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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2009

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements						2009			
		enue Service					ate reporting	requirements	
		all that apply	Initial re	1		30/10		Final return	
G	neck a	ан шасарру	\vdash		turn of a former publi Iress change		ا change :	rmarretum	
	the IR	COLORA	tation DO SPR	INGS OSTEOPAT		Į į į į	A Emp	loyer identification nur - 0488554	nber
	Otherwise, FOUNDATION							phone number (see page	10 of the instructions)
	print	L		ox number if mail is not delivere	d to street address)	Room/suite		9-635-9057	
	type. Specif		X 4957				1	mption application is pen	
_	uction	Oity or town, s	tate, and ZIP co		80949-9577			oreign organizations, chec	
		COHOIG		on 501(c)(3) exempt private			7	oreign organizations meet 6% test, check here and a	
\Box		1 4947(a)(1) none	_		le private foundation			rate foundation status was	, , ,
		ket value of all as		J Accounting method		crual	-1	on 507(b)(1)(A), check he	. I
of	year (from Part II, col(c),	Other (specify)			F If the	foundation is in a 60-mor	nth termination
	ie 16) l			(Part I, column (d) must	be on cash basis)		unde	r section 507(b)(1)(B), chi	eck here
P	art I	Analysis of	Revenue a	and Expenses (The	(a) Revenue and				(d) Disbursements
				(d) may not necessarily equal	expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	for chantable purposes
		the amounts in column	n (a) (see page 11	of the instructions))					(cash basis only)
	1		•	ceived (attach schedule)	16,95	1			
	2			not required to attach Sch B					
ene	3			orary cash investments	139,620	+	39,620		
	4	Dividends and interest from securities			41,91	3	41,913		
	5a	Gross rents	o or (logo)						
	b 6a	Net rental incom	, ,	on line 10 STMT 1	-834,20	3			
le l	b	Gross sales price for al		7,679,334	-031,20	1			
Revenue	7	Capital gain net			<u> </u>				
_	8	Net short-term c		rarry, into 2)				0	
	9	Income modifica	. •			1			
	10a	Gross sales less re	turns & allowan	ces					
	b	Less Cost of go	ods sold						
	С	Gross profit or (ossi (atlacii s	chedule)					
	11			el-10					
	12	Total. Add lines	1 through 11		-635,71	+	81,533	0	
es.	13	Compress File B	fotffi∉ers2d)rie	ctors grustees, etc	60,004				60,004
	14	Other employee		····· 122	5,91				5,912
þe	15	Pension plans	DEN. U	elits	10,970		-		9,268
Ă	16a	Accounting fees	(etteeb eebee	SEE STMT 2	33,713 26,18				33,711 25,027
Ve	b	Other professional	•	•	20,18	' 			23,027
'ati	17	Interest	,500 (4114011 301	.oudioj	27,069	9	-		27,069
istı	18) (see page 14 of th	ne instructions) STMT 4	4,000				1
Ē	19	Depreciation (attac			40,020			•	
dn	20	Occupancy	,	*	37,41				37,411
۲	21	Travel, conferen	ces, and mee	tings					
anc	22	Printing and pub	lications		2,07				2,079
β	23	Other expenses (att so	•	STMT 6	126,31	9	67,328		38,766
를 24				trative expenses.		_			
15 Pension plans employee benefits 16a Legal fees (attach schedule) SEE STMT 2 b Accounting fees (attach schedule) STMT 3 c Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see page 14 of the instructions) STMT 4 19 Depreciation (attach schedule) and depletion STMT 5 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid			373,688		67,328		239,247		
Q	25	Contributions, gi	-		84,000		CT 225		84,000
	26			ents. Add lines 24 and 25	457,688	3	67,328	0	323,247
	27	Subtract line 26			1 003 40	7			
	a h		-	es and disbursements gative, enter -0-)	-1,093,40		14,205		
	b c	Adjusted net inc	-	-		† - <u>*</u>	,	0	
		ujuotou not iiit	- in nega		L			<u> </u>	<u> </u>

