here. The organization qua	-		•	ne 14 is 33 1/3%	or more	, cneck tr	IIS DOX
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	n qualifies as a pu — 2009. If the orga tion meets the "fa	iblicly supported anization did not d acts and circums	organization check a box on line tances" test, chec	e 13, 16a, or 16b k this box and st o	and line	14 Explain	▶┌
h	organization 10%-facts-and-circumstances test-			-				▶ □
J	15 is 10% or more, and if the organ Explain in Part IV how the organiza	nization meets the	facts and circu	mstances" test, c	heck this box and	stop he	ere.	▶ □
18	supported organization Private Foundation If the organizat instructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	oox and	see	P 1 ▶□
								- 1

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 84-0425368

Name: DENVER OSTEOPATHIC FOUNDATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PURCHASED SUPPLIES	38,968	39,455	-487	
DONATIONS	7,215	7,165	50	
INVESTMENT EXPENSE	6,488		6,488	
TELEPHONE	4,808		4,808	
DUES	1,291	602	689	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493295012000

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number**

WER OS	STEOFAITHE TOUNDATION					84-0	0425368			
rt I	Organizations Maintaining Donor A			ther Sin	nilar F	unds	or Acco	unts.	Comple	te ıf th
	organization answered "Yes" to Form 99	, ' 					L) F J.			
Total	number at end of year	(a) Donor	radvi	sea runas	i	(b) Funds	and oth	eraccou	ints
	egate contributions to (during year)									
	egate contributions to (during year)									
	egate value at end of year									
Did t	he organization inform all donors and donor advisors are the organization's property, subject to the					ıor advı	sed		┌ Yes	F N
Dıd t used	he organization inform all grantees, donors, and only for charitable purposes and not for the ber erring impermissible private benefit	donor advisors in	writir	ng that gra	ant funds	•			☐ Yes	V N∈
t II		ıf the organizatı	on a	nswered	"Yes" to	o Forn	n 990, Pa	art IV,	line 7.	
	ose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space	ion or pleasure)	_	Preservat	tion of an tion of a c	certifie	cally impo	structu		a
	plete lines 2a–2d if the organization held a qual ment on the last day of the tax year	ified conservation	conti	ribution in	tne form	отасо				
Tatal	I number of concernation concerns				ŀ	_	Held a	t the E	nd of the	Year
	l number of conservation easements l acreage restricted by conservation easements				ŀ	2a				
	ber of conservation easements on a certified his		اسطمر	dun (a)		2b 2c				
	ber of conservation easements included in (c) a			a III (a)	ŀ	2d				
					. l					
	ber of conservation easements modified, transfe	erred, released, ext	tingu	isnea, or t	.erminate	ed by th	e organiza	ation du	iring	
tne ti	axable year 🗠									
Num	ber of states where property subject to conserv	ation easement is l	locat	ed ►						
	the organization have a written policy regarding rement of the conservation easements it holds		ıtorın	g, inspect	tion, hand	dling of	violations	, and	☐ Yes	r N∙
Staff	and volunteer hours devoted to monitoring, insp	pecting and enforci	ing co	onservatio	on easem	nents d	uring the y	∕ear ►_		
A mo	unt of expenses incurred in monitoring, inspecti	ng, and enforcing c	conse	rvation ea	asements	s during	the year	► \$		
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy t	the re	equiremer	nts of sec	tion			☐ Yes	▼ N
balar	art XIV, describe how the organization reports c nce sheet, and include, if applicable, the text of organization's accounting for conservation easer	the footnote to the								
t III	Organizations Maintaining Collection Complete if the organization answered					or Otl	ner Simi	ilar As	ssets.	
art, h	e organization elected, as permitted under SFAS nistorical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fir	for public exhibition	on, e	ducation c	rreseard	ch ın fu				e,
hısto	e organization elected, as permitted under SFAS rical treasures, or other similar assets held for ide the following amounts relating to these items	public exhibition, e								
(i) _R	evenues included in Form 990, Part VIII, line 1						► \$_			
(ii) _A	ssets included in Form 990, Part X									
Ifthe	e organization received or held works of art, hist wing amounts required to be reported under SFA				assets fo	or finan				
Reve	nues included in Form 990, Part VIII, line 1						► \$			
	ets included in Form 990, Part X									
A 2 2 6	cts included in Folin 330, Pail A						- > _			

