

## Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

|  |  |   |   |
|--|--|---|---|
| <b>A</b> For the 2016 calendar year, or tax year beginning <u>Jul 1</u> , 2016, and ending <u>Jun 30</u> , 2017  |  |   |   |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>United Way of Pueblo County, Colorado, Inc.</u> |   | <b>D</b> Employer identification number<br><u>84-0404917</u>          |
|  | Doing business as  |   | <b>E</b> Telephone number<br><u>(719) 583-4455</u>                    |
|  | Number and street (or P.O. box if mail is not delivered to street address)       | Room/suite  |   |
|  | <u>310 E Abriendo Ave</u>  |   | <u>300</u>  |
| City or town, state or province, country, and ZIP or foreign postal code<br><u>Pueblo CO 81004</u>   |  | <b>G</b> Gross receipts \$ <u>1,369,297.</u>  |   |
| <b>F</b> Name and address of principal officer:<br><u>Andrea Aragon PO Box 11566 Pueblo CO 81001</u>   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |   |
|  |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'No,' attach a list. (see instructions) |   |
| <b>I</b> Tax-exempt status   | <input checked="" type="checkbox"/> 501(c)(3)                                    | <input type="checkbox"/> 501(c) ( ) (insert no.)  | <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |
| <b>J</b> Website: <u>www.pueblounitedway.com</u>   |  | <b>H(c)</b> Group exemption number ▶  |   |
| <b>K</b> Form of organization:   | <input checked="" type="checkbox"/> Corporation                                  | <input type="checkbox"/> Trust  | <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ |
| <b>L</b> Year of formation: <u>1969</u>  |  | <b>M</b> State of legal domicile: <u>CO</u>   |   |

| Part I Summary                     |   |  |                                  |                     |
|------------------------------------|---|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | 1   | Briefly describe the organization's mission or most significant activities: <u>The United Way of Pueblo County, Colorado, Inc. raises funds to be distributed to various programs and charitable organizations to benefit the community. Our mission is to develop donor resources to enhance the quality of life for the people of Pueblo County. Well over 184k units of service were provided in FY17. In addition, United Way creates community partnerships to address needs in our community and works to ensure the greatest impact from donor dollars.</u> |                                  |                     |
|                                    | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|                                    | 3   | Number of voting members of the governing body (Part VI, line 1a) . . . . .  | <b>3</b>                         | 20                  |
|                                    | 4   | Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  | <b>4</b>                         | 20                  |
|                                    | 5   | Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .   | <b>5</b>                         | 5                   |
|                                    | 6   | Total number of volunteers (estimate if necessary) . . . . .   | <b>6</b>                         | 667                 |
|                                    | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .   | <b>7a</b>                        | 0.                  |
| 7b                                 | Net unrelated business taxable income from Form 990-T, line 34 . . . . .            | <b>7b</b>  | 0.                               |                     |
| <b>Revenue</b>                     |   |  | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | 8   | Contributions and grants (Part VIII, line 1h) . . . . .  | 1,104,239.                       | 1,245,800.          |
|                                    | 9   | Program service revenue (Part VIII, line 2g) . . . . .   | 76,380.                          | 58,611.             |
|                                    | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .  | 9,398.                           | 23,040.             |
|                                    | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .   | 40,074.                          | 41,846.             |
|                                    | 12  | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .   | 1,230,091.                       | 1,369,297.          |
| <b>Expenses</b>                    |   |  | 784,027.                         | 717,942.            |
|                                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .   |                                  |                     |
|                                    | 14  | Benefits paid to or for members (Part IX, column (A), line 4) . . . . .  |                                  |                     |
|                                    | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .  | 273,638.                         | 266,068.            |
|                                    | 16a   | Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  |                                  |                     |
|                                    | b   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>81,627.</u>   |                                  |                     |
|                                    | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .   | 163,401.                         | 156,902.            |
| 18                                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . | 1,221,066.   | 1,140,912.                       |                     |
| 19                                 | Revenue less expenses. Subtract line 18 from line 12 . . . . .                      | 9,025.   | 228,385.                         |                     |
| <b>Net Assets or Fund Balances</b> |   |  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | 20  | Total assets (Part X, line 16) . . . . .   | 2,159,198.                       | 2,292,499.          |
|                                    | 21  | Total liabilities (Part X, line 26) . . . . .  | 588,594.                         | 487,426.            |
| 22                                 | Net assets or fund balances. Subtract line 21 from line 20 . . . . .                | 1,570,604.   | 1,805,073.                       |                     |

|   |  |                           |                 |
|---|--|---------------------------|-----------------|
| <b>Part II Signature Block</b>  |  |                           |                 |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |  |                           |                 |
| <b>Sign Here</b>  | ▶ <u>Andrea Aragon</u><br>Signature of officer         | ▶ <u>11/29/17</u><br>Date |                 |
|   | ▶ <u>Andrea Aragon</u><br>Type or print name and title | ▶ <u>President/CEO</u>    |                 |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name                             | Preparer's signature      | Date            |
|   | <u>Craig Denlinger</u>                                 |                           | <u>11/29/17</u> |
|   | Firm's name  | Firm's address            | Firm's EIN ▶    |
| <u>Artesian CPA, LLC</u>  | <u>6403 S Datura St</u>                                | <u>47-2380837</u>         |                 |
|   | <u>Littleton CO 80120</u>                              | Phone no. (303) 823-3220  |                 |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The United Way of Pueblo County, Colorado, Inc. raises funds to be distributed to various programs and charitable organizations to benefit the community. Our mission is to develop donor resources See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 328,100. including grants of \$ 0.) (Revenue \$ 0.)

Family Strengthening: Over 5,528 units of service were provided. Specifically, over 2,500 boys and girls were enriched by traditional scouting and scouting in the school programs. Over 725 youth received beneficial after school services including decision making, tutoring, recreation, and leadership skills. Nearly 280 children and families received daycare on a sliding fee scale. Approximately 508 senior citizens received home and yard maintenance on a sliding fee scale, chronic disease management and access to wellness clinics and personal hygiene products. 112 middle school students received mentor support via a pilot mentoring program at Heaton Middle School. Over 632 child abuse victims and their families received counseling and services. Nearly 400 toddlers and parents benefited from an outdoor education program. Over 200 high school students and their families will receive food assistance via school based pantries.

4b (Code: ) (Expenses \$ 125,453. including grants of \$ 0.) (Revenue \$ 0.)

Crisis Services: Over 14,065 units of service were provided. Specifically, over 489 people received disaster service assistance and services to the Armed Forces. Over 10,437 people were provided with suicide prevention assistance, education, and mental health counseling. Approximately 2,970 victims of domestic violence (women and children) received shelter, food, counseling, and daycare and homelessness prevention services. Four households provided assistance whose premises were a total loss or sustained severe damage during the Beulah Fire.

4c (Code: ) (Expenses \$ 316,586. including grants of \$ 0.) (Revenue \$ 0.)

Poverty: Over 149,794 units of service were provided. Specifically, United Way of Pueblo County funding assisted those individuals living in poverty by providing approximately 9,000 units of service in housing and homeless (rent/mortgage) prevention and utility assistance and counseling on a sliding fee scale. United Way funds provided over 150,000 units of service including meals, food sacks, lbs of food, emergency medical prescriptions and emergency transportation. Over 775 families received water utility assistance. 150 children were provided with holiday gifts. 1,250 individuals and families received free tax refund assistance, and of those, leveraged \$838,144 in tax credits alone.

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

(Expenses \$ 258,259. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 1,028,398.

**Part IV Checklist of Required Schedules**

|   | Yes   | No |
|---|-------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> . . . . .   | 1 X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .  | 2 X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> . . . . .  | 3     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> . . . . .   | 4     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> . . . . .   | 5     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> . . . . .  | 6     | X  |
| 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     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> . . . . .   | 8     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> . . . . .            | 9     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> . . . . .   | 10 X  |    |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |       |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> . . . . .   | 11a X |    |
| b 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? <i>If 'Yes,' complete Schedule D, Part VII.</i> . . . . .   | 11b   | X  |
| c 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i> . . . . .   | 11c   | X  |
| d 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? <i>If 'Yes,' complete Schedule D, Part IX.</i> . . . . .  | 11d   | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> . . . . .   | 11e   | X  |
| f 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 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> . . . . .  | 11f   | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> . . . . .  | 12a X |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .   | 12b   | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> . . . . .  | 13    | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | 14a   | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> . . . . . | 14b   | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> . . . . .   | 15    | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> . . . . .   | 16    | X  |
| 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? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions) . . . . .   | 17    | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> . . . . .   | 18 X  |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> . . . . .   | 19    | X  |

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H . . . . .</i>  |     | X  |
| <b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II . . . . .</i>   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III . . . . .</i>   | X   |    |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J . . . . .</i>  |     | X  |
| <b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a . . . . .</i>                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>  |     | X  |
| <b>b</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? <i>If 'Yes,' complete Schedule L, Part I . . . . .</i>  |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II . . . . .</i>                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III . . . . .</i> |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV . . . . .</i>   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M . . . . .</i>  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I . . . . .</i>  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II . . . . .</i>  |     | X  |
| <b>33</b> 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 'Yes,' complete Schedule R, Part I . . . . .</i>  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| <b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2 . . . . .</i>   |     | X  |
| <b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI . . . . .</i>   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | X   |    |

BAA

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and deductible contributions.

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

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

**Section A. Governing Body and Management**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1 a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1 a</b> 20<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| <b>b</b>   | Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 20   |     |    |
| <b>2</b>   | 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? . . . . .  |     | X  |
| <b>3</b>   | 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? . . . . .   |     | X  |
| <b>4</b>   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |     | X  |
| <b>5</b>   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |     | X  |
| <b>6</b>   | Did the organization have members or stockholders? . . . . .   |     | X  |
| <b>7 a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   |     | X  |
| <b>b</b>   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |     | X  |
| <b>8</b>   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>   | The governing body? . . . . .  | X   |    |
| <b>b</b>   | Each committee with authority to act on behalf of the governing body? . . . . .  | X   |    |
| <b>9</b>   | 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 . . . . .   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|             |  | Yes | No |
|-------------|--|-----|----|
| <b>10 a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | X  |
| <b>b</b>    | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |     |    |
| <b>11 a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | X   |    |
| <b>b</b>    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12 a</b> | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . .  | X   |    |
| <b>b</b>    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | X   |    |
| <b>c</b>    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . .   | X   |    |
| <b>13</b>   | Did the organization have a written whistleblower policy? . . . . .  | X   |    |
| <b>14</b>   | Did the organization have a written document retention and destruction policy? . . . . .   | X   |    |
| <b>15</b>   | 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?   |     |    |
| <b>a</b>    | The organization's CEO, Executive Director, or top management official . . . . .   | X   |    |
| <b>b</b>    | Other officers or key employees of the organization . . . . .<br>If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).   | X   |    |
| <b>16 a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | X  |
| <b>b</b>    | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

**Section C. Disclosure**

- 17** 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 United Way of Pueblo County 310 E Abriendo Ave Pueblo CO 81004 (719) 583-4455

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** 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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) RICK HOLMES<br>CHAIR              | 1.00   | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (2) TED ORTIVIZ<br>CHAIR ELECT        | 1.00   | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (3) JIM DUFF<br>TREASURER             | 1.00   | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (4) MICHELLE PEULEN<br>SECRETARY      | 1.00   | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (5) SAUL ALVIDREZ<br>BOARD MEMBER     | 1.00   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) STEVE BARON<br>BOARD MEMBER       | 1.00   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) SLANE DICKERSON<br>BOARD MEMBER   | 1.00   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) KIM FOWLER<br>BOARD MEMBER        | 1.00   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) DOMINIC GALLINA<br>BOARD MEMBER   | 1.00   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) CHRISSY HOLLIDAY<br>BOARD MEMBER | 1.00   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) BRET JONES<br>BOARD MEMBER       | 1.00   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) SCOTT LEE<br>BOARD MEMBER        | 1.00   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) PAULA PEREA<br>BOARD MEMBER      | 1.00   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) RENEE RICHARDSON<br>BOARD MEMBER | 1.00   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                     |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) RUBAN ROMAN<br>BOARD MEMBER    | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) JEREMY ROMERO<br>BOARD MEMBER  | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) STACIE SHIRLEY<br>BOARD MEMBER | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (18) JOHN TOUPAL<br>BOARD MEMBER    | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) KAREN TRUJILLO<br>BOARD MEMBER | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) JEFF TUCKER<br>BOARD MEMBER    | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) ANDREA ARAGON<br>PRESIDENT/CEO | 40.00  |   |                       |         |              | X                            |        | 74,094.  | 0.  | 0.  |
| (22)                                |  |   |                       |         |              |                              |        |  |   |   |
| (23)                                |  |   |                       |         |              |                              |        |  |   |   |
| (24)                                |  |   |                       |         |              |                              |        |  |   |   |
| (25)                                |  |   |                       |         |              |                              |        |  |   |   |

|  |         |    |    |
|--|---------|----|----|
| <b>1 b Sub-total</b> . . . . .   | 74,094. | 0. | 0. |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . .   |         |    |    |
| <b>d Total (add lines 1b and 1c)</b> . . . . .   | 74,094. | 0. | 0. |
| <b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ |         |    |    |