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	74,529	102,551	102,551
	2	Savings and temporary cash investments	155,993	810,697	810,697
	3	Accounts receivable ▶			
	ļ	Less allowance for doubtful accounts ▶	54,540		
	4	Pledges receivable ▶			
	ļ	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
	ļ	Less allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		-	
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule) SEE STMT 7	5,899,614	6,295,649	6,295,649
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ► 29,112			
	''	Less accumulated depreciation (attach sch.) STMT 8 24,083	2,854,240	5,029	5,029
	15	Other assets (describe SEE STATEMENT 9)		6,136	6,136
	16	Total assets (to be completed by all filers—see the		0,200	- 0,250
		Instructions Also, see page 1, item I)	9,038,916	7,220,062	7,220,062
_	-17	Accounts payable and accrued expenses	30,625	1,160	,,220,002
	10	Grants payable	30,025		
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	1,059,454	-	
Ξ	22	Other liabilities (describe SEE STATEMENT 10)	1,035,131	1,708	
	23	Total liabilities (add lines 17 through 22)	1,090,079	2,868	
_		Foundations that follow SFAS 117, check here ► X	1,030,073	2,000	
Ś		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted	7,948,837	7,216,744	
lan	25	Temporarily restricted	775107037	450	
Ba	26	Permanently restricted			
Net Assets or Fund Balan]	Foundations that do not follow SFAS 117, check here ▶			
5	i	and complete lines 27 through 31.			
Ī	27	Capital stock, trust principal, or current funds			
0	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
et	29	Retained earnings, accumulated income, endowment, or other funds		-	
SS	30	Total net assets or fund balances (see page 17 of the			
Ť	30	instructions)	7,948,837	7,217,194	
ž	24	·	7,510,037	7,217,151	
	31	Total liabilities and net assets/fund balances (see page 17	9,038,916	7,220,062	
-	Part II	of the instructions) Analysis of Changes in Net Assets or Fund Balances	3,030,310	7,220,002	
		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	et agree with		
			or agree will		7,948,837
-		of-year figure reported on prior year's return)		1 2	
		r amount from Part I, line 27a r increases not included in line 2 (itemize) ► SEE STATEMENT 11		2	-1,093,407
				3	361,764 7,217,194
		ines 1, 2, and 3		4	1,411,194
		eases not included in line 2 (itemize)	s) line 20	5	7 217 104
_6	rotal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b	ກ, iine ວປ		7,217,194

Part IV Capital Gains an	<u>id Losses for Tax on Investme</u>	ent Income			
	e the kind(s) of property sold (e.g., real estate, nouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acc (mo , day,	
1a SEE STATEMENT #	1 FOR LINE 6A, PAGE	1			
b					
С					
d					
_e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		(h) Gain or (loss) e) plus (f) minus (g)
_a					
b					
С					
d					
е					
Complete only for assets showing	gain in column (h) and owned by the fo	oundation on 12/31/	69	(I) Ga	nns (Col. (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	• •	ss of col (i) l (j), if any		, but not less than -0-) or osses (from col (h))
_a					
_b					
С					
d					
<u>e</u>				•	
2 Capital gain net income or (net ca	apital loss) If gain, also enter in If (loss), enter -0- in			2	
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6	5)			
If gain, also enter in Part I, line 8,	column (c) (see pages 13 and 17 of the	instructions)			
If (loss), enter -0- in Part I, line 8				3	
Part V Qualification Un	der Section 4940(e) for Reduc	ed Tax on Net	Investment Inco	me	
(For optional use by domestic private	foundations subject to the section 4940	(a) tax on net inves	tment income)		
If section 4940(d)(2) applies, leave thi	is nart hlank				
				r	N/A
Was the foundation liable for the section	ion 4942 tax on the distributable amoun	t of any year in the	base period? 📙 Ye	s No	
If "Yes," the foundation does not quali	ify under section 4940(e) Do not complete	ete this part			
1 Enter the appropriate amount in e	each column for each year, see page 18	of the instructions l	before making any ent	tries	
(a) Base period years Calendar year (or tax year beginning i	(b) Adjusted qualifying distribution	ns Net value	(c) of noncharitable-use ass	ets ((d) Distribution ratio (col (b) divided by col (c))
2008					
2007					
2006					
2005					
2004					
				1 1	
2 Total of line 1, column (d)				2	<u> </u>
3 Average distribution ratio for the 5	5-year base period—divide the total on li	ne 2 by 5, or by the	•		
number of years the foundation ha	as been in existence if less than 5 years	3		3	
4 Enter the net value of noncharitab	ole-use assets for 2009 from Part X, line	5		4	
5 Multiply line 4 by line 3				5	
, ,					
6 Enter 1% of net investment incom	ne (1% of Part I. line 27b)			6	
	, - ,				
7 Add lines 5 and 6				7	
				<u> </u>	
8 Enter qualifying distributions from	Part XII, line 4			8	
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 I line 7, check the box in Part VI, line 1b	, and complete that	part using a 1% tax ra		

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charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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4h

	990-PF (2009) COLORADO SPRINGS OSTEOPATHIC		488554			Pag	<u>∍ 6</u>
_P	art VII-B Statements Regarding Activities for Which Form	<u>4720 May Be F</u>	Required (con	itinued)			
5a	During the year did the foundation pay or incur any amount to						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section			Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,					
	directly or indirectly, any voter registration drive?			Yes X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in	_				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the inst	ructions)		Yes X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, o	r educational	_	_			
	purposes, or for the prevention of cruelty to children or animals?		П	Yes X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions d	_				
_	Regulations section 53 4945 or in a current notice regarding disaster assistance	•		N/A	5b	Ì	
	Organizations relying on a current notice regarding disaster assistance check he	· · ·	ic mondonons).	▶ □	35		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from						
·		om me tax	n/a 🗍	Van 🗆 Na			
	because it maintained expenditure responsibility for the grant?		N/A [Yes No			
_	If "Yes," attach the statement required by Regulations section 53 4945-5(d)						
ьа	Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums		, .			
	on a personal benefit contract?		_	Yes X No		1.	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit conti	ract?		6b		<u>X</u>
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	nelter transaction?		Yes X No			
	If yes, did the foundation receive any proceeds or have any net income attributa			<u> N/A</u>	7b		
P	ut VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,		
	and Contractors						
1	ist all officers, directors, trustees, foundation managers and their compensa.	tion (see page 22	of the instructio	ns).			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred		pense accor	
		devoted to position	-0-)	compensation	Oute	allowarice	,
SI	E STATEMENT 13						
				1			
					1		_
			ĺ				
		 		1	+		_
				1			
		<u> </u>		1			
2	Compensation of five highest-paid employees (other than those included or	ine 1—see page	23 of the instruc	ctions).			
	If none, enter "NONE."	· · ·	ı	T	т-		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense accor r allowance:	
NI/	NE				1		_
NC	MB						
	-				┼		_
		 			╁		-
				 	-		
					1		
			1				
			<u> </u>		<u>L</u>		
	I number of other employees paid over \$50,000					1	