Part	Organizations Maintaining Co	llections of Art	t, His	stori	<u>cal Tı</u>	reasur	<u>es, or 0</u>	ther	<u>· Simila</u>	<u>r Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing [.]	that are	a sıgnıfıca	nt us	e of its c	ollection	I	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams				
b	Scholarly research		e	\sqcap	Other	r						
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the or	ganızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								llar	Γ,	Yes	✓ No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to Fo	rm 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions or	other ass	ets n	ot	Γ,	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			A mou	nt	
с	Beginning balance						r	1c				
d	Additions during the year						<u> </u>	1d				
e	Distributions during the year 1e											
f		Ending balance										
2a	Did the organization include an amount on Fo	orm 990 Part V lin	<u>0</u> 212				L				Yes	✓ No
			e ZI,							,	. 63	j* 140
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i		n and	Wer	ad "Va	s" to Fo	nrm gan	Part	· IV line	10		
rei	Endowment I dids. Complete	(a)Current Year)Prior			Years Back		hree Years		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and ad	mınıstere	d for t	:he			
	organization by										Yes	No
	(i) unrelated organizations							•		3a(i)		No
ь	(ii) related organizations									3a(ii) 3b		No No
ь 4	Describe in Part XIV the intended uses of th	•						•		טכ		I 14 0
	t VI Investments—Land, Buildings					90. Par	t X. line	10.				
		,qa.p.	<u>-</u>		a) Cost		(b)Cost or		(c) Accu	mulated	Ī,	
	Description of investment					estment)	basis (ot		depred		(d) B	ook value
1a	_and											
Ь	Buildings											
c	_easehold improvements											
d I	Equipment						3	1,075		26,657		4,418
е	Other	<u></u>										
	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,), line	10(c).)	·						4,418
									Sched	lule D (F	orm 9	90) 200

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Part XI. Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
Total revenue (Form 990, Part VIII, column (A), line 12)	1	266,512
Total expenses (Form 990, Part IX, column (A), line 25)	2	321,191
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-54,679
4 Net unrealized gains (losses) on investments	4	249,812
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	249,812
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	195,133
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	
1 Total revenue, gains, and other support per audited financial statements	1	516,324
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities	1	
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d	1	
e Add lines 2a through 2d	2e	249,812
3 Subtract line 2e from line 1	3	266,512
A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV) 4b	_	
c Add lines 4a and 4b	4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	266,512
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	<u>s per</u>	
1 Total expenses and losses per audited financial statements	1	321,191
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments	1	
c Other losses	1	
d Other (Describe in Part XIV) 2d	1	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	321,191
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)]	
	7	
c Add lines 4a and 4b	4c	
c Add lines 4a and 4b	4c 5	321,191

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493295012000

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

TREVOR MADDEN

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

	the organization OSTEOPATHIC FOUNDATION						mployer i	dentifica	ation numbe	er
DENVER O	STEOTAINE TOOKSAITON					8	4-04253	68		
Part I	Excess Benefit Train Complete if the organizate								ıne 40b	
1	(a) Name of disq	ualified person		(b) Desc	rintion	of trans	action		(c) Co	rrected
-	(,			(2) Desc	TIPEIOII C	or trains	action		Yes	No
	er the amount of tax impos tion 4958		managers o	r dısqualıfıed perso	ons duri • •	ng the	year unde ••••••••••••••••••••••••••••••••••••	r ' \$		
3 Ente	er the amount of tax, if any	, on line 2, above, rein	nbursed by th	ne organization .			•	*		
Part II										
	Complete If the organi:	(b) Loan to	on Form 990), Part IV, line 26			(f)			
a) Name	e of interested person and	or from the (c) O rıgınal	(d)Balance due	(e) I defaul		Approv by boar		(g) Writt agreemei	
	purpose	·	ıpal amount	(a)Balance ade			commit	tee?	-	
		To From			Yes	No	Yes	No	Yes	No
otal .			. > \$							
art III	Grants or Assistar Complete if the orga				line 2	7				
(2	a) Name of interested pers	(h)Relat	ionship betw	een interested per			nount of g	rant or t	ype of assis	tance
			and the or	ganızatıon						
Part IV	Business Transact	ions Involving Tr		Dorcons						
art IV	Complete if the orga				, line 2	8a, 28	3b, or 28	c.		
		(b) Relati	ons hıp							haring o
(a)	Name of interested perso	between int	erested	(c) A mount of	(c	l) Desc	ription of	transact	organ ion	ızatıon':

person and the

organızatıon

DIRECTOR'S SON

24,174 EMPLOYEE

transaction

revenues?

No

Νo

Yes

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493295012000

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990.