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> . . . . .                                       | 3   | X  |
| <b>4</b> 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? <i>If 'Yes,' complete Schedule J for such individual</i> . . . . . | 4   | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> . . . . .                       | 5   | X  |

**Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

**Part VIII Statement of Revenue**

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

|  |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |    |
|--|---|--|--|---|--|----|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                | <b>1 a</b> Federated campaigns . . . . .  | <b>1 a</b>   |  |   |  |    |
|  | <b>b</b> Membership dues . . . . .  | <b>1 b</b>   |  |   |  |    |
|  | <b>c</b> Fundraising events . . . . .   | <b>1 c</b>   |  |   |  |    |
|  | <b>d</b> Related organizations . . . . .  | <b>1 d</b>   |  |   |  |    |
|  | <b>e</b> Government grants (contributions) . .  | <b>1 e</b>   |  |   |  |    |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above . .  | <b>1 f</b> 1,245,800.  |  |   |  |    |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  |  |   |  |    |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   |  | 1,245,800.   |   |  |    |
| <b>Program Service Revenue</b>   | <b>2 a</b> SERVICE FEE REVENUES   |  | Business Code                                      |   |  |    |
|  |   | 900099   | 3,860.   | 3,860.                                  | 0.   | 0. |
|  | <b>b</b> OFFICIAL FUNCTIONS   | 900099   | 10,172.  | 10,172.                                 | 0.   | 0. |
|  | <b>c</b> OTHER PROGRAM  | 900099   | 25,991.  | 25,991.                                 | 0.   | 0. |
|  | <b>d</b> VITA PROGRAM   | 900099   | 18,588.  | 18,588.                                 | 0.   | 0. |
|  | <b>e</b>  |  |  |   |  |    |
|  | <b>f</b> All other program service revenue . . .  |  |  |   |  |    |
|  | <b>g Total.</b> Add lines 2a-2f . . . . . ▶   |  | 58,611.  |   |  |    |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts) . . . . . ▶   |  | 23,040.  | 23,040.                                 | 0.   | 0. |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . ▶   |  |  |   |  |    |
|  | <b>5</b> Royalties . . . . . ▶  |  |  |   |  |    |
|  | <b>6 a</b> Gross rents . . . . .  | (i) Real   |  |   |  |    |
|  |   | (ii) Personal  |  |   |  |    |
|  |   | <b>b</b> Less: rental expenses                                 |  |   |  |    |
|  |   | <b>c</b> Rental income or (loss) . .                           |  |   |  |    |
|  | <b>d</b> Net rental income or (loss) . . . . . ▶  |  |  |   |  |    |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   |  |   |  |    |
|  |   | (ii) Other   |  |   |  |    |
|  |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . |  |   |  |    |
|  |   | <b>c</b> Gain or (loss) . . . . .                              |  |   |  |    |
|  | <b>d</b> Net gain or (loss) . . . . . ▶   |  |  |   |  |    |
|  | <b>8 a</b> Gross income from fundraising events<br>(not including . . \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18. . . . . | <b>a</b>   | 41,634.  |   |  |    |
|  |   | <b>b</b> Less: direct expenses . . . . .                       | <b>b</b>   |   |  |    |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ▶                |   |  | 41,634.  | 0.                                      | 41,634.  |    |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19. . . . . | <b>a</b>  |  |  |   |  |    |
|  | <b>b</b> Less: direct expenses . . . . .  | <b>b</b>   |  |   |  |    |
|  | <b>c</b> Net income or (loss) from gaming activities . . . . . ▶  |  |  |   |  |    |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances . . . . .   | <b>a</b>  |  |  |   |  |    |
|  | <b>b</b> Less: cost of goods sold . . . . .   | <b>b</b>   |  |   |  |    |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶   |  |  |   |  |    |
| <b>11 a</b> MISC REVENUE   |   | Business Code  |  |   |  |    |
|  | 900099  | 212.   | 212.   | 0.                                      | 0.   |    |
| <b>b</b>   |   |  |  |   |  |    |
| <b>c</b>   |   |  |  |   |  |    |
| <b>d</b> All other revenue . . . . .   |   |  |  |   |  |    |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                    |   | 212.   |  |   |  |    |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                            |   | 1,369,297.   | 81,863.  | 0.                                      | 41,634.  |    |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 370,620.                     | 370,620.                               |   |                                    |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 347,322.                     | 347,322.                               |   |                                    |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   |                              |  |   |                                    |
| 4 Benefits paid to or for members . . . . .  |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   |                              |  |   |                                    |
| 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 . . . . .   | 224,526.                     | 165,541.                               | 15,175.                                       | 43,810.                            |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   |                              |  |   |                                    |
| 9 Other employee benefits . . . . .  | 24,377.                      | 18,039.                                | 1,463.  | 4,875.                             |
| 10 Payroll taxes . . . . .   | 17,165.                      | 12,702.                                | 1,030.  | 3,433.                             |
| 11 Fees for services (non-employees):  |                              |  |   |                                    |
| a Management . . . . .   |                              |  |   |                                    |
| b Legal . . . . .  |                              |  |   |                                    |
| c Accounting . . . . .   |                              |  |   |                                    |
| d Lobbying . . . . .   |                              |  |   |                                    |
| e Professional fundraising services. See Part IV, line 17 . . . . .  |                              |  |   |                                    |
| f Investment management fees . . . . .   |                              |  |   |                                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 9,200.                       | 0.                                     | 9,200.  | 0.                                 |
| 12 Advertising and promotion . . . . .   | 8,394.                       | 6,967.                                 | 0.  | 1,427.                             |
| 13 Office expenses . . . . .   | 13,302.                      | 9,844.                                 | 798.  | 2,660.                             |
| 14 Information technology . . . . .  |                              |  |   |                                    |
| 15 Royalties . . . . .   |                              |  |   |                                    |
| 16 Occupancy . . . . .   | 9,600.                       | 7,104.                                 | 576.  | 1,920.                             |
| 17 Travel . . . . .  | 4,034.                       | 2,985.                                 | 242.  | 807.                               |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings . . . . .  | 11,346.                      | 5,673.                                 | 0.  | 5,673.                             |
| 20 Interest . . . . .  |                              |  |   |                                    |
| 21 Payments to affiliates . . . . .  | 12,615.                      | 12,615.                                | 0.  | 0.                                 |
| 22 Depreciation, depletion, and amortization . . . . .   | 2,399.                       | 1,775.                                 | 144.  | 480.                               |
| 23 Insurance . . . . .   | 5,083.                       | 3,761.                                 | 305.  | 1,017.                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .                                     |                              |  |   |                                    |
| a Campaign Supplies . . . . .  | 12,440.                      | 7,421.                                 | 1,032.  | 3,987.                             |
| b Paid Direct . . . . .  | 36,179.                      | 36,179.                                | 0.  | 0.                                 |
| c Postage and Shipping . . . . .   | 5,720.                       | 4,233.                                 | 343.  | 1,144.                             |
| d Yearly Luncheon . . . . .  | 13,420.                      | 6,710.                                 | 0.  | 6,710.                             |
| e All other expenses . . . . .   | 13,170.                      | 8,907.                                 | 579.  | 3,684.                             |
| 25 Total functional expenses. Add lines 1 through 24e. . . . .   | 1,140,912.                   | 1,028,398.                             | 30,887.                                       | 81,627.                            |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . . |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash — non-interest-bearing . . . . .   | 100.                     | <b>1</b>   | 0.                 |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 1,698,836.               | <b>2</b>   | 1,779,296.         |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 448,433.                 | <b>3</b>   | 479,338.           |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>   | 24,691.            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 6,865.                   | <b>9</b>   | 6,738.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 39,734.       |            |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 37,663.       | 4,469.     | <b>10c</b> 2,071.  |
|   | <b>11</b> Investments — publicly traded securities . . . . .   |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments — other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments — program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 495.                     | <b>15</b>  | 365.               |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 2,159,198.   | <b>16</b>                | 2,292,499. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 578,594.                 | <b>17</b>  | 475,101.           |
|   | <b>18</b> Grants payable . . . . .   | 10,000.                  | <b>18</b>  | 12,325.            |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  |                          | <b>25</b>  |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 588,594.                 | <b>26</b>  | 487,426.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |            |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  | 930,162.                 | <b>27</b>  | 1,145,543.         |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 40,442.                  | <b>28</b>  | 59,530.            |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 600,000.                 | <b>29</b>  | 600,000.           |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>  |                    |
|   | <b>33</b> Total net assets or fund balances . . . . .  | 1,570,604.               | <b>33</b>  | 1,805,073.         |
|   | <b>34</b> Total liabilities and net assets/fund balances . . . . .   | 2,159,198.               | <b>34</b>  | 2,292,499.         |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.  X

|   |           |            |
|---|-----------|------------|
| <b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .  | <b>1</b>  | 1,369,297. |
| <b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .   | <b>2</b>  | 1,140,912. |
| <b>3</b> Revenue less expenses. Subtract line 2 from line 1 . . . . .   | <b>3</b>  | 228,385.   |
| <b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). . . . .                       | <b>4</b>  | 1,570,604. |
| <b>5</b> Net unrealized gains (losses) on investments . . . . .   | <b>5</b>  | 9,944.     |
| <b>6</b> Donated services and use of facilities . . . . .   | <b>6</b>  |            |
| <b>7</b> Investment expenses . . . . .  | <b>7</b>  |            |
| <b>8</b> Prior period adjustments . . . . .   | <b>8</b>  |            |
| <b>9</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>9</b>  | -3,860.    |
| <b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). . . . . | <b>10</b> | 1,805,073. |

**Part XII Financial Statements and Reporting**

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

|   |            | Yes | No |
|---|------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____   |            |     |    |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |            |     |    |
| <b>2 a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  | <b>2 a</b> |     | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   |            |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |            |     |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .   | <b>2 b</b> | X   |    |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  |            |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |            |     |    |
| <b>c</b> If 'Yes' to line 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? . . . . . | <b>2 c</b> | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |            |     |    |
| <b>3 a</b> 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? . . . . .   | <b>3 a</b> |     | X  |
| <b>b</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 . . . . .     | <b>3 b</b> |     |    |

BAA

Form **990** (2016)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>United Way of Pueblo County, Colorado, Inc.</b> | Employer identification number<br><b>84-0404917</b> |
|--|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) 2016   | (f) Total  |
|--|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .  | 1,196,958. | 1,059,792. | 1,216,442. | 1,126,722. | 1,265,555. | 5,865,469. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |            |            |            |            |            |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .  |            |            |            |            |            |            |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 1,196,958. | 1,059,792. | 1,216,442. | 1,126,722. | 1,265,555. | 5,865,469. |
| <b>5</b> 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) . . . . . |            |            |            |            |            |            |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .   |            |            |            |            |            | 5,865,469. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) 2016   | (f) Total  |
|---|------------|------------|------------|------------|------------|------------|
| <b>7</b> Amounts from line 4 . . . . .  | 1,196,958. | 1,059,792. | 1,216,442. | 1,126,722. | 1,265,555. | 5,865,469. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   | 5,831.     | 7,216.     | 9,038.     | 9,398.     | 23,040.    | 54,523.    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |            |            |            |            |            |            |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |            |            |            |            |            |            |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .   |            |            |            |            |            | 5,919,992. |
| <b>12</b> Gross receipts from related activities, etc. (see instructions). . . . .  |            |            |            |            | <b>12</b>  |            |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |            |            |            |            |            |            |

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 99.08 % |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .                       | <b>15</b> | 99.39 % |

**16a 33-1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶

**b 33-1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶

**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .   |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15. . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33-1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33-1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations (continued)**

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>  | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a** The organization satisfied the Activities Test. Complete **line 2** below.
  - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. **Answer (a) and (b) below.**

|   | Yes       | No |
|---|-----------|----|
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |    |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |           |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A – Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3.   | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).   | 8              |                             |

| <b>Section B – Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1 a            |                             |
| b                                       | Average monthly cash balances   | 1 b            |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1 c            |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1 d            |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035.  | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C – Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1.  | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D – Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2016 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E – Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess<br/>Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2016</b> | <b>(iii)<br/>Distributable<br/>Amount for 2016</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2016 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2016:  |   |   |  |
| <b>a</b>   |   |   |  |
| <b>b</b>   |   |   |  |
| <b>c</b> From 2013 . . . . .   |   |   |  |
| <b>d</b> From 2014 . . . . .   |   |   |  |
| <b>e</b> From 2015 . . . . .   |   |   |  |
| <b>f Total</b> of lines 3a through e   |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2016 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2011 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |   |   |  |
| <b>4</b> Distributions for 2016 from Section D, line 7: \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2016 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b>   |   |   |  |
| <b>b</b> Excess from 2013 . . . .  |   |   |  |
| <b>c</b> Excess from 2014 . . . .  |   |   |  |
| <b>d</b> Excess from 2015 . . . .  |   |   |  |
| <b>e</b> Excess from 2016 . . . .  |   |   |  |

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

Name of the organization

United Way of Pueblo County, Colorado, Inc.