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Form 990-PF (2	009) COLORADO SPRINGS OSTEOPATHIC	84-0488554	Page 7
Part VIII	Information About Officers, Directors, Trustees, For and Contractors (continued)	ındation Managers, Highly Paid Er	
3 Five highe	est-paid independent contractors for professional services (see page	ge 23 of the instructions). If none, enter "NC	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total ausabas of	obbon 700 000 for 100 000 for		
Part IX-A	others receiving over \$50,000 for professional services Summary of Direct Charitable Activities		<u> </u>
	on's four largest direct chantable activities during the tax year. Include relevant stated other beneficianes served, conferences convened, research papers produced, e		Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see pa	age 24 of the instructions)	
	largest program-related investments made by the foundation during the tax year of	n lines 1 and 2	Amount
1 N/A			
2	. <u> </u>		
All other program	n-related investments See page 24 of the instructions		· · · · · · · · · · · · · · · · · · ·
J			

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Total. Add lines 1 through 3

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

Amounts set aside for specific charitable projects that satisfy the

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Enter 1% of Part I, line 27b (see page 26 of the instructions)

5

0

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Adjusted qualifying distributions. Subtract line 5 from line 4

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6

P	art XIII Undistributed Income	(see page 26 of	the instructions)			
1	Distributable amount for 2009 from Part	XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7					
2	Undistributed income, if any, as of the er	nd of 2009				
а	Enter amount for 2008 only		······································			
b	Total for prior years 20 , 20					
3	Excess distributions carryover, if any, to	2009				
а	From 2004					
b	From 2005					
C	From 2006					
d	From 2007					
е	From 2008	·				
f	Total of lines 3a through e					
4	Qualifying distributions for 2009 from Pa	rt XII,				
	line 4 ▶ \$					
	Applied to 2008, but not more than line 2					
b	Applied to undistributed income of prior y					
	(Election required—see page 26 of the in					
С	Treated as distributions out of corpus (E					
_	required—see page 26 of the instruction	s)				
d	Applied to 2009 distributable amount					
е -						
5	Excess distributions carryover applied to					
	(If an amount appears in column (d), the	same				
_	amount must be shown in column (a))					
6	Enter the net total of each column as					
_	indicated below:	-4 l E				
	Corpus Add lines 3f, 4c, and 4e Subtra			<u> </u>		
b	Prior years' undistributed income Subtra line 4b from line 2b	ici				
_	Enter the amount of prior years' undistrib	utod				
·	income for which a notice of deficiency h					
	been issued, or on which the section 494					
	tax has been previously assessed	72(a)				
А	Subtract line 6c from line 6b Taxable					
ŭ	amount—see page 27 of the instructions					
6	Undistributed income for 2008 Subtract		······			
Ĭ	4a from line 2a Taxable amount—see p					
	27 of the instructions	-50				
f	Undistributed income for 2009 Subtract	lines				
	4d and 5 from line 1. This amount must I	oe .				
	distributed in 2010					
7	Amounts treated as distributions out of c	orpus				
	to satisfy requirements imposed by secti	on				
	170(b)(1)(F) or 4942(g)(3) (see page 27	of the				
	instructions)					
8	Excess distributions carryover from 2004	not				
	applied on line 5 or line 7 (see page 27 of	f the				
	instructions)					
9	Excess distributions carryover to 2010					
	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9	1				
а	Excess from 2005					
b	Excess from 2006					
C	Excess from 2007					
d	Excess from 2008					
е	Excess from 2009					

The form in which applications should be submitted and information and materials they should include:

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

N/A

Any submission deadlines

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of recipient Amount any foundation manager or substantial contributor contribution Name and address (home or business) Paid during the year SEE STATEMENT 14 84,000 84,000 Total ▶ 3a **b** Approved for future payment N/A Total ▶ 3b