Supplemental Information to Form 990

Name of the organization DENVER OSTEOPATHIC FOUNDATION **Employer identification number**

84-0425368

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REV IEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	EXECUTIVE DIRECTOR DISTRIBUTES 990 DRAFT COPY, THE BOARD REVIEWS AND APPROVES BEFORE FILING
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE BOARD OF DIRECTORS ANNUALLY MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY POTENTIAL CONFLICTS ARE DEALT WITH AS THEY ARISE
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED USING SALARY SURVEY INFORMATION
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	EMPLOYEE COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR, NON-PROFIT SALARY SURVEYS ARE USED
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Denver Osteopathic Foundation 2009 Programs and Services

Mission

Article III of the Amended and Restated Articles of Incorporation of the Denver Osteopathic Foundation

"This Corporation is organized exclusively for charitable, scientific, and educational purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code, and in this connection, subject to the restrictions set forth below, the projects and purposes of the Corporation and the nature of the business to be carried on by it are as follows

- (a) To establish, maintain, and manage one or more charitable care osteopathic institutions such as hospitals, clinics, other inpatient and outpatient facilities, and such ancillary and supportive facilities, entities, and amenities as may from time to time be necessary or desirable and thereby (1) to provide and care for sick and disabled person, including the indigent, of every creed, color, and nationality, (2) to provide acute care and full-service facilities for health research and education of physicians and surgeons, scientists, nurses, and other allied health personnel, and (3) to further and support osteopathic medicine
- (b) To establish, maintain, manage and support institutions of health care, research and education and to support maintain and control entities, departments, divisions, units or combinations of and within such institutions
- (c) To continue, foster, maintain, and preserve a firm commitment to the human element in the delivery of osteopathic medicine and health care services and, to that end, generally to observe highest moral principles in providing for the spiritual well-being and sustenance of sick and disabled persons and their families, through the ministrations of clergy or lay representatives of their own choice and without discrimination as regard any religion, creed, denomination, or sect
- (d) To receive, hold, invest, and disburse all moneys and property, and the income thereof, that may be invested in or entrusted to the care of the Corporation or to any department, division, unit, or affiliated entity thereof, whether by gift, grant, bequest, or otherwise, for any of the objectives of the Corporation
- (e) To develop and promote principles of osteopathic medicine through instruction training of externs, interns and/or residents of osteopathic medical schools approved by the American Osteopathic Association
- (f) To educate and inform the public in matters relating to health
- (g) To do and engage in all lawful activities that further or are consistent with the preceding objects and purposes of the Corporation "

Comment The mission of the Foundation is very broad and all-inclusive. The Board of Directors and staff have selected three areas of focus, continuing education for physicians, building awareness about osteopathic medicine, and educating the public in matters relating to health

Summary

The operations and accomplishments of the Foundation in support of being a public charity rely heavily on volunteer efforts and collaboration among organizations with similar missions and project goals. Staff time is dedicated to organizing and implementing programs that are accomplished with the support and efforts of individuals from many health organizations, state agencies, schools, school nurses, and health care providers

Board of Directors

President

Timothy Judd, DO

V-President

Joseph Major, DO

Secretary/Treasurer Richard Staller, DO

Legal Counsel Wallis Stromberg, JD

Executive Director Phyllis A Ring, MBA

Members

Yanı Zınıs, DO

Richard Barber, DO
Lewis Fraterelli, DO
Thomas Greene, DO
John Hill, DO
Louis Kasunic, DO
Carl Krueger, President A S Horner
Joseph Major, DO
Sam Origlio, DO
William Patterson, CPA
Jillane Pitcher, DO
David Rothman, DO

The Denver Osteopathic Foundation is a non-profit with a mission that serves the community and supports osteopathic medicine through education

The Denver Osteopathic Foundation solicits grant funds and provides matching funds to support its community service programs. Programs include Buckle Up For Love – a child passenger safety program, Tween Traffic Safety – children 8-13 years old need to ride in the back seat away from airbags, StopeLookeListen – a pedestrian safety program for children, Skills On Wheels – a bicycle safety program, Safe Routes To School – a walking and bicycling program to encourage children to ride and bike to school as a healthy lifestyle, and FoodeFuneFitness – an early education program teaching personal hygiene, exercise, and nutrition

The Pedestrian and Buckle Up for Love safety programs provide teachers, parents, and children with pedestrian and seat belt safety education at Denver Metro area preschools and elementary schools focusing on low-income neighborhoods. The dual programs assist children in learning about pedestrian safety and the use of car seats and seatbelts through educational training and the distribution of safety materials.