Employer identification number

84-0404917

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

**Schedule B (Form 990, 990-EZ, or 990-PF) (2016)**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1c regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |   | Amount     |
|---|------------|
| c Beginning balance . . . . .             | <b>1 c</b> |
| d Additions during the year . . . . .     | <b>1 d</b> |
| e Distributions during the year . . . . . | <b>1 e</b> |
| f Ending balance . . . . .                | <b>1 f</b> |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance . . . . .                    | 611,278.         | 610,947.       | 616,561.           | 628,102.             | 641,291.            |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     | 26,884.          | 3,735.         | 3,912.             | 4,876.               | 2,945.              |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | 9,845.           | 3,404.         | 9,526.             | 16,417.              | 16,134.             |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 628,317.         | 611,278.       | 610,947.           | 616,561.             | 628,102.            |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| (i) unrelated organizations . . . . .  | <b>3a(i)</b>  | X  |
| (ii) related organizations . . . . .   | <b>3a(ii)</b> | X  |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land . . . . .   |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| d Equipment . . . . .  |                                      | 39,734.                         | 37,663.                      | 2,071.         |
| e Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | 2,071.         |

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)              | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .   |                |   |
| (2) Closely-held equity interests . . . . .                                       |                |   |
| (3) Other _____   |                |   |
| (A) _____   |                |   |
| (B) _____   |                |   |
| (C) _____   |                |   |
| (D) _____   |                |   |
| (E) _____   |                |   |
| (F) _____   |                |   |
| (G) _____   |                |   |
| (H) _____   |                |   |
| (I) _____   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶ |                |   |

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) _____   |                |   |
| (2) _____   |                |   |
| (3) _____   |                |   |
| (4) _____   |                |   |
| (5) _____   |                |   |
| (6) _____   |                |   |
| (7) _____   |                |   |
| (8) _____   |                |   |
| (9) _____   |                |   |
| (10) _____  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) . . ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) _____   |                |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| (10) _____  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability  | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| (10) _____  |                |
| (11) _____  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶ |                |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |   |            |          |                     |
|---|---|------------|----------|---------------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .                        |            | <b>1</b> | 1,355,895.          |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                       |            |          |                     |
|   | a Net unrealized gains (losses) on investments . . . . .  | <b>2 a</b> | 9,944.   |                     |
|   | b Donated services and use of facilities . . . . .  | <b>2 b</b> | 47,653.  |                     |
|   | c Recoveries of prior year grants . . . . .   | <b>2 c</b> |          |                     |
|   | d Other (Describe in Part XIII.) . . . . .  | <b>2 d</b> | -70,999. |                     |
|   | e Add lines <b>2 a</b> through <b>2 d</b> . . . . .   |            |          | <b>2 e</b> -13,402. |
| 3 | Subtract line <b>2 e</b> from line <b>1</b> . . . . .   |            |          | <b>3</b> 1,369,297. |
| 4 | Amounts 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 . . . . .                              | <b>4 a</b> |          |                     |
|   | b Other (Describe in Part XIII.) . . . . .  | <b>4 b</b> |          |                     |
|   | c Add lines <b>4 a</b> and <b>4 b</b> . . . . .   |            |          | <b>4 c</b>          |
| 5 | Total revenue. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |            |          | <b>5</b> 1,369,297. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |  |            |          |                     |
|---|--|------------|----------|---------------------|
| 1 | Total expenses and losses per audited financial statements. . . . .  |            | <b>1</b> | 1,121,426.          |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |            |          |                     |
|   | a Donated services and use of facilities . . . . .   | <b>2 a</b> | 47,653.  |                     |
|   | b Prior year adjustments . . . . .   | <b>2 b</b> |          |                     |
|   | c Other losses . . . . .   | <b>2 c</b> |          |                     |
|   | d Other (Describe in Part XIII.) . . . . .   | <b>2 d</b> | -67,139. |                     |
|   | e Add lines <b>2 a</b> through <b>2 d</b> . . . . .  |            |          | <b>2 e</b> -19,486. |
| 3 | Subtract line <b>2 e</b> from line <b>1</b> . . . . .  |            |          | <b>3</b> 1,140,912. |
| 4 | Amounts 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 . . . . .                               | <b>4 a</b> |          |                     |
|   | b Other (Describe in Part XIII.) . . . . .   | <b>4 b</b> |          |                     |
|   | c Add lines <b>4 a</b> and <b>4 b</b> . . . . .  |            |          | <b>4 c</b>          |
| 5 | Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |            |          | <b>5</b> 1,140,912. |

**Part XIII Supplemental Information.**

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

Pt XI, Line 2d Donor designations of \$70,999  
 Pt XII, Line 2d Donor designated expenses of \$67,139

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

United Way of Pueblo County, Colorado, Inc.

Employer identification number

84-0404917

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> . . . . . ▶                                  |               |  |    |                                   |   |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

-----  
 -----  
 -----  
 -----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| REVENUE         |  | (a) Event #1<br><u>FLAVOR</u><br>(event type)                         | (b) Event #2<br><u>LIBERTY POINT 5K</u><br>(event type) | (c) Other events<br><u>KICKOFF AUCTION</u><br>(total number) | (d) Total events<br>(add column (a) through column (c)) |         |
|-----------------|--|---|---|--|---|---------|
|                 | 1  | Gross receipts . . . . .  | 19,684.   | 14,415.  | 7,535.  | 41,634. |
| 2               | Less: Contributions . . . . .  |   |   |  |   |         |
| 3               | Gross income (line 1 minus line 2). . . . .                            | 19,684.   | 14,415.   | 7,535.   | 41,634.   |         |
| DIRECT EXPENSES | 4  | Cash prizes . . . . .   |   |  |   |         |
|                 | 5  | Noncash prizes . . . . .  |   |  |   |         |
|                 | 6  | Rent/facility costs . . . . .   |   |  |   |         |
|                 | 7  | Food and beverages . . . . .  |   |  |   |         |
|                 | 8  | Entertainment . . . . .   |   |  |   |         |
|                 | 9  | Other direct expenses . . . . .                                       | 2,334.  | 4,991.   | 0.  | 7,325.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |   |  |   | 7,325.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . |   |   |  | 34,309.   |         |

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE         |  | (a) Bingo                       | (b) Pull tabs/instant<br>bingo/progressive<br>bingo | (c) Other gaming  | (d) Total gaming<br>(add column (a) through column (c)) |
|-----------------|--|---------------------------------|---|-------------------|---|
|                 | 1  | Gross revenue . . . . .         |   |                   |   |
| DIRECT EXPENSES | 2  | Cash prizes . . . . .           |   |                   |   |
|                 | 3  | Noncash prizes . . . . .        |   |                   |   |
|                 | 4  | Rent/facility costs . . . . .   |   |                   |   |
|                 | 5  | Other direct expenses . . . . . |   |                   |   |
|                 | 6  | Volunteer labor . . . . .       | Yes _____ %<br>No                                   | Yes _____ %<br>No | Yes _____ %<br>No                                       |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |                                 |   |                   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |                                 |   |                   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If 'No,' explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

|  |             |   |
|--|-------------|---|
| <b>a</b> The organization's facility . . . . . | <b>13 a</b> | % |
| <b>b</b> An outside facility . . . . .         | <b>13 b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? \_\_\_\_\_  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

United Way of Pueblo County, Colorado, Inc.

Employer identification number

84-0404917

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) AMERICAN RED CROSS<br>4104 OUTLOOK BLVD<br>PUEBLO CO 81008         | 84-0437753 | 501C3                           | 14,796.                  |                                   |   |                                       | VARIOUS CHAR                       |
| (2) BOY SCOUTS ROCKY MTN COUN<br>411 S PUEBLO BLVD<br>PUEBLO CO 81005  | 22-1576300 | 501C3                           | 37,495.                  |                                   |   |                                       | BOYS ACTIVITIE                     |
| (3) BOYS AND GIRLS CLUB OF PU<br>2601 SPRAGUE AVE<br>PUEBLO CO 81003   | 23-7307508 | 501C3                           | 59,583.                  |                                   |   |                                       | CHILDREN ACTIV                     |
| (4) CATHOLIC CHARITIES OF THE<br>429 W 10TH ST #101<br>PUEBLO CO 81003 | 84-0471001 | 501C3                           | 22,077.                  |                                   |   |                                       | VARIOUS CHAR                       |
| (5) COOPERATIVE CARE CENTER<br>325 W 10TH ST<br>PUEBLO CO 81003        | 84-0913793 | 501C3                           | 31,077.                  |                                   |   |                                       | FREE CARE OF C                     |
| (6) EASTSIDE CHILDCARE CENTER<br>PO BOX 11266<br>PUEBLO CO 81001       | 84-0709410 | 501C3                           | 46,900.                  |                                   |   |                                       | CHILD CARE                         |
| (7) PUEBLO CHILD ADVOCACY CEN<br>301 E 13TH ST<br>Pueblo CO 81003      | 84-1071784 | 84-1071784                      | 24,492.                  |                                   |   |                                       | CHILD ADVOCACY                     |
| (8) YWCA<br>801 N SANTA FE<br>PUEBLO CO 81003                          | 84-0404925 | 501C3                           | 50,522.                  |                                   |   |                                       | AID TO WOMEN                       |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 13
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance           | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 Community Impact Grants                 | 585                      | 35,000.                  |                                  |   |                                       |
| 2 CCC Disbursement                        | 22                       | 17,348.                  |                                  |   |                                       |
| 3 DESIGNATIONS TO NONMEMBER AGENCIES      | 69                       | 49,791.                  |                                  |   |                                       |
| 4 CPS DISBURSEMENT                        | 396                      | 11,700.                  |                                  |   |                                       |
| 5 VITA PROGRAM                            | 1,250                    | 29,544.                  |                                  |   |                                       |
| 6 IBEW ER PROGRAM                         | 6                        | 830.                     |                                  |   |                                       |
| 7 BOARD OF WATER WORKS CATHOLIC CHARITIES | 775                      | 97,500.                  |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2016**

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

PUEBLO VOLUNTEER INCOME TAX ASSISTANCE (VITA)PROGRAM: Pueblo VITA is an IRS program that provides free tax preparation and filing for those who make \$55,000 or less total household income, using highly trained volunteers. During the 2017 tax season, we were able to serve 1,250 individuals and families, resulting in a return on investment of over \$1,808,847 in tax returns, tax credits, and tax preparation savings going back into the Pueblo community.

UNITED WAY

MENTORING PROGRAM: United Way of Pueblo County, Pueblo City Schools, Pueblo School District 70, and local businesses and organizations completed our sixth year of our United Way Middle School Mentoring Program. As a result, we have over 112 mentors/mentees at five local middle schools, Heaton, Pueblo Academy of Arts, Liberty Point International, Roncalli STEM Academy, and Heroes Academy. Mentors are volunteers recruited from the general community, and spend one hour a week with their student during lunch hour at the school.

Mentors/mentees also attend three field trips to increase bonding and provide educational experiences. Students involved in the program show marked improvement in school engagement, grades, attendance, and behavioral issues.