Part XVI-	A Analysis of Income-Producing A	ctivities				
	mounts unless otherwise indicated		d business income	Excluded	1 by section 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income (See page 28 of
1 Program	service revenue			code		the instructions)
a		_				
ь		_				
c		_		-		
d		_		-		
		-				
f		-				
	and contracts from government agencies	<u> </u>				·
	hip dues and assessments					120 620
	n savings and temporary cash investments and interest from securities					139,620 41,913
	income or (loss) from real estate					21,31.
	financed property					
	ebt-financed property					
	income or (loss) from personal property					
	estment income					
	oss) from sales of assets other than inventory					-834,203
	ne or (loss) from special events					
	fit or (loss) from sales of inventory				-	
	enue a					
					33 33 3 3 3	
d						
e		_		ļ		
	Add columns (b), (d), and (e)		()	0	
	d line 12, columns (b), (d), and (e)				13 _	-652,670
	et in line 13 instructions on page 28 to verify calculate					
Part XVI-						
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur instructions)					
N/A	motractions)					
			. <u></u>			
_						
- -						
		,				
				_		
	-					
		<u>. </u>				
	- 					<u> </u>
						-
						

Pi	art XVII	_	_	ansfers To and Transacti	ons and Relationships With	Noncharitable	1 05	<u> 10</u>
1	Did the	Exempt Organiza		se in any of the following with any	other organization described		Yes	No
'	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political							NU
	organiza		i tilali scott	on do respense of the second o	colon 527, relating to political			
а	_		ation to a no	oncharitable exempt organization	of			
_	(1) Casi	. •		monantable exempt organization	. .	1a(1)		X
	(2) Othe					1a(2)		X
b		ansactions						
	(1) Sale	s of assets to a noncharita	able exempt	organization		1b(1)		X
	• •	chases of assets from a no	•	•		1b(2)		X
	(3) Ren	tal of facilities, equipment,	or other ass	sets		1b(3)		X
	(4) Rein	nbursement arrangements	;			1b(4)		X
	(5) Loar	ns or loan guarantees				1b(5)		X
	(6) Perf	ormance of services or me	embership o	r fundraising solicitations		1b(6)		X
C	Sharing	of facilities, equipment, m	ailing lists, o	ther assets, or paid employees		1c		X
d	If the an	swer to any of the above is	s "Yes," com	plete the following schedule Col	umn (b) should always show the fair r	market		
	value of	the goods, other assets, o	r services g	iven by the reporting foundation.	f the foundation received less than fa	ır market		
					f the goods, other assets, or services	received		
	(a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt organization	(d) Description of transfers, transa	ictions, and sharing arrange	ements	
N/	<u>A</u>							
							_	
								
		-						
								
								
	_							
_				· · · · · · · · · · · · · · · · · · ·				
								
22	Is the fo	undation directly or indirec	tly affiliated	with, or related to, one or more ta	y-exempt organizations	· · · · · · · · · · · · · · · · · · ·		
24				than section 501(c)(3)) or in sect			s X	No
ь		complete the following sci	•	man dedicti de r(e)(e)/ er in dece	011 327	U ''	, <u></u>	, 110
		(a) Name of organization		(b) Type of organization	(c) Description	of relationship		
	N/A	· · · · · · · · · · · · · · · · · · ·						
	•							
T					g schedules and statements, and to the bes			
	belief, it is	true, correct, and complete [eclaration of p	oreparer (other than taxpayer or fiducia	ry) is based on all information of which prep			
	X.	Jim L. Kalt		$-\frac{\mathbf{x}^{2}}{}$	9/11 / 2xect	Durch ECE O		
<u>9</u>	Signa	ature of officer or trustee		Date	Title	. <u>.</u>		
Sign Here					Date Check If	Preparer's identifinumber (see Sig		on -
띩	ა. გ_>	Preparer's		7 /K 12	self-employe	ed page 30 of the in:	structions	s)
ักั	Paid Preparer's Use Only	signature	<u> </u>	. , , (6)	H 2/8/1/	P00264	834	<u> </u>
	rep Jse	Firm's name (or yours if		S, RIGGS & BRENNE	-			
	ا ح ۵	self-employed), address, and ZIP code		USTIN BLUFFS PAR		EIN ► 20-367		
		and AIF COUR	COLOR	RADO SPRINGS, CO	809 <u>18-</u> 7865	Phone no 719-26	4 - 8	000

Form **990-PF** (2009)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

COLORADO SPRINGS OSTEOPATHIC

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

FOUNDATION 84-0488554 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and П For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form

990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

or 990-PF)

Name of organization
COLORADO SPRINGS OSTEOPATHIC

Employer identification number

84-0488554

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN DRABING 265 HIDDEN VALLEY ROAD COLORADO SPRINGS CO 80919	\$ 10,140	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of or	(Form 990, 990-EZ, or 990-PF) (2009) rganization RADO SPRINGS OSTEOPATHIC		Page 1 of 1 of Part II Employer identification number 84-0488554
Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	120 SHARES - COLGATE PALMOLIVE		
		\$ 10,140	12/15/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