Denver Osteopathic Foundation Community Programs

Child Passenger and Pedestrian Safety Goal To increase booster seat use in preK-2nd grade students at selected elementary schools in the Denver metro area through a combination of student and parent education and limited distribution of child safety/booster seats. To increase the knowledge and safe pedestrian behaviors of prek-2nd grade students in selected elementary schools in the Denver metro areas through a combination of student and parent education. To increase parent knowledge about Colorado's Child Passenger Safety Law and pedestrian safety behavior

Bicycle Safety Goal To increase knowledge and skills about bicycle safety among of students in grades 3rd, 4th and 5th at selected elementary schools in the Denver metro area through a combination of student and parent education and bicycle skills course work

Youth Passenger Safety Goal To increase the number of 8-12 year olds sitting safely buckled up in the back seat. The target audience will be 4th and 5th grade students and their parents at ten (10) selected elementary schools in the Denver metro area. Interventions include assessing the attitudes and behaviors of students and parents from surveys, conducting workshops/assemblies with students about injuries resulting from being in the front seat and unrestrained. Provide parents with information about how to transport their child safely. Incentives will be offered.

Strategies and Initiatives

The Denver Osteopathic Foundation partners with Denver Public Schools to conduct health and safety programs in elementary and middle schools in the district. Additionally, programs are conducted at selective Douglas County Elementary Schools and Cherry Creek Elementary Schools. Teachers agree to complete a program evaluation survey giving us feedback about program materials, presentation and quality. Children complete a pre and post survey.

<u>Buckle Up For Love</u> - is a 30 minute interactive program that focuses on car seat safety using age-appropriate classroom activities

- Students learn that it is important for them to sit in a car/booster seat and for them to ride in the back seat
- Height measurements are taken for each child, and the presenter demonstrates with the child how to properly buckle up
- Students take home the Safe N' Smart Kids newsletter about the child passenger safety law in Colorado The newsletter also speaks to parents/guardians about pedestrian safety and offers helpful hints about reinforcing safe behavior with children Parents are asked to talk to their children about what they learned about child passenger safety and pedestrian safety
- Each child receives a "zipper pull" Heart to hang on their backpack or coat as a reminder

<u>Stop, Look, Listen – Pedestrian Safety –</u> is a 30 minute interactive program that focuses on pedestrian safety using age-appropriate classroom activities

- Students learn the steps (stop, look, listen, then cross) through sequencing activities and story board. The children then have the opportunity to role play the actions of stopping, looking and listening before crossing the street, as well as learn a song to remind them of good safety practices.
- Students learn the "stop, look and listen" song/rhyme and make hand movements pointing to the
 eyes, ears as they recite the following" Stop, Look and Listen before you cross the street Use your
 eyes and use your ears before you use your feet "
- Each child receives a "zipper pull" Stop sign to hang on their backpack or coat as a reminder

Tween (youth) Passenger Safety – is a 60 minute program educating students in 4th-5th, 6th grades about the importance of this age group sitting in the back seat, belted – away from the front seat air bags. The DOF met with target schools principals and physical education teachers and DPS Risk Management staff to review program materials and timelines.

- Students learn about the dangers of sitting in the front seat. Through a power point presentation, students learn about the physics of motion and how that is important in a crash
- Students learn about the dynamics of a car crash and what happens to the body when it is not belted in a crash
- Students learn about potential injury and how those injuries can possibly change your life permanently
- Students take home an educational newsletter for parents Students participate in a contest for their school to win a "ball locker" for their PE class, by returning the greatest number of parent surveys
- Students complete a survey about their attitudes and perceptions about riding buckled up and in the back seat. Students receive a prize
- 12,000 00 Tween Parent Newsletter were distributed and paid for by Denver Public Schools Risk Management

<u>Skills On Wheels</u> – is a 120 minute program conducted in two sections. The first hour is a power point presentation about the rules of the road and hand signals. Student view crash scenarios and determine what could and should have been done differently. Following the presentations students practice what they have learned on a skills course. This section lasts 60 minutes or longer depending on the number of students participating.