HOLIDAY ASSISTANCE: Difficult

economic conditions and decrease in donations prompted United Way to assist Salvation Army Angel Tree to provide 150 needy children with holiday toys. In addition, we helped provide support to teh Pueblo Poverty Foundation that provides meaningful incentives for 100 plus children who show marked improvement in reading and vocabulary. We also provided funding for the community Christman Meal, which served over 600 individuals and families on Christmas day.

COMMUNITY

IMPACT FUNDING: Since 2005, United Way Board of Trustees has provided additional grants to help solve new and emerging needs that canmake the biggest impact on our community. These are grants made for program that have not been previously funded by United Way. As of result, United Way has invested approximately \$411,667 to benefit new needs. In 2016/2017 specifically, we provied a grant to the Pueblo Mountain Park Environment Center to launch a pilot outdoor-based programfor Pueblo preschoolers (4&5 year olds) and their parent(s) that illustrates the benefits of being in nature and includes a parent education component. The program will impact over 400 children and families. We provided a grant to Care and Share Food Bank, to launch four school pantries (Risley, East, Central, Heroes Academy) within Pueblo schools that are home to many children at risk of hunger every day. At least 200 individuals will be impacted by this program.

NONPROFIT TRAINING AND

ADVOCACY: United Way prides itself on having high standards of excellence in the areas of governance, finance, and donor stewardship. An example is that we serve as a lead partner in the Pueblo Nonprofit Day Luncheon, which provies training, presentations from experts in the nonprofit sector, and celebrates the enormous impact nonprofits have in Pueblo County. We oftwn partner with other local foundations to offer nonprofit training and development opportunities. We are also compliant with United Way World Wide Standards of Accountability and Excellence, which measures governance, financial accountability, and donor stewardship.

Pt III, Line 2

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR

|   |  |
|---|--|
| Name of the organization<br>United Way of Pueblo County, Colorado, Inc. | Employer identification number<br>84-0404917 |
|---|--|

Pt VI, Line 11b APPROVAL PRIOR TO FILING  
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS SIGNED ANNUALLY BY OFFICERS AND EMPLOYEES. THIS POLICY IS MONITORED AND ENFORCED.

Pt VI, Line 12c THE ORGANIZATION HAS A POLICY FOR SALARY AND WAGE DETERMINATION TO UTILIZE AVAILABLE SALARY DATA AND INFORMATION FROM COMPARABLE ORGANIZATIONS AND FOR COMPARABLE POSITIONS TO DETERMINE SALARY. WHENEVER FISCALLY POSSIBLE THE SALARY AND WAGE RANGES WILL BE COMPARABLE TO MARKET CONDITIONS. BOARD MEMBERS AND VOLUNTEERS ARE NOT COMPENSATED FOR THEIR TIME.

Pt VI, Line 15a As above.

Pt VI, Line 15b The Organization makes governing documents, conflict of interest policy, and financial statements available to the public when requested and an official of the Organization will meet to discuss.

Pt VI, Line 19 Part XI, Line 9: Service fees of are the net of donor designations and donor designations passed through.

Pt XI Part III, line 4d:  
Emergency Food and Shelter Program  
United Way of Pueblo County serves as the local administrator for the federally funded Emergency Food and Shelter Program grants that provide food and shelter for those in need. We are responsible for oversight of funds distributed and must ensure programs receiving funds are in full compliance with federal guidelines. We also submit recommendations on funding, and are responsible for submitting accurate final reports as required by EFSP. In 2016, we were responsible for oversight of \$66,656. These dollars benefited eleven different nonprofit organizations, and provide tens of thousands units of service to nonprofits providing food and shelter.

#### Donor Designations

We processed approximately \$47,000 to 60 plus nonprofit organizations in nonmember donor designated funds. Donor-designated funds are contributions specifically directed by the donor to be forwarded to other nonprofit organizations. United Way acts as an agent that collects, processes and disburses the funds. We provide this service as a convenience to our donors. Since it is given solely by the desire of the donor, we do not require the recipient organizations to provide us with information relative to the use and results of these contributions.

#### Volunteerism

United Way of Pueblo County encourages volunteerism. United Way of Pueblo County has over 667 volunteers providing over 11,750 hours of service assisting in areas such as mentoring, tax preparation, special events, allocations, finance, marketing and fundraising, resulting in \$276,857 worth of volunteer time at the standard volunteer hourly rate of \$23.56. We have many donors who work to encourage philanthropy and generosity within their workplace and throughout the community. We also assist other nonprofits in finding volunteers for their organization via our large support network.

Other  
Other

#### General Explanation Attachment:

PART XI, LINE 9: Difference is the net of excluded revenues and expenses

Name of the organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

Pt XI for donor designations and donated services (in-kind)

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning Jul 1, 2016, and ending Jun 30, 202017

# 2016

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

Name and title of officer

Andrea Aragon

President/CEO

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|  |  |                              |
|--|--|------------------------------|
| <b>1 a</b> Form 990 check here . . . ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . . | <b>1 b</b> <u>1,369,297.</u> |
| <b>2 a</b> Form 990-EZ check here . . . ▶ <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .                      | <b>2 b</b> _____             |
| <b>3 a</b> Form 1120-POL check here . . . ▶ <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) . . . . .                                | <b>3 b</b> _____             |
| <b>4 a</b> Form 990-PF check here . . . ▶ <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .     | <b>4 b</b> _____             |
| <b>5 a</b> Form 8868 check here . . . ▶ <input type="checkbox"/>           | <b>b Balance Due</b> (Form 8868, line 3c) . . . . .                                  | <b>5 b</b> _____             |

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize Artesian CPA, LLC to enter my PIN 04917 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 11/29/2017

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . . 84019913011  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 2, Part III, Line 1 (continued)**

Briefly describe the organization's mission:

to enhance the quality of life for the people of Pueblo County. Well over 184k units of service were provided in FY17. In addition, United Way creates community partnerships to address needs in our community and works to ensure the greatest impact from donor dollars.

Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 2, Part III, Line 4d (continued)**

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

|                 |                                    |
|-----------------|------------------------------------|
| Code: _____     | Description: <u>See Schedule O</u> |
| Expenses _____  | <u>258,259.</u>                    |
| Grants Of _____ | <u>0.</u>                          |
| Revenue. _____  | <u>0.</u>                          |
| _____           | _____                              |
| _____           | _____                              |
| _____           | _____                              |

## Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning Jul 1, 2015, and ending Jun 30, 2016

|  |  |  |  |
|--|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>United Way of Pueblo County, Colorado, Inc.</u>                             |  | <b>D</b> Employer identification number<br><u>84-0404917</u>   |
|  | Doing business as  |  | <b>E</b> Telephone number<br><u>(719) 583-4455</u>   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><u>PO Box 11566</u> |  | <b>G</b> Gross receipts \$ <u>1,230,091.</u>   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><u>Pueblo CO 81001</u>           |  |  |
| <b>F</b> Name and address of principal officer:<br><u>Andrea Aragon PO Box 11566 Pueblo CO 81001</u>   |  |  | <b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                       |
|  |  |  | <b>H(b)</b> Are all subordinates included? If "No," attach a list. (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |  |  |
| <b>J</b> Website: <u>www.pueblounitedway.com</u>   |  |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |  | <b>L</b> Year of formation: <u>1969</u>  |
|  |  |  | <b>M</b> State of legal domicile: <u>CO</u>  |

**Part I Summary**

|                                    |   |  |  |                   |
|------------------------------------|---|--|--|-------------------|
| <b>Activities &amp; Governance</b> | 1   | Briefly describe the organization's mission or most significant activities: <u>The United Way of Pueblo County, Colorado, Inc. raises funds to be distributed to various programs and charitable organizations to benefit the community. Our mission is to develop donor resources to enhance the quality of life for the people of Pueblo County. Well over 167k units of service were provided in FY16. In addition, United Way creates community partnerships to address needs in our community and works to ensure the greatest impact from donor dollars.</u> |  |                   |
|                                    | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |                   |
|                                    | 3   | Number of voting members of the governing body (Part VI, line 1a) . . . . .  | <u>3</u>   | <u>20</u>         |
|                                    | 4   | Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  | <u>4</u>   | <u>20</u>         |
|                                    | 5   | Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .   | <u>5</u>   | <u>5</u>          |
|                                    | 6   | Total number of volunteers (estimate if necessary) . . . . .   | <u>6</u>   | <u>620</u>        |
|                                    | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .   | <u>7a</u>  | <u>0.</u>         |
| 7b                                 | Net unrelated business taxable income from Form 990-T, line 34 . . . . .            | <u>7b</u>  | <u>0.</u>  |                   |
| <b>Revenue</b>                     | 8   | Contributions and grants (Part VIII, line 1h) . . . . .  | <u>1,216,442.</u>  | <u>1,104,239.</u> |
|                                    | 9   | Program service revenue (Part VIII, line 2g) . . . . .   | <u>51,274.</u>   | <u>76,380.</u>    |
|                                    | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .  | <u>9,038.</u>  | <u>9,398.</u>     |
|                                    | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .   | <u>37,360.</u>   | <u>40,074.</u>    |
|                                    | 12  | Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .  | <u>1,314,114.</u>  | <u>1,230,091.</u> |
|                                    | <b>Expenses</b>   | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . | <u>797,862.</u>   |
| 14                                 |   | Benefits paid to or for members (Part IX, column (A), line 4) . . . . .  |  |                   |
| 15                                 |   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .  | <u>270,041.</u>  | <u>273,638.</u>   |
| 16a                                |   | Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  |  |                   |
| b                                  |   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>84,178.</u>   |  |                   |
| 17                                 |   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .   | <u>162,935.</u>  | <u>163,401.</u>   |
| 18                                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . | <u>1,230,838.</u>  | <u>1,221,066.</u>  |                   |
| 19                                 | Revenue less expenses. Subtract line 18 from line 12 . . . . .                      | <u>83,276.</u>   | <u>9,025.</u>  |                   |
| <b>Net Assets or Fund Balances</b> | 20  | Total assets (Part X, line 16) . . . . .   | <u>2,148,142.</u>  | <u>2,159,198.</u> |
|                                    | 21  | Total liabilities (Part X, line 26) . . . . .  | <u>580,772.</u>  | <u>588,594.</u>   |
|                                    | 22  | Net assets or fund balances. Subtract line 21 from line 20 . . . . .   | <u>1,567,370.</u>  | <u>1,570,604.</u> |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |   |                          |
|------------------|---|--------------------------|
| <b>Sign Here</b> | Signature of officer<br><u>Bonnie Dickerson</u>                     | Date<br><u>1/31/2017</u> |
|                  | Type or print name and title.<br><u>Bonnie Dickerson, Treasurer</u> |                          |

|                               |   |  |                        |   |                          |
|-------------------------------|---|--|------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>Craig Denlinger, CPA</u>         | Preparer's signature<br><u>[Signature]</u> | Date<br><u>1/17/17</u> | Check <input type="checkbox"/> if self-employed | PTIN<br><u>P01063062</u> |
|                               | Firm's name<br><u>Artesian CPA, LLC</u>                           |  |                        |   |                          |
|                               | Firm's address<br><u>1624 Market Street, #202 Denver CO 80202</u> | Firm's EIN ▶ <u>47-2370837</u>             |                        |   |                          |
|                               |   | Phone no.                                  |                        |   |                          |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The United Way of Pueblo County, Colorado, Inc. raises funds to be distributed to various programs and charitable organizations to benefit the community. Our mission is to develop donor resources See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

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

4 a (Code: ) (Expenses \$ 282,740. Including grants of \$ 0.) (Revenue \$ 0.)

Family Strengthening: Over 12,631 units of service were provided. Specifically, over 7,000 boys and girls were enriched by traditional scouting and scouting in the school programs. Over 700 youth received beneficial after school services including decision making, tutoring, recreation, and leadership skills. 237 children and families received daycare on a sliding fee scale. Approximately 3,585 senior citizens received home and yard maintenance on a sliding fee scale, chronic disease management and access to wellness clinics and personal hygiene products. 86 middle school students received mentor support via a pilot mentoring program at Heaton Middle School. Over 400 child abuse victims and their families received counseling and services. 600 pregnant women and their babies received financial stability, parenting, and life skills to stop the cycle of poverty.

4 b (Code: ) (Expenses \$ 145,291. Including grants of \$ 0.) (Revenue \$ 0.)