, 	•			an Natas Barrill		
Forms 990	/ 990-PF		gages and Otr	ner Notes Payable	ı	2009
		For calendar year 2009, o	or tax year beginning	07/01/09 , and ending	06/30/10	2000
Name						tification Number
		INGS OSTEOPATHI	C.C			
FOUN	DATION				84-0488	554
FORM	1 990-PF.	PART II. LINE	21 - ADDTTT	ONAL INFORMATION		
		111111 1111 11111	<u> </u>	OWNER THE OWNER TON		
		Name of lender		Relationship	to disqualified person	
	H CAPITA	<u>. </u>				
(2)						
(3)						
(4) (5)					.	
(6)						
(7)						
(8)						
(9)						
(10)	······	·····	·····			
	Original amount	t Date of loan	Maturity date	Repayment ter	rme	Interest rate
(1)	201101100	Date of four	<u> </u>	Repayment to	1113	late
(2)						
(3)						
(4)			<u> </u>			
(5) (6)						
(6) (7)						
(8)						
(9)						
(10)						
				F		
		annak, ana iidad bii kanaii				
(1)		ecurity provided by borrower		Purp	ose of loan	
(2)						
(3)						-
(4)						
(5)						
(6)						
(7) (8)						
(9)			<u> </u>			
(10)						
	Conside	eration furnished by lender		Balance due at beginning of year		nce due at d of year
(1)				beginning of year 1,059,454		
(2)						
(3) (4)						
(5) (5)						
(6)						
(7)						
(8)						
(9)	·					
10) Totals				1,059,454		

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Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

Description		How Received	Whom Sold	Date Acquired
Date Sale Sold Price	Cost	Expense	Depreciation	Net Gain / Loss
OFFICE MOVE - DISPOSED & SALE		PURCHASE		VARIOUS
1/31/10 \$ 210 \$	71,077	\$ \$	47,988 \$	-22,879
SALE OF 3480 CENTENNIAL		PURCHASE		VARIOUS
2/10/10 2,050,000	2,949,161	95,341	170,667	-823,835
"PUBLICLY TRADED SECURITIES"		PURCHASE		
5,629,124	5,616,613			12,511
TOTAL \$ 7,679,334 \$	8,636,851	\$ 95,341 \$	218,655 \$	-834,203

Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

Description

	 Total	Net Investment		djusted Net	Charitable Purpose
	\$ 33,711	\$	\$	\$\$	33,711
TOTAL	\$ 33,711	\$	0 \$	0 \$	33,711

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description

	 Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING & LEGAL				
	\$ 26,187	\$	\$	\$ 25,027
TOTAL	\$ 26,187	\$0	\$ 0	\$ 25,027

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description

	 Total	ln	Net vestment	Adjust Net		_	Charitable Purpose
	\$ 4,000	\$		\$		\$	
TOTAL	\$ 4,000	\$	0	\$	0	\$	0

Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation

	Description			Date cquired_	Cost Basis	
Prior Year Depreciation	Method	Lıfe	Current Year Depreciation	Net Inves		Adjusted Net Income
DEPRECIATION \$	-		\$ 40,020	\$	\$	
TOTAL				\$ <u></u>		0
\$0			\$ 40,020	\$	0 \$	0

Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description					
	Total	lr	Net nvestment	Adjusted Net	Charitable Purpose
\$ EXPENSES		\$		\$	\$
OFFICE EXPENSE ADVERTISING	100 995				100 995
ANNUAL REPORT - DESIGN BANK CHARGES	10				10
COMMUNITY RELATIONS COMPUTER OFFSITE BACKUP FEES	804 140				140
DUES & SUBSCRIPTIONS	2,845 1,521				2,845 1,521
EDUCATION, SEMINARS & BOOKS INSURANCE - D & O EMPLOYMENT	1,375 2,406				1,375 2,406
INVESTMENT ADVISORY FEES MEETINGS	67,328		67,328		2,400
MISCELLANEOUS	9,333 651				9,333 651
MOVING EXPENSES OFFICE SUPPLIES	918 2,251				918 2,251
POST OFFICE BOX RENTAL POSTAGE	176				176
TELEPHONE - CELL TELEPHONE - LAND & INTERNET	910 550				910 550
IBBENONE - HAND & INTERNET	7,359				7,359

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Federal Statements

Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)

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•		Total	Ir	Net nvestment	Adjusted Net		Charitable Purpose
TRAVEL & MEALS							
WEB SITE/HOSTING FEES	\$	385	\$		\$	\$	385
WED SITE/MOSITING FEES		6,037					6,037
CLINIC EXPENSES							
INVESTMENT DEPRECIATION	т	12,618					
INVESTMENT DEFRECIATION	•	7,607					
TOTAL	\$	126,319	\$	67,328	\$	0 \$	38,766

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
INVESTMENTS SMH-5306		\$ 2,702,315		2 702 215
INVESTMENTS SMH-5306 FMV	\$		\$	2,702,315
INVESTMENTS SMH-0018		-457,209		-457,209
INVESTMENT SMH-0018 FMV		2,693,777		2,693,777
		126,485		126,485
INVESTMENTS SMH-0261	3,211,944			
INVESTMENTS SMH-0261 FMV	28,119			
INVESTMENTS SMH-0001	20,113	204 023		204 022
INVESTMENTS SMH-0001 FMV		284,923		284,923
INVESTMENTS SMH-0279		-15,719		-15,719
INVESTMENTS SMH-0279 FMV	3,417,071			
	-783,723			
INVESTMENTS MORNINGSTAR		1,003,072		1,003,072
INVESTMENTS MORNINGSTAR FMV		-66,712		-66,712
ACCRUED INCOME	06.000	·		·
TOTAL	26,203 \$ 5,899,614 \$	24,717 \$ 6,295,649	- \$	24,717 6,295,649
	- 3,033,011	0,233,013	Υ=	0,200,010

Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description							
		Beginning Net Book	_	End Cost / Basis	d Accumulated Depreciation		Net FMV
BUILDING							
EOUIPMENT & FURNITURE	\$	2,360,861	\$		\$ 0	\$	
EQUIPMENT & FURNITURE		100,189		29,112			5,029
ACCUMULATED DEPRECIATION		·		·			·
LAND					24,083		
HIND		457,654					
TOTAL	\$_	2,918,704	\$_	29,112	\$ 24,083	\$_	5,029

Federal Statements

Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	 End of Year	 air Market Value
OTHER RECEIVABLES SECURITY DEPOSIT	\$	\$ 4,761 1,375	\$ 4,761 1,375
TOTAL	\$0	\$ 6,136	\$ 6,136

Statement 10 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year		 End of Year
PAYROLL LIABILITIES	\$		\$ 1,708
TOTAL	\$	0	\$ 1,708

Statement 11 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 Amount
UNREALIZED GAINS ON INVESTMENTS	\$ 361,764
TOTAL	\$ 361,764

Federal Statements

Statement 12 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name

Address

JOHN DRABING

City, State, Zip

265 HIDDEN VALLEY ROAD COLORADO SPRINGS CO 80919

<u>Statement 13 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.</u>

Name and Address

Address					
	Title	Average Hours	Compensation	Benefits	Expenses
DORIS L. RALSTON 2320 COURTNEY DRIVE	EXEC. DIRECT	40.00	60,004	0	0
COLORADO SPRINGS CO 80	918				
THOMAS MCCARTHY, D.O. 175 S. UNION BLVD., SU		2.00	0	0	0
COLORADO SPRINGS CO 80	910				
MICHAEL WELSH, D.O. 340 PRINTERS PARKWAY		2.00	0	0	0
COLORADO SPRINGS CO 80	910				
JOHN KURISH, D.O. 5265 NORTH ACADEMY BLV COLORADO SPRINGS CO 80		2.00	0	0	0
LYNN GILFILLAN-MORTON P.O. BOX 62784 COLORADO SPRINGS CO 80	SECRETARY	2.00	0	0	0
PENNY SAYRE 3680 CAMELS VIEW COLORADO SPRINGS CO 80	TREASURER 906	1.00	0	0	0
LINDSAY FISCHER, ESQ. 55 MARLAND ROAD	DIRECTOR	4.00	0	0	0

Statement 13 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and

Address				
Title	Average Hours	Compensation	Benefits	Expenses
COLORADO SPRINGS CO 80906				
WILLIAM GRIFFIS, D.O. DIRECTOR	2.00	0	0	0
2162 HOLLOW BROOK DRIVE	2.00	Ŭ	O .	v
COLORADO SPRINGS CO 80918				
THOMAS HIGGINBOTHAM ,D.O. DIRECTOR	2.00	0	0	0
1430 S. 21ST STREET, SUITE 101	2.00	· ·	Ç	, and the second
COLORADO SPRINGS CO 80904				
STEVE PETERSCHMIDT	1 00	0	0	0
DIRECTOR 2120 ALAMOSA DRIVE	1.00	O	Ü	0
COLORADO SPRINGS CO 80920				
GERALD TRAVERS, D.P.M.	2 00			0
DIRECTOR 50 BRIARCREST PLACE	2.00	0	0	0
COLORADO SPRINGS CO 80906				
MARY WALL, R.N.				
DIRECTOR 1042 HILL CIRCLE	2.00	0	0	0
COLORADO SPRINGS CO 80904				
SCOTT WOODY, D.O. DIRECTOR	2.00	0	0	0
2164 HOLLOW BROOK DRIVE	2.00	Ŭ	J	J
COLORADO SPRINGS CO 80918				

<u>Statement 14 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year</u>

Name	Address	Address	
Relationship Sta	itus Purp	ose Amount	
SET FAMILY MEDICAL CLINIC	825 E. PIKES PEAK #29	COLORADO SPRINGS CO 80903	
PIKES PEAK HOSPICE	825 E. PIKES PEAK #600	8,0 COLORADO SPRINGS CO 80903 4,0	
CASA OF THE PIKES PEAK	701 SOUTH CASCADE	COLORADO SPRINGS CO 80903	, , ,
EL PASO COUNTY MEDICAL	730 CITADEL DRIVE EAST	8,0 COLORADO SPRINGS CO 80909 8,0	
MISSION MEDICAL CLINIC	2125 E. LA SALLE	COLORADO SPRINGS CO 80909	,00
UNIV OF COLO FOUNDATION	1420 AUSTIN BLUFFS PKWY	4,0 COLORADO SPRINGS CO 80918 4,0	
COLORADO DENTAL ASSOC.	3690 SOUTH YOSEMITE	DENVER CO 80238	,00
CS THERAPEUTIC RIDING	3254 PASEO ROAD	8,0 COLORADO SPRINGS CO 80909 8,0	
HARBOR HOUSE COLLABORATIV	1710 E PIKES PEAK #100	COLORADO SPRINGS CO 80909	
PIKE VISTA COMM. HEALTH	340 PRINTERS PARKWAY	8,0 COLORADO SPRINGS CO 80910 8,0	
CHILLDREN'S ADVOCACY CENT	423 SOUTH CASCADE	COLORADO SPRINGS CO 80903	
TLC PHARMACY	555 EAST COSTILLA	7,5 COLORADO SPRINGS CO 809038,5	
TOTAL		84,0	000