- Students learn the rules of the road and then practice them on the skills course
- Students learn hand signals and the practice them on the skills course
- Students take a pre and post test to assess their knowledge about safe bicycling
- Students take home a practice manual to advance their skills
- Students receive an orange bracelet engraved with the words "ride right" They wear this on their right wrist as a reminder that they should always ride on the right side of the road with traffic

Special Events

2009 summer special events were suspended due to the economy

The DOF – Safe N' Smart Kids newsletter on child passenger safety and pedestrian safety has been written and distributed to parents of children that participated in the Buckle Up For Love Program and/or the Stop•Look•Listen program All newsletters have been distributed (3600)

Summary of Data Collection for Programs

of students served **3605** (Some schools did one or both programs)

Results

A total of **2172** students received the STOP•LOOK•LISTEN -pedestrian safety program A total of **1433** students received the Buckle Up For Love Program A total of **139** teachers completed the satisfaction survey

Pedestrian Safety Evaluation

	What is t to do l		thing yo		Post-Test What is the first thing you need to do before you cross the street?				
# Students	Stop	Look	Listen	Other*	Stop	Look	Listen	Other*	
2172	645	345 1156		29	2101	18	3	0	
	Correct: Stop		orrect: L isten, Ot	•	Correct: Stop	Incorrect: Look, Listen, Other			
	34 2%		65 8%		96 7%	1 0%			

Buckle Up For Love Evaluation

		Pre	-Test		Post-Test						
	Where do y ride in a ca back		What do nee when in		Where do y ride in a ca back		What do you need to ride in when in a car?				
# Students	Front	Back	Car/Booster Seat	Other*	Front	Back	Car/Booster Seat	Other			
1433	502	931	721	712	2	1121	1433	0			
	Percentage Incorrect	Percentage Correct	Percentage Correct	Percentage Incorrect	Percentage Incorrect	Percentage Correct	Percentage Correct	Percentage Incorrect			
	35 0%	65 0%	50 3%	49 7%	0 2%	99 8%	100 0%	0 0%			

Teach Satisfaction Survey

How would your rate the overall quality of the program?					How would you rate the presentation by DOF?				How would you rate the classroom activities?				Have we adequately addressed car seat/pedestnan safety concerns?		
Poor	Satisfactory	Good	Excellent	Poor	Satisfactory	Good	Excellent	Poor	Satisfactory	Good	Excellent	Poor	Satisfactory	Good	Excellent
0	1	19	119	0	2	15	122	0	2	37	100	0	1	19	119
0 0%	0.7%	13 7%	85 6%	0 0%	1 4%	10 8%	87 8%	0 0%	1 4%	26 6%	71 9%	0 0%	0.7%	13 7%	85 6%

of Evaluations 139

Visual Accomplishments

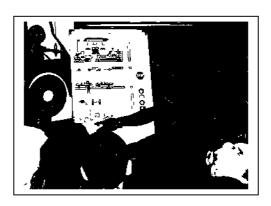
Child Passenger Safety





Pedestrian Safety





Strategies and Initiatives Skills On Wheels

Conducted classroom presentations about bicycle safety to children in grades 3rd, 4th and 5th (estimated 50 children per grade for a total of 150 per school) in at least eight elementary schools in the Denver metro area and reaching approximately 1200 children and their families

Conducted bicycle skills training workshops after the classroom presentation with 3rd,4th,5th grade students in, at least eight elementary schools in the Denver metro area

The Tween passenger safety program reached 1,583 students in eight schools, Howell, Gust, McGlone, Walnut Hills, Godsman, Knapp, Oakland and O'Connell schools There was some concern expressed by educators that the information might be disturbing to students

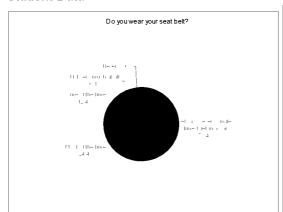
The Skills On Wheels (SOW) bicycle skills safety program objectives stated the program would reach "3rd, 4th, 5th in at least 8 schools reaching 1200 students" DOF reached 1178 students at Ellis, Bradley, Lowry, Eagleridge, Force, Palmer and Trevista schools This 120 minute education program included 60 minutes in a power point presentation and a 60 minute skills practice. At a special event - Firestone the program reached 500 students and their parents

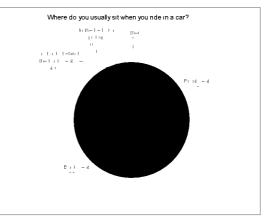
Created parent education materials (newsletter) and take home activities for student and parent to interact about bicycle safety

Results

(This is only a sample of the results due to the two page limit of this report)

Student Data

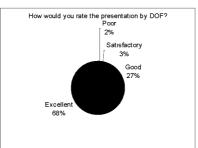


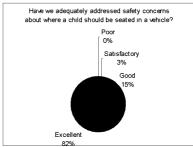




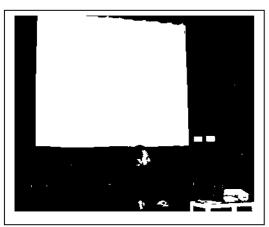
Teacher Satisfaction Survey







Visual Accomplishments Tween Passenger Safety



Skills On Wheels