Crisis Services: Over 22,663 units of service were provided. Specifically, over 707 people received disaster service assistance and services to the Armed Forces. Over 8,250 people were provided with suicide prevention assistance, education, and mental health counseling. Approximately 3,585 victims of domestic violence (women and children) received shelter, food, counseling, and daycare and homelessness prevention services. Over 10,000 individuals will be directly impacted by public safety initiatives including gang/drug prevention, graffiti removal, Neighborhood Watch Program, and police outreach to children.

4 c (Code: ) (Expenses \$ 355,517. Including grants of \$ 0.) (Revenue \$ 0.)

Poverty: Over 237,000 units of service were provided. Specifically, United Way of Pueblo County funding assisted those individuals living in poverty by providing approximately 9,000 units of service in housing and homeless (rent/mortgage) prevention and utility assistance and counseling on a sliding fee scale. United Way funds provided over 150,000 units of service including meals, food sacks, lbs of food, emergency medical prescriptions and emergency transportation. Over 900 families received water utility assistance. 150 children were provided with holiday gifts. 1,241 individuals and families received free tax refund assistance, and of those, leveraged 772,800 in tax credits alone.

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

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

4 e Total program service expenses 783,548.

**Part IV Checklist 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.   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | X   |    |
| 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.  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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.            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.   | X   |    |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.  | X   |    |
| b 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.   |     | X  |
| c 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.   |     | X  |
| d 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.  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.   |     | X  |
| f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X.  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.   | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.   |     | X  |
| 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 (see instructions).  |     | X  |
| 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.   | X   |    |
| 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.   |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|   | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> . . . . .  |     | X  |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> . . . . .   | X   |    |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> . . . . .   | X   |    |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> . . . . .  |     | X  |
| 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i> . . . . .                           |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| 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? . . . . .  |     |    |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| 25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> . . . . .  |     | X  |
| 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? <i>If 'Yes,' complete Schedule L, Part I</i> . . . . .  |     | X  |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II</i> . . . . .                                 |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i> . . . . . |     | X  |
| 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):  |     |    |
| a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> . . . . .  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> . . . . .   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i> . . . . .   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> . . . . .  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> . . . . .  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> . . . . .  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> . . . . .  |     | X  |
| 33 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 'Yes,' complete Schedule R, Part I</i> . . . . .  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  |     | X  |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> . . . . .  |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> . . . . .   |     | X  |
| 37 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? <i>If 'Yes,' complete Schedule R, Part VI</i> . . . . .   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | X   |    |

BAA

Form 990 (2015)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|      |  | Yes | No |
|------|--|-----|----|
| 1 a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   |     |    |
| 1 a  |  |     | 2  |
| 1 b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |     |    |
| 1 b  |  |     | 0  |
| 1 c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | X   |    |
| 2 a  | 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 return . . . . .  |     |    |
| 2 a  |  |     | 5  |
| 2 b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | X   |    |
| 3 a  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |     | X  |
| 3 b  | If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . .   |     |    |
| 4 a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . |     | X  |
| 4 a  |  |     |    |
| 4 b  | If 'Yes,' enter the name of the foreign country: ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)  |     |    |
| 5 a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | X  |
| 5 b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |     | X  |
| 5 c  | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .   |     |    |
| 6 a  | 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 as charitable contributions? . . . . .                                    |     | X  |
| 6 b  | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| 7    | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| 7 a  | 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? . . . . .  | X   |    |
| 7 b  | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .  | X   |    |
| 7 c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | X  |
| 7 d  | If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . .  |     |    |
| 7 d  |  |     |    |
| 7 e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |     | X  |
| 7 f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |     | X  |
| 7 g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |     | X  |
| 7 h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |     | X  |
| 8    | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   |     |    |
| 8    |  |     |    |
| 9    | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| 9 a  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |     |    |
| 9 b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |     |    |
| 10   | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| 10 a | Initiation fees and capital contributions included on Part VIII, line 12. . . . .  |     |    |
| 10 a |  |     |    |
| 10 b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  |     |    |
| 10 b |  |     |    |
| 11   | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| 11 a | Gross income from members or shareholders. . . . .   |     |    |
| 11 a |  |     |    |
| 11 b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   |     |    |
| 11 b |  |     |    |
| 12 a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  |     |    |
| 12 a |  |     |    |
| 12 b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . .  |     |    |
| 12 b |  |     |    |
| 13   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| 13 a | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| 13 a |  |     |    |
| 13 b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  |     |    |
| 13 b |  |     |    |
| 13 c | Enter the amount of reserves on hand . . . . .   |     |    |
| 13 c |  |     |    |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   |     | X  |
| 14 a |  |     |    |
| 14 b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .  |     |    |
| 14 b |  |     |    |

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

Check if Schedule O contains a response or note to any line in this Part VI.  X

**Section A. Governing Body and Management**

|     |  | Yes | No |
|-----|--|-----|----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| 1 a | 20   |     |    |
| b   | Enter the number of voting members included in line 1a, above, who are independent . . . . .   |     |    |
| 1 b | 20   |     |    |
| 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? . . . . .  |     | X  |
| 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? . . . . .   |     | X  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |     | X  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |     | X  |
| 6   | Did the organization have members or stockholders? . . . . .   |     | X  |
| 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   |     | X  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |     | X  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| a   | The governing body? . . . . .  | X   |    |
| b   | Each committee with authority to act on behalf of the governing body? . . . . .  | X   |    |
| 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 . . . . .   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|      |  | Yes | No |
|------|--|-----|----|
| 10 a | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | X  |
| b    | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |     |    |
| 10 b |  |     |    |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | X   |    |
| b    | Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .  |     |    |
| 12 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . .  | X   |    |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | X   |    |
| 12 b |  | X   |    |
| c    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . .   | X   |    |
| 12 c |  | X   |    |
| 13   | Did the organization have a written whistleblower policy? . . . . .  | X   |    |
| 14   | Did the organization have a written document retention and destruction policy? . . . . .   | X   |    |
| 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?   |     |    |
| a    | The organization's CEO, Executive Director, or top management official . . . . .   | X   |    |
| 15 a |  | X   |    |
| b    | Other officers or key employees of the organization . . . . .  | X   |    |
| 15 b |  | X   |    |
|      | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | X  |
| 16 a |  |     | X  |
| b    | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |
| 16 b |  |     |    |

**Section C. Disclosure**

- 17 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 United Way of Pueblo County PO Box 11566 Pueblo CO 81001 (719) 583-4455

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a 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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                      |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MATT SMITH<br>PAST CHAIR         | 1.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) BONNIE DICKERSON<br>TREASURER    | 1.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) MICHELLE PEULEN<br>SECRETARY     | 1.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) RICK HOLMES<br>CHAIR ELECT       | 1.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) DOUG HAYES<br>CHAIR              | 1.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) JIM DUFF<br>BOARD MEMBER         | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) JOHN KEILBACH<br>BOARD MEMBER    | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) PAULA CHOSTNER<br>BOARD MEMBER   | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) RICK SCHOLTES<br>BOARD MEMBER    | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) DOMINIC GALLINA<br>BOARD MEMBER | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) JEFF TUCKER<br>BOARD MEMBER     | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) TED ORTIVIZ<br>BOARD MEMBER     | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) KAREN TRUJILLO<br>BOARD MEMBER  | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) RUBEN ROMAN<br>BOARD MEMBER     | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) JOHN TOUPAL<br>BOARD MEMBER                               | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (16) BRET JONES<br>BOARD MEMBER                                | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (17) KIM FOWLER<br>BOARD MEMBER                                | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (18) SCOTT LEE<br>BOARD MEMBER                                 | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (19) RENEE RICHARDSON<br>BOARD MEMBER                          | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (20) SAUL ALVIDREZ<br>BOARD MEMBER                             | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (21) STEVE BARON<br>BOARD MEMBER                               | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (22) ANDREA ARAGON<br>PRESIDENT/CEO                            | 40.00  |   |                       |         | X            |                              | 72,641.  | 0.  | 2,906.  |
| (23)   |  |   |                       |         |              |                              |  |   |   |
| (24)   |  |   |                       |         |              |                              |  |   |   |
| (25)   |  |   |                       |         |              |                              |  |   |   |
| <b>1 b Sub-total</b>   |  |   |                       |         |              |                              | 72,641.  | 0.  | 2,906.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 72,641.  | 0.  | 2,906.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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? If 'Yes,' complete Schedule J for such individual  | 3   | X  |
| 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   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person                       | 5   | X  |

**Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |         |
|---|--|---|--|---|--|---------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                 | <b>1 a</b> Federated campaigns . . . . .   | <b>1 a</b>  |  |   |  |         |
|   | <b>b</b> Membership dues . . . . .   | <b>1 b</b>  |  |   |  |         |
|   | <b>c</b> Fundraising events . . . . .  | <b>1 c</b>  |  |   |  |         |
|   | <b>d</b> Related organizations . . . . .   | <b>1 d</b>  |  |   |  |         |
|   | <b>e</b> Government grants (contributions) . . . . .   | <b>1 e</b>  |  |   |  |         |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .  | <b>1 f</b> 1,104,239.   |  |   |  |         |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |   |  |   |  |         |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .  |   | 1,104,239.   |   |  |         |
| <b>Program Service Revenue</b>  | <b>2 a</b> SERVICE FEE REVENUES  |   |  |   |  |         |
|   |  | Business Code   |  |   |  |         |
|   | <b>b</b> OFFICIAL FUNCTIONS  | 900099  | 5,791.   | 5,791.                                  | 0.   | 0.      |
|   | <b>c</b> OTHER PROGRAM   | 900099  | 17,895.  | 17,895.                                 | 0.   | 0.      |
|   | <b>d</b> VITA PROGRAM  | 900099  | 32,329.  | 32,329.                                 | 0.   | 0.      |
|   | <b>e</b>   |   | 20,365.  | 20,365.                                 | 0.   | 0.      |
|   | <b>f</b> All other program service revenue . . . . .   |   |  |   |  |         |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .  |   | 76,380.  |   |  |         |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .   |   | 9,398.   | 9,398.                                  | 0.   | 0.      |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |   |  |   |  |         |
|   | <b>5</b> Royalties . . . . .   |   |  |   |  |         |
|   | <b>6 a</b> Gross rents . . . . .   | (i) Real  |  |   |  |         |
|   |  | (ii) Personal   |  |   |  |         |
|   |  | <b>b</b> Less: rental expenses                                  |  |   |  |         |
|   |  | <b>c</b> Rental income or (loss) . . . . .                      |  |   |  |         |
|   | <b>d</b> Net rental income or (loss) . . . . .   |   |  |   |  |         |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory  | (i) Securities  |  |   |  |         |
|   |  | (ii) Other  |  |   |  |         |
|   |  | <b>b</b> Less: cost or other basis and sales expenses . . . . . |  |   |  |         |
|   |  | <b>c</b> Gain or (loss) . . . . .                               |  |   |  |         |
|   | <b>d</b> Net gain or (loss) . . . . .  |   |  |   |  |         |
|   | <b>8 a</b> Gross income from fundraising events (not including . . \$ of contributions reported on line 1c). See Part IV, line 18. . . . . | <b>a</b>  | 37,053.  |   |  |         |
|   |  | <b>b</b> Less: direct expenses . . . . .                        |  |   |  |         |
| <b>c</b> Net income or (loss) from fundraising events . . . . .               |  |   | 37,053.  | 0.                                      | 37,053.  |         |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19. . . . . | <b>a</b>   |   |  |   |  |         |
|   | <b>b</b> Less: direct expenses . . . . .   |   |  |   |  |         |
|   | <b>c</b> Net income or (loss) from gaming activities . . . . .   |   |  |   |  |         |
| <b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>a</b>   |   |  |   |  |         |
|   | <b>b</b> Less: cost of goods sold . . . . .  |   |  |   |  |         |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . .  |   |  |   |  |         |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b>  |  |   |  |         |
| <b>11 a</b> MISC REVENUE  |  | 900099  | 3,021.   | 3,021.                                  | 0.   | 0.      |
|   | <b>b</b>   |   |  |   |  |         |
|   | <b>c</b>   |   |  |   |  |         |
|   | <b>d</b> All other revenue . . . . .   |   |  |   |  |         |
|   | <b>e Total.</b> Add lines 11a-11d . . . . .  |   |  | 3,021.                                  |  |         |
| <b>12 Total revenue.</b> See instructions . . . . .                           |  |   | 1,230,091.   | 88,799.                                 | 0.   | 37,053. |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 409,165.              | 409,165.                        |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22.   | 374,862.              | 374,862.                        |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  |                       |                                 |  |                             |
| 4 Benefits paid to or for members.   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees.  |                       |                                 |  |                             |
| 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.  | 228,238.              | 167,659.                        | 13,498.                                | 47,081.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  |                       |                                 |  |                             |
| 9 Other employee benefits.   | 27,939.               | 20,675.                         | 1,676.                                 | 5,588.                      |
| 10 Payroll taxes.  | 17,461.               | 12,921.                         | 1,048.                                 | 3,492.                      |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management.  |                       |                                 |  |                             |
| b Legal.   |                       |                                 |  |                             |
| c Accounting.  |                       |                                 |  |                             |
| d Lobbying.  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.   |                       |                                 |  |                             |
| f Investment management fees.  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | 10,656.               | 0.                              | 10,656.                                | 0.                          |
| 12 Advertising and promotion.  | 5,456.                | 4,529.                          | 0.                                     | 927.                        |
| 13 Office expenses.  | 11,680.               | 8,643.                          | 701.                                   | 2,336.                      |
| 14 Information technology.   |                       |                                 |  |                             |
| 15 Royalties.  |                       |                                 |  |                             |
| 16 Occupancy.  | 12,982.               | 9,607.                          | 779.                                   | 2,596.                      |
| 17 Travel.   | 4,160.                | 3,078.                          | 250.                                   | 832.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings.   | 12,348.               | 6,174.                          | 0.                                     | 6,174.                      |
| 20 Interest.   |                       |                                 |  |                             |
| 21 Payments to affiliates.   | 11,750.               | 0.                              | 11,750.                                | 0.                          |
| 22 Depreciation, depletion, and amortization.  | 2,679.                | 1,982.                          | 161.                                   | 536.                        |
| 23 Insurance.  | 4,290.                | 3,175.                          | 257.                                   | 858.                        |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                       |                                 |  |                             |
| a Campaign Supplies  | 13,037.               | 8,453.                          | 973.                                   | 3,611.                      |
| b Paid Direct  | 44,459.               | 44,459.                         | 0.                                     | 0.                          |
| c Postage and Shipping   | 7,504.                | 5,553.                          | 450.                                   | 1,501.                      |
| d Yearly Luncheon  | 13,962.               | 6,981.                          | 0.                                     | 6,981.                      |
| e All other expenses   | 8,438.                | 6,159.                          | 614.                                   | 1,665.                      |
| 25 Total functional expenses. Add lines 1 through 24e.   | 1,221,066.            | 1,094,075.                      | 42,813.                                | 84,178.                     |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year  |             | (B)<br>End of year |            |
|------------------------------------|---|---|-------------|--------------------|------------|
| <b>Assets</b>                      | 1   | Cash — non-interest-bearing   | 100.        | 1                  | 100.       |
|                                    | 2   | Savings and temporary cash investments  | 1,678,220.  | 2                  | 1,698,836. |
|                                    | 3   | Pledges and grants receivable, net  | 454,131.    | 3                  | 448,433.   |
|                                    | 4   | Accounts receivable, net  |             | 4                  |            |
|                                    | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |             | 5                  |            |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |             | 6                  |            |
|                                    | 7   | Notes and loans receivable, net   |             | 7                  |            |
|                                    | 8   | Inventories for sale or use   |             | 8                  |            |
|                                    | 9   | Prepaid expenses and deferred charges   | 8,861.      | 9                  | 6,865.     |
|                                    | 10a   | Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D   | 10a 39,734. |                    |            |
|                                    | b   | Less: accumulated depreciation  | 10b 35,265. | 10c 6,402.         | 4,469.     |
|                                    | 11  | Investments — publicly traded securities  |             | 11                 |            |
|                                    | 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  | 428.        | 15                 | 495.       |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 2,148,142.  | 16          | 2,159,198.         |            |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   | 564,772.    | 17                 | 578,594.   |
|                                    | 18  | Grants payable  | 16,000.     | 18                 | 10,000.    |
|                                    | 19  | Deferred revenue  |             | 19                 |            |
|                                    | 20  | Tax-exempt bond liabilities   |             | 20                 |            |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |             | 21                 |            |
|                                    | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |             | 25                 |            |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 580,772.    | 26                 | 588,594.   |
| <b>Net Assets or Fund Balances</b> | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |             |                    |            |
|                                    | 27  | Unrestricted net assets   | 884,279.    | 27                 | 930,162.   |
|                                    | 28  | Temporarily restricted net assets   | 83,091.     | 28                 | 40,442.    |
|                                    | 29  | Permanently restricted net assets   | 600,000.    | 29                 | 600,000.   |
|                                    | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |             |                    |            |
|                                    | 30  | Capital stock or trust principal, or current funds  |             | 30                 |            |
|                                    | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |             | 31                 |            |
|                                    | 32  | Retained earnings, endowment, accumulated income, or other funds  |             | 32                 |            |
| 33                                 | <b>Total net assets or fund balances</b>  | 1,567,370.  | 33          | 1,570,604.         |            |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>   | 2,148,142.  | 34          | 2,159,198.         |            |

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**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 1,230,091. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 1,221,066. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 9,025.     |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,567,370. |
| 5  | Net unrealized gains (losses) on investments   | 5  |            |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | -5,791.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,570,604. |

**Part XII Financial Statements and Reporting**

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

|  |  | Yes | No |
|--|--|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  |  |     |    |
| 2 a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |  |     |    |
| 2 b  | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis              |  |     |    |
| 2 c  | If 'Yes' to line 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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |  |     |    |
| 3 a  | 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?   |     | X  |
| 3 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     |     |    |

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

Name of the organization

United Way of Pueblo County, Colorado, Inc.

Employer identification number

84-0404917

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, or to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B**.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C**.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
| (A)                                |          |  |   |    |   |   |
| (B)                                |          |  |   |    |   |   |
| (C)                                |          |  |   |    |   |   |
| (D)                                |          |  |   |    |   |   |
| (E)                                |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011   | (b) 2012   | (c) 2013   | (d) 2014   | (e) 2015   | (f) Total  |
|---|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .  | 1,133,494. | 1,196,958. | 1,059,792. | 1,216,442. | 1,126,722. | 5,733,408. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |            |            |            |            |            |            |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .  |            |            |            |            |            |            |
| 4 <b>Total.</b> Add lines 1 through 3 . . . . .   | 1,133,494. | 1,196,958. | 1,059,792. | 1,216,442. | 1,126,722. | 5,733,408. |
| 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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .  |            |            |            |            |            | 5,733,408. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011   | (b) 2012   | (c) 2013   | (d) 2014   | (e) 2015   | (f) Total  |
|---|------------|------------|------------|------------|------------|------------|
| 7 Amounts from line 4 . . . . .   | 1,133,494. | 1,196,958. | 1,059,792. | 1,216,442. | 1,126,722. | 5,733,408. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 3,609.     | 5,831.     | 7,216.     | 9,038.     | 9,398.     | 35,092.    |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |            |            |            |            |            |            |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |            |            |            |            |            |            |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .   |            |            |            |            |            | 5,768,500. |
| 12 Gross receipts from related activities, etc. (see instructions). . . . .   |            |            |            |            | 12         | 75,002.    |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |            |            |            |            |            |            |

**Section C. Computation of Public Support Percentage**

|   |    |        |
|---|----|--------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .   | 14 | 99.39% |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .   | 15 | 99.25% |
| 16a <b>33-1/3% support test — 2015.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>  |    |        |
| b <b>33-1/3% support test — 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |    |        |
| 17a <b>10%-facts-and-circumstances test — 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |    |        |
| b <b>10%-facts-and-circumstances test — 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |    |        |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>   |    |        |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7 a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10 a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15.                     | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17   | <b>18</b> | % |
| <b>19 a 33-1/3% support tests — 2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>        |           |   |
| <b>b 33-1/3% support tests — 2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>   |           |   |

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use  |     |    |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below   |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document) |     |    |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control?  |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)   |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below   |     |    |
| b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)   |     |    |

**Part IV Supporting Organizations (continued)**

|   | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a |    |
| b A family member of a person described in (a) above?   | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI  | 11c |    |

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1   |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization   | 2   |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1   |    |

**Section D. All Type III Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1   |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)   | 2   |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard  | 3   |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

|  | Yes | No |
|--|-----|----|
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a  |    |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  | 2b  |    |
| 3 Parent of Supported Organizations. Answer (a) and (b) below.   |     |    |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI  | 3a  |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard   | 3b  |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain . . . . .  | 1              |                             |
| 2                               | Recoveries of prior-year distributions . . . . .   | 2              |                             |
| 3                               | Other gross income (see instructions) . . . . .  | 3              |                             |
| 4                               | Add lines 1 through 3 . . . . .  | 4              |                             |
| 5                               | Depreciation and depletion . . . . .   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) . . . . . | 6              |                             |
| 7                               | Other expenses (see instructions) . . . . .  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) . . . . .   | 8              |                             |

| Section B – Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities . . . . .   | 1 a            |                             |
| b                                | Average monthly cash balances . . . . .   | 1 b            |                             |
| c                                | Fair market value of other non-exempt-use assets . . . . .  | 1 c            |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c) . . . . .   | 1 d            |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets . . . . .  | 2              |                             |
| 3                                | Subtract line 2 from line 1d . . . . .  | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) . . . . .                        | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3) . . . . .  | 5              |                             |
| 6                                | Multiply line 5 by .035. . . . .  | 6              |                             |
| 7                                | Recoveries of prior-year distributions . . . . .  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6) . . . . .  | 8              |                             |

| Section C – Distributable Amount |  |   | Current Year |
|----------------------------------|--|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A) . . . . .  | 1 |              |
| 2                                | Enter 85% of line 1 . . . . .  | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A) . . . . .   | 3 |              |
| 4                                | Enter greater of line 2 or line 3 . . . . .  | 4 |              |
| 5                                | Income tax imposed in prior year . . . . .   | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) . . . . . | 6 |              |

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| Section D – Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes . . . . .  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity . . . . .    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations . . . . .  |              |
| 4 Amounts paid to acquire exempt-use assets . . . . .  |              |
| 5 Qualified set-aside amounts (prior IRS approval required). . . . .   |              |
| 6 Other distributions (describe in Part VI). See instructions . . . . .  |              |
| 7 Total annual distributions. Add lines 1 through 6 . . . . .  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. . . . . |              |
| 9 Distributable amount for 2015 from Section C, line 6 . . . . .   |              |
| 10 Line 8 amount divided by Line 9 amount . . . . .  |              |

| Section E – Distribution Allocations (see instructions)  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|--|--------------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 . . . . .   |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions) . . . . .   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2015:   |                                |  |   |
| a  |                                |  |   |
| b  |                                |  |   |
| c  |                                |  |   |
| d From 2013 . . . . .  |                                |  |   |
| e From 2014 . . . . .  |                                |  |   |
| f Total of lines 3a through e . . . . .  |                                |  |   |
| g Applied to underdistributions of prior years . . . . .   |                                |  |   |
| h Applied to 2015 distributable amount . . . . .   |                                |  |   |
| i Carryover from 2010 not applied (see instructions) . . . . .   |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f . . . . .   |                                |  |   |
| 4 Distributions for 2015 from Section D, line 7: \$ . . . . .  |                                |  |   |
| a Applied to underdistributions of prior years . . . . .   |                                |  |   |
| b Applied to 2015 distributable amount . . . . .   |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from 4 . . . . .   |                                |  |   |
| 5 Remaining underdistributions for years prior to 2015. If any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) . . . . . |                                |  |   |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) . . . . .                        |                                |  |   |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c . . . . .  |                                |  |   |
| 8 Breakdown of line 7:   |                                |  |   |
| a  |                                |  |   |
| b  |                                |  |   |
| c Excess from 2013 . . . . .   |                                |  |   |
| d Excess from 2014 . . . . .   |                                |  |   |
| e Excess from 2015 . . . . .   |                                |  |   |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See Instructions.)

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2015

Name of the organization

United Way of Pueblo County, Colorado, Inc.