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return

COLORADO SPRINGS OSTEOPATHIC FOUNDATION

Identifying number 84-0488554

Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See Instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 4,247 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 43,380 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in service (business/investment use only-see instructions) (e) Convention (f) Method (a) Classification of property (a) Depreciation deduction period 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property S/L 25 yrs S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L Nonresidential real 39 yrs MM S/L property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L 40-<u>year</u> ММ S/L 40 yrs C Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 47,627 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Federal Asset Report Form 990, Page 1

								
Asset	Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr	<u>Per</u>	Conv Meth	Prior	Current
<u>Prior</u> 229	MACRS: DESK	7/24/03	803	803	7	HY 200DB	696	35
243	DESK-JASON Mass Sale 1/31/10 Mass Sale 1/31/10	5/23/04	475	475	7	HY 200DB	411	22
251	Mass Sale 1/31/10 KM 4035 COPIER	11/04/04	7,913	7,913	5	HY 200DB	7,457	456
264	Mass Sale 1/31/10 HP LAPTOP COMPUTER	8/15/05	837	837	5	MQ200DB	734	57
265	Mass Sale 1/31/10 FURNITURE (LINDA HOLLAND'S OFFIC	8/23/05	1,193	1,193	7	MQ200DB	867	65
266	Mass Sale 1/31/10 INTEL CEL WORKSTATION (FOR FAX	11/30/05	400	400	5	MQ200DB	337	29
267	FMC PRINTER Mass Sale. 1/31/10 Mass Sale. 1/31/10	12/09/05	337	337	5	MQ200DB	285	24
268	Mass Sale 1/31/10 TOSHIBA LAPTOP COMPUTER OKIDATA LASER PRINTER	12/20/05	883	883 285		MQ200DB	745 227	100 19
274	Mass Sale 1/31/10 OKIDATA LASER PRINTER	5/30/06 5/30/06	285 285	285		MQ200DB MQ200DB	227	19
275	Mass Sale 1/31/10						467	41
277	PRINTER Mass Sale 1/31/10	6/30/06	588	588		MQ200DB		475
280	COMPUTER EQUIPMENT Mass Sale. 1/31/10 COMPUTER SERVER	8/11/06 12/14/06	6,897	6,897		MQ200DB	5,283 2,409	375
281 283	FIRE ALARM SYSTEM Mass Sale: 1/31/10	6/11/07	3,300 1,408	3,300 1,408		MQ200DB MQ200DB	715	124
288	PHONE SYSTEM Mass Sale 1/31/10 Mass Sale 1/31/10	6/11/07	14,930	14,930	7	MQ200DB	7,585	1,311
289	WINDOW BLINDS Mass Sale 1/31/10	6/11/07	3,946	3,946	7	MQ200DB	2,005	346
291	NEW BUILDING Mass Sale 2/10/10	6/11/07	2,472,995	2,472,995	39	MM S/L	129,462	39,632
292	DONOR WALL	6/11/07	1,778	1,778	7	MQ200DB	903	250
								
		:	2,519,253	<u>2,519,253</u>		=	160,815	43,380
Other	Depreciation:							
55	MICROSCOPE Mass Sale 1/31/10	10/13/94	1,149	1,149	7	MO S/L	1,149	0
56	BOOKSHELVES (4 SHELVES)	10/13/94	126	126	7	MO S/L	126	0
94	FILE CABINET	6/15/88	300	300	7	MO S/L	300	0
	FILE CABINET	7/23/86	291 522	291 522		MO S/L	291	0
	FIREPROOF CABINET BARRISTER BOOKSHELF	8/15/88 3/31/89	522 774	522 774		MO S/L MO S/L	522 774	0 0
	REFRIGERATOR	3/10/93	484	484		MO S/L	484	ŏ
	Mass Sale 1/31/10 OPEN LATERAL SHELVING MEDICAL	1/15/97	730	730		MO S/L	730	0
149	Mass Sale 1/31/10 REFRIGERATOR	1/15/99	590	590	7	MO S/L	590	0
	Mass Sale 1/31/10 DESK, CREDENZA, BRIDGE (DORIS)	12/31/98	1,100	1,100	7	MO S/L	1,100	0
160	500 SERIES LATERAL FILE	12/31/98	438	438		MO S/L	438	0
176	CABINETS-DICKERMAN	6/15/00	466	466	5	MO S/L	466	0
183	Mass Sale 1/31/10 INTEL SWITCHES 1-16 PORT 1-24 POR	10/27/99	1,900	1,900	5	MO S/L	1,900	0
185	Mass Sale 1/31/10 INTEL SWITCH 24 PORT Mass Sale 1/31/10	11/18/99	1,100	1,100	5	MO S/L	1,100	0
186	HP JET DIRECT CARD	11/18/99	1,400	1,400	5	MO S/L	1,400	0
	Mass Sale 1/31/10 UNIX SERVER FOR MED MANAGER U		3,800	3,800		MO S/L	3,800	0
	CREDENZA	8/31/00	499	499		MO S/L	499	0
	FILE CABINETS (2)	2/02/01	320	320		MO S/L	320	0
	LDC PROJECTOR RAISER'S EDGE SOFTWARE	10/07/02 7/25/05	1,700 6,143	1,700 6,143		MO S/L MO S/L	1,700 6,143	0
	LAND	6/11/07	457,654	457,654		Land	0,143	0
	Mass Sale 2/10/10		,	,65	•		J	Ť
295	TC4400 TABLETS, RE UPGRADE Mass Sale. 1/31/10	8/14/07	3,700	3,700	5	MO S/L	1,418	432

Federal Asset Report Form 990, Page 1

		Date		Bus	Sec	Basis				
<u>Asset</u>	Description	In Service	Cost	%	179Bonus		Per	Conv Meth	Prior	Current
296	NEW ALARM SYSTEM Mass Sale. 1/31/10	8/14/07	5,157			5,157	5	MO S/L	1,977	601
297	FLAGSTONE SIGN Mass Sale. 1/31/10	8/29/07	7,000			7,000	7	MO S/L	1,833	584
298	NEW PAGING SYSTEM Mass Sale 1/31/10	8/29/07	1,168			1,168	5	MO S/L	428	136
	HP PRINTER (8240) & INSTALL	9/14/07	475			475		MO S/L	174	95
300		10/12/07	2,032			2,032	5	MO S/L	711	237
301	Mass Sale 1/31/10 COMPUTER TABLET Mass Sale 1/31/10	1/15/08	1,699			1,699	5	MO S/L	510	198
302	FAXSERVER/XEON/CHECKPOINT	2/27/08	2,995			2,995	5	MO S/L	799	599
303	CABINBET FOR DRINKS, SCREWS, ETC		431			431	_	MO S/L	77	36
	Mass Sale 1/31/10		-				-			
304	LASER PRINTER MF4050	9/28/07	272			272		MO S/L	95	55
307	INTEL WORKSTATION 3 GHZ Mass Sale 1/31/10	1/14/08	550			550	5	MO S/L	165	64
308	WORKSTATION FOR CLINIC (USED) Mass Sale 1/31/10	2/14/08	275			275	5	MO S/L	78	32
309	CHECKPOINT 500W VPN FIREWALL Mass Sale 1/31/10	4/29/08	950			950	5	MO S/L	222	111
310	(4) DELL 3 6 GHZ WORKSTATIONS	4/29/08	2,495			2,495	5	MO S/L	582	499
311	FUJITSU SCANNER F4220	5/14/08	900			900	_	MO S/L	210	180
312	FINAL COSTS TO NEW BUILDING	7/01/07	14,012					MO S/L	719	209
313	Mass Sale 2/10/10 FRONT DOOR TIME DELAY BUTTONS	9/12/07	698			698	7	MO S/L	183	58
314	Mass Sale 2/10/10 ACCOUSTICAL PANELS	1/03/08	2,032			2,032	39	MO S/L	78	31
215	Mass Sale 2/10/10					,	_			
315	EXTERIOR SIGNAGEMass Sale 2/10/10	2/27/08	943			943		MO S/L	180	78
316	ELECTRICAL - ALARM SYSTEM Mass Sale 2/10/10	5/15/08	398			398	39	MO S/L	12	6
317	BATHROOM FIXTURE & WIRING Mass Sale 2/10/10	5/15/08	430			430	39	MO S/L	13	6
	Total Other Depreciation	-	530,098		-	530,098		•	34,296	4,247
	Total Other Depreciation	-	330,036		-	330,098				4,247
	Total ACRS and Other Depreci	iation :	530,098		:	530,098		:	34,296	4,247
	Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense	rs .	3,049,351 3,020,240 0			3,049,351 3,020,240 0			195,111 173,181 0	47,627 45,474 0
	Net Grand Totals	:	29,111		=	29,111		:	21,930	2,153

84-0488554	Federal Stateme	nts								
Taxable Interest on Investments										
Description INTEREST INCOME TOTAL	Amount \$ 139,620 \$ 139,620	Unrelated Business Code	Exclusion Code	Postal <u>Code</u>						
	Taxable Dividends from Se	<u>curities</u>								
Description DIVIDEND INCOME TOTAL	Amount \$ 41,913 \$ 41,913	Unrelated Business Code	Exclusion Code	Postal Code						