Employer identification number

84-0404917

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)( 3 ) (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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|--|-------------------------------|---|
| 1             | XCEL<br>2005 LIME ROAD<br>PUEBLO CO 81006                                | \$ 179,245.                   | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 2             | PARKVIEW MEDICAL CENTER<br>400 W 16TH STREET<br>PUEBLO CO 81003          | \$ 88,816.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 3             | PCAPP (Bechtel & U.R.S.)<br>Army Depot<br>PUEBLO CO 81006                | \$ 49,992.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 4             | Trane Company<br>101 William White Blvd.<br>PUEBLO CO 81001              | \$ 36,241.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 5             | Black Hills Energy<br>105 S. Victoria Avenue<br>PUEBLO CO 81003          | \$ 27,217.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 6             | Pueblo Water aka Board of Water Works<br>P.O. Box 400<br>PUEBLO CO 81002 | \$ 25,890.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

Name of organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

**Part Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|--|-------------------------------|---|
| 7             | FLAVOR OF PUEBLO<br>PO BOX 11566<br>PUEBLO CO 81001                  | \$ 22,675.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 8             | TARGET DISTRIBUTION CENTER<br>34800 UNITED AVENUE<br>PUEBLO CO 81001 | \$ 18,857.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 9             | Rampart Supply<br>320 E 4TH STREET<br>PUEBLO CO 81001                | \$ 18,394.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 10            | Express Scripts<br>1045 W. 6th Street<br>PUEBLO CO 81003             | \$ 15,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 11            | County of Pueblo Master<br>215 W. 10th Street<br>PUEBLO CO 81003     | \$ 14,418.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 12            | Liberty Point Fun Run<br>PO Box 11566<br>PUEBLO CO 81001             | \$ 14,149.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

Name of organization

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84-0404917

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|--|-------------------------------|---|
| 13            | GCC Rio Grande<br>3372 Lime Road<br>PUEBLO CO 81004                | \$ 13,142.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 14            | United Parcel Service<br>2900 Granada<br>PUEBLO CO 81005           | \$ 13,095.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 15            | UTC AEROSPACE SYSTEMS<br>50 William White Blvd.<br>PUEBLO CO 81001 | \$ 11,998.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 16            | EVRAZ<br>1612 East Abriendo Avenue<br>PUEBLO CO 81004              | \$ 11,484.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 17            | VESTAS<br>100 Tower Road<br>PUEBLO CO 81004                        | \$ 11,380.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 18            | District 60<br>315 W. 11th Street<br>PUEBLO CO 81003               | \$ 10,598.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

Name of organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|---|-------------------------------|---|
| 19            | Chamberlain Foundation<br>PO Box 1432<br>PUEBLO CO 81002    | \$ 10,343                     | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 20            | US Bank<br>503 N. Main Street<br>PUEBLO CO 81003            | \$ 9,338                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 21            | City of Pueblo<br>230 S. Mechanic Street<br>PUEBLO CO 81003 | \$ 8,811                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 22            | WELLS FARGO<br>90 South 7th Street<br>MINNEAPOLIS MN 55479  | \$ 8,555                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 23            | BLAZER ELECTRIC<br>PO BOX 636<br>PUEBLO CO 81002            | \$ 8,500                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 24            | District 70 Master<br>24951 E. Hwy 50<br>PUEBLO CO 81006    | \$ 8,323                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

Name of organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|---|-------------------------------|---|
| 25            | TR Toppers<br>320 Fairchild<br>PUEBLO CO 81001                            | \$ 7,706.                     | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 26            | AT&T Wireless<br>100 South Main<br>PUEBLO CO 81003                        | \$ 7,635.                     | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 27            | Atlas Pacific<br>1 Atlas Avenue<br>PUEBLO CO 81001                        | \$ 7,528.                     | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 28            | United Way of Pueblo County<br>2631 E. 4th Street<br>PUEBLO CO 81001      | \$ 6,832.                     | Person <input type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.)            |
| 29            | Ent Federal Credit Union<br>P.O. Box 15819<br>COLORADO SPRINGS CO 80935   | \$ 6,813.                     | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 30            | Housing Authority of Pueblo<br>1414 N. Santa Fe Avenue<br>PUEBLO CO 81003 | \$ 6,550.                     | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

Name of organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|--|-------------------------------|---|
| 31            | Transportation Technology Center<br>PO Box 11130<br>PUEBLO CO 81001        | \$ 6,266                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 32            | Centura Health<br>1008 Minnequa Avenue<br>PUEBLO CO 81004                  | \$ 6,180                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 33            | Pueblo Community Health Center<br>110 East Routt Avenue<br>PUEBLO CO 81004 | \$ 6,016                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 34            | United Way Kick-Off Auction<br>PO Box 11566<br>PUEBLO CO 81001             | \$ 5,381                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 35            | Southern Colorado Community Foundation<br>P.O. Box 4202<br>PUEBLO CO 81002 | \$ 5,000                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 36            | El Pomar<br>10 LAKE CIRCLE<br>COLORADO SPRINGS CO 80906                    | \$ 5,000                      | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

Name of organization: United Way of Pueblo County, Colorado, Inc. Employer identification number: 84-0404917

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|---|-------------------------------|---|
| 37            | <u>Temple Hoyne Buell Foundation</u><br><u>1666 S. University Blvd., Ste. B</u><br><u>DENVER CO 80210</u> | \$ <u>5,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38            | <u>Community First Foundation</u><br><u>5855 Wadsworth Bypass, Unit A</u><br><u>ARVADA CO 80003</u>       | \$ <u>5,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39            | <u>AECOM</u><br><u>45825 HWY 96 E PSB</u><br><u>PUEBLO CO 81006</u>                                       | \$ <u>5,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|               |   | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |   | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|               |   | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.**

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    | 610,947.         | 616,561.       | 628,102.           | 641,291.             | 650,226.            |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 3,735.           | 3,912.         | 4,876.             | 2,945.               | 7,267.              |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 3,404.           | 9,526.         | 16,417.            | 16,134.              | 16,202.             |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 611,278.         | 610,947.       | 616,561.           | 628,102.             | 641,291.            |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 39,734.                         | 35,265.                      | 4,469.         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 4,469.         |

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)        | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely-held equity interests   |                |   |
| (3) Other   |                |   |
| (A) -----   |                |   |
| (B) -----   |                |   |
| (C) -----   |                |   |
| (D) -----   |                |   |
| (E) -----   |                |   |
| (F) -----   |                |   |
| (G) -----   |                |   |
| (H) -----   |                |   |
| (I) -----   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) |                |   |

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) |                |   |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability  | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |   |    |          |            |
|---|---|----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1        | 1,201,724. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |            |
|   | a Net unrealized gains (losses) on investments                                  | 2a |          |            |
|   | b Donated services and use of facilities  | 2b | 46,936.  |            |
|   | c Recoveries of prior year grants   | 2c |          |            |
|   | d Other (Describe in Part XIII.)  | 2d | -75,303. |            |
|   | e Add lines 2a through 2d   | 2e |          | -28,367.   |
| 3 | Subtract line 2e from line 1  |    | 3        | 1,230,091. |
| 4 | Amounts 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 XIII.)  | 4b |          |            |
|   | c Add lines 4a and 4b   | 4c |          |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5        | 1,230,091. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |  |    |          |            |
|---|--|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1        | 1,198,491. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |            |
|   | a Donated services and use of facilities   | 2a | 46,936.  |            |
|   | b Prior year adjustments   | 2b |          |            |
|   | c Other losses   | 2c |          |            |
|   | d Other (Describe in Part XIII.)   | 2d | -69,511. |            |
|   | e Add lines 2a through 2d  | 2e |          | -22,575.   |
| 3 | Subtract line 2e from line 1   |    | 3        | 1,221,066. |
| 4 | Amounts 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 XIII.)   | 4b |          |            |
|   | c Add lines 4a and 4b  | 4c |          |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5        | 1,221,066. |

**Part XIII Supplemental Information.**

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

Pt XI, Line 2d Donor designations of \$75,302  
 Pt XII, Line 2d Donor designated expenses of \$69,511

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization

United Way of Pueblo County, Colorado, Inc.

Employer identification number

84-0404917

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2                     | (c) Other events                  | (d) Total events                    |         |         |
|-----------------|----|--|----------------------------------|-----------------------------------|-------------------------------------|---------|---------|
|                 |    | FLAVOR<br>(event type)                                       | LIBERTY POINT 5K<br>(event type) | KICKOFF AUCTION<br>(total number) | (add column (a) through column (c)) |         |         |
| REVENUE         | 1  | Gross receipts   | 19,979.                          | 11,693.                           | 5,381.                              | 37,053. |         |
|                 | 2  | Less: Contributions  |                                  |                                   |                                     |         |         |
|                 | 3  | Gross income (line 1 minus line 2)                           | 19,979.                          | 11,693.                           | 5,381.                              | 37,053. |         |
| DIRECT EXPENSES | 4  | Cash prizes  |                                  |                                   |                                     |         |         |
|                 | 5  | Noncash prizes   |                                  |                                   |                                     |         |         |
|                 | 6  | Rent/facility costs  |                                  |                                   |                                     |         |         |
|                 | 7  | Food and beverages   |                                  |                                   |                                     |         |         |
|                 | 8  | Entertainment  |                                  |                                   |                                     |         |         |
|                 | 9  | Other direct expenses  | 1,937.                           | 6,460.                            |                                     | 8,397.  |         |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |                                  |                                   |                                     |         | 8,397.  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |                                  |                                   |                                     |         | 28,656. |

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming          | (d) Total gaming (add column (a) through column (c)) |  |
|-----------------|---|--|---|---------------------------|--|--|
|                 |   | REVENUE  | 1   | Gross revenue             |  |  |
| DIRECT EXPENSES | 2 | Cash prizes  |   |                           |  |  |
|                 | 3 | Noncash prizes   |   |                           |  |  |
|                 | 4 | Rent/facility costs  |   |                           |  |  |
|                 | 5 | Other direct expenses  |   |                           |  |  |
|                 | 6 | Volunteer labor  | Yes _____ %<br>No _____ %                     | Yes _____ %<br>No _____ % | Yes _____ %<br>No _____ %                            |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |                           |  |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |                           |  |  |

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

|                               |      |   |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility         | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

United Way of Pueblo County, Colorado, Inc.  
**Part II** General Information on Grants and Assistance

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Employer identification number

84-0404917

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part III** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) AMERICAN RED CROSS<br>4104 OUTLOOK BLVD<br>PUEBLO CO 81008         | 84-0437753 | 501C3                         | 15,800.                  |                                   |   |  | VARIOUS CHAR                       |
| (2) BOY SCOUTS ROCKY Mtn. COUN<br>411 S PUEBLO BLVD<br>PUEBLO CO 81005 | 22-1576300 | 501C3                         | 39,500.                  |                                   |   |  | BOYS ACTIVITIE                     |
| (3) BOYS AND GIRLS CLUB OF PU<br>2601 SPRAGUE AVE<br>PUEBLO CO 81003   | 23-7307508 | 501C3                         | 60,000.                  |                                   |   |  | CHILDREN ACTIV                     |
| (4) CATHOLIC CHARITIES OF THE<br>429 W 10TH ST #101<br>PUEBLO CO 81003 | 84-0471001 | 501C3                         | 29,000.                  |                                   |   |  | VARIOUS CHAR                       |
| (5) COOPERATIVE CARE CENTER<br>325 W 10TH ST<br>PUEBLO CO 81003        | 84-0913793 | 501C3                         | 34,000.                  |                                   |   |  | FREE CARE OF C                     |
| (6) EASTSIDE CHILDCARE CENTER<br>PO BOX 11266<br>PUEBLO CO 81001       | 84-0709410 | 501C3                         | 47,600.                  |                                   |   |  | CHILD CARE                         |
| (7) PUEBLO CHILD ADVOCACY CEN<br>301 E 13TH ST<br>Pueblo CO 81003      | 84-1071784 | 84-1071784                    | 26,000.                  |                                   |   |  | CHILD ADVOCACY                     |
| (8) YWCA<br>801 N SANTA FE<br>PUEBLO CO 81003                          | 84-0404925 | 501C3                         | 51,000.                  |                                   |   |  | AID TO WOMEN                       |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

0

TEEA3901 11/04/15

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance           | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 Community Impact Grants                 | 21,000                   | 32,000.                  |                                   |   |  |
| 2 CCC Disbursement                        | 23                       | 19,187.                  |                                   |   |  |
| 3 DESIGNATIONS TO NONMEMBER AGENCIES      | 76                       | 50,324.                  |                                   |   |  |
| 4 CPS DISBURSEMENT                        | 697                      | 10,000.                  |                                   |   |  |
| 5 VITA PROGRAM                            | 1,123                    | 27,704.                  |                                   |   |  |
| 6 IBEW ER PROGRAM                         | 5                        | 444.                     |                                   |   |  |
| 7 BOARD OF WATER WORKS CATHOLIC CHARITIES | 909                      | 120,000.                 |                                   |   |  |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

United Way of Pueblo County, Colorado, Inc.

Employer identification number

84-0404917

**Public Safety Grant**

Responding to a concern regarding community safety, United Way of Pueblo County responded by giving a special \$20,000 grant to the Pueblo Police Department. The grant was geared to support gang & drug prevention, graffiti removal, Neighborhood Watch and patrol initiatives, which is an outreach to kids in the community. It is estimated that over 10,000 individuals will be directly impacted by this grant.

**Pueblo Volunteer Income Tax Assistance (VITA) Program**

Pueblo VITA is an IRS program that provides free tax preparation and filing for those who make \$54,000 or less total household income, using highly trained community volunteers. During the 2016 tax season, we were able to serve 1,241 individuals and families, resulting in a return on investment of over \$1,679,000 in tax returns, tax credits and tax preparation savings going back into the Pueblo community.

**United Way Mentoring Program**

United Way of Pueblo County, Pueblo City Schools, Pueblo School District 70 and local businesses & organizations completed our fifth year of our United Way Middle School Mentoring Program. As a result, we have over 80 mentors/mentees at five local middle schools, Heaton, Pueblo Academy of the Arts and Liberty Point International and Roncalli STEM Academy. Heroes Academy is our newest school, added in December of 2015.

Mentors are recruited from the general community as well as the business community, and spend one hour a week each week with their student during the lunch hour at the school. Students involved in the program show marked improvement in school engagement, grades, attendance and behavioral issues.

**Holiday Assistance**

Difficult economic conditions and a decrease in donations prompted United Way to assist Salvation Army Angel Tree to provide 50 needy children with holiday toys. We also provided funding for the community Christmas Meal, which served over 600 individuals and families on Christmas day.

**Community Impact Funding -**

Since 2005, United Way Board of Trustees has provided additional grants to help solve new and emerging needs that can make the biggest impact in our community. These are grants made to organizations that have not been previously funded by United Way. As a result, United Way has invested approximately \$376,100 to benefit new needs. In 2015/2016 specifically, we provided a grant to A Caring Pregnancy Center to provide their Life Services Program, whose aim is to break the cycle of poverty that begins with unplanned pregnancy. Impacting over 600 lives, the program provides financial stability & better parenting classes, counseling and general life support. We provided a grant to Colorado Farm to Table, to empower the organization to build capacity to plant,

Name of the organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

grow, harvest and distribute more fresh produce to partner food/banks pantries in Pueblo at no cost. Over 30,312 pounds of fresh vegetables were provided to those in need.

Nonprofit Training and Advocacy - United Way prides itself on having high standards of excellence in the areas of governance, finance and donor stewardship. An example is that we serve as a lead partner in the Pueblo Nonprofit Day Luncheon, which provides training, presentations from experts in the nonprofit sector, and celebrates the enormous impact nonprofits have in Pueblo County. We often partner with other local foundations to offer nonprofit training and development opportunities. We are also compliant with United Way World Wide Standards of Accountability and Excellence, which measures governance, financial accountability and donor stewardship.

Pt III, Line 2

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING

Pt VI, Line 11b

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS SIGNED ANNUALLY BY OFFICERS AND EMPLOYEES. THIS POLICY IS MONITORED AND ENFORCED.

Pt VI, Line 12c

THE ORGANIZATION HAS A POLICY FOR SALARY AND WAGE DETERMINATION TO UTILIZE AVAILABLE SALARY DATA AND INFORMATION FROM COMPARABLE ORGANIZATIONS AND FOR COMPARABLE POSITIONS TO DETERMINE SALARY. WHENEVER FISCALLY POSSIBLE THE SALARY AND WAGE RANGES WILL BE COMPARABLE TO MARKET CONDITIONS. BOARD MEMBERS AND VOLUNTEERS ARE NOT COMPENSATED FOR THEIR TIME.

Pt VI, Line 15a

Pt VI, Line 15b

As above.

The Organization makes governing documents, conflict of interest policy, and financial statements available to the public when requested and an official of the Organization will meet to discuss.

Pt VI, Line 19

Part XI, Line 9: Service fees of are the net of donor designations and donor designations passed through.

Pt XI

Part III, line 4d:

Emergency Food and Shelter Program

United Way of Pueblo County serves as the local administrator for the federally funded Emergency Food and Shelter Program grants that provide food and shelter for those in need. We are responsible for oversight of funds distributed and must ensure programs receiving funds are in full compliance with federal guidelines. We also submit recommendations on funding, and are responsible for submitting accurate final reports as required by EFSP. In 2015, we were responsible for oversight of \$73,927. These dollars benefited eleven different nonprofit organizations, and provide tens of thousands units of service to nonprofits providing food and shelter.

Donor Designations

We processed approximately \$49,000 to 60 plus nonprofit organizations in nonmember donor designated funds. Donor-designated funds are contributions specifically directed by the donor to be forwarded to other nonprofit organizations. United Way acts as an agent that collects, processes and disburses the funds. We provide this service as a convenience to our donors. Since it is given solely by the desire of the donor, we do not require the recipient organizations to provide us

Name of the organization

United Way of Pueblo County, Colorado, Inc.

Employer identification number

84-0404917

with information relative to the use and results of these contributions.

#### Volunteerism

United Way of Pueblo County encourages volunteerism. United Way of Pueblo County has over 667 volunteers providing over 8,450 hours of service assisting in areas such as mentoring, tax preparation, special events, allocations, finance, marketing and fundraising, resulting in \$199,082 worth of volunteer time at the standard volunteer hourly rate of \$23.56. We have many donors who work to encourage philanthropy and generosity within their workplace and throughout the community. We also assist other nonprofits in finding volunteers for their organization via our large support network.

Other

Other

Pt XI

#### General Explanation Attachment:

PART XI, LINE 9: Difference is the net of excluded revenues and expenses for donor designations and donated services (in-kind)

---

Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 1 (continued)

---

Briefly describe the organization's mission: to enhance the quality of life for the people of Pueblo County. Well over 167k units of service were provided in FY16. In addition, United Way creates community partnerships to address needs in our community and works to ensure the greatest impact from donor dollars.

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning Jul 1, 2014, and ending Jun 30, 2015

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization United Way of Pueblo County, Colorado, Inc.  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO Box 11566  
 City or town, state or province, country, and ZIP or foreign postal code  
Pueblo CO 81001

**D** Employer identification number  
84-0404917

**E** Telephone number  
(719) 583-4455

**F** Name and address of principal officer:  
Andrea Aragon PO Box 11566 Pueblo CO 81001

**G** Gross receipts \$1,314,114.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If 'No,' attach a list. (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: www.pueblounitedway.com

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1969 **M** State of legal domicile: CO

**H(c)** Group exemption number ▶

**Part I Summary**

|                                    |   |  |                                  |                     |
|------------------------------------|---|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | 1   | Briefly describe the organization's mission or most significant activities: <u>The United Way of Pueblo County, Colorado, Inc. raises funds to be distributed to various programs and charitable organizations to benefit the community. Our mission is to develop donor resources to enhance the quality of life for the people of Pueblo County. Well over 136k units of service were provided in FY15. In addition, United Way creates community partnerships to address needs in our community and works to ensure the greatest impact from donor dollars.</u> |                                  |                     |
|                                    | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|                                    | 3   | Number of voting members of the governing body (Part VI, line 1a) . . . . .  | <u>3</u>                         | 18                  |
|                                    | 4   | Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  | <u>4</u>                         | 18                  |
|                                    | 5   | Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .   | <u>5</u>                         | 5                   |
|                                    | 6   | Total number of volunteers (estimate if necessary) . . . . .   | <u>6</u>                         | 620                 |
|                                    | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .   | <u>7a</u>                        | 0.                  |
| 7b                                 | Net unrelated business taxable income from Form 990-T, line 34 . . . . .            | <u>7b</u>  | 0.                               |                     |
| <b>Revenue</b>                     | 8   | Contributions and grants (Part VIII, line 1h) . . . . .  | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | 9   | Program service revenue (Part VIII, line 2g) . . . . .   | 1,059,792.                       | 1,216,442.          |
|                                    | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .  | 46,505.                          | 51,274.             |
|                                    | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .   | 7,216.                           | 9,038.              |
|                                    | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .   | 1,141,303.                       | 1,314,114.          |
| <b>Expenses</b>                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .   | 751,175.                         | 797,862.            |
|                                    | 14  | Benefits paid to or for members (Part IX, column (A), line 4) . . . . .  | 0.                               |                     |
|                                    | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .  | 259,546.                         | 270,041.            |
|                                    | 16a   | Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  |                                  |                     |
|                                    | b   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>78,921.</u>   |                                  |                     |
|                                    | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .   | 132,767.                         | 162,935.            |
| 18                                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . | 1,143,488.   | 1,230,838.                       |                     |
| 19                                 | Revenue less expenses. Subtract line 18 from line 12 . . . . .                      | -2,185.  | 83,276.                          |                     |
| <b>Net Assets or Fund Balances</b> | 20  | Total assets (Part X, line 16) . . . . .   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | 21  | Total liabilities (Part X, line 26) . . . . .  | 2,071,735.                       | 2,148,142.          |
|                                    | 22  | Net assets or fund balances. Subtract line 21 from line 20 . . . . .   | 583,566.                         | 580,772.            |
|                                    |   |  | 1,488,169.                       | 1,567,370.          |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: Bonnie Dickerson Date: 12/15/2015

Type or print name and title: Bonnie Dickerson, Treasurer

**Paid Preparer Use Only**

Print/Type preparer's name: Craig Denlinger, CPA Preparer's signature: [Signature] Date: 11/16/15

Firm's name: Artesian CPA, LLC Check  if PTIN self-employed P01063062

Firm's address: 6403 S Datura St Littleton CO 80120 Firm's EIN: 47-2370837

Phone no. \_\_\_\_\_

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The United Way of Pueblo County, Colorado, Inc. raises funds to be distributed to various programs and charitable organizations to benefit the community. Our mission is to develop donor resources to enhance See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 286,225. including grants of \$ 0.) (Revenue \$ 0.) Family Strengthening: Over 13,400 units of service were provided. Specifically, over 10,000 boys and girls were enriched by traditional scouting and scouting in the school programs. Over 700 youth received beneficial after school services including decision making, tutoring, recreation, and leadership skills. Nearly 300 children and families received daycare on a sliding fee scale. Approximately 35,000 senior citizens received home and yard maintenance on a sliding fee scale, chronic disease management and access to wellness clinics and personal hygiene products. 70 middle school students received mentor support via a pilot mentoring program at Heaton Middle School

4b (Code: ) (Expenses \$ 167,175. including grants of \$ 0.) (Revenue \$ 0.) Crisis Services: Over 17,800 units of service were provided. Specifically, over 370 people received disaster service assistance and services to the Armed Forces. United Way funding provided services to approximately 760 children and their families facing physical and sexual abuse. Over 13,600 people were provided with suicide prevention assistance, education, and mental health counseling. Approximately 3,600 victims of domestic violence (women and children) received shelter, food, counseling, and daycare and homelessness prevention services. Over 10,000 bed nights were provided to homeless families.

4c (Code: ) (Expenses \$ 335,131. including grants of \$ 0.) (Revenue \$ 0.) Poverty: Over 81,000 units of service were provided. Specifically, United Way of Pueblo County funding assisted those individuals living in poverty by providing approximately 6,400 units of service in housing and homeless (rent/mortgage) prevention and utility assistance and counseling on a sliding fee scale. United Way funds provided over 100,000 units of service including meals, food sacks, emergency medical prescriptions and emergency transportation. Approximately 3,500 children received dental assistance that otherwise would have gone without. Over 1,000 families received water utility assistance. 150 children were provided with holiday gifts. 1,123 individuals and families received free tax refund assistance.

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

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

4e Total program service expenses 788,531.

**Part IV Checklist 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. . . . .  | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | X   |    |
| 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. . . . .   |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . .   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . . .   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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. . . . .   |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II . . . . .  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. . . . .  |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 . . . . .            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V . . . . .   | X   |    |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. . . . .   | X   |    |
| b 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. . . . .  |     | X  |
| c 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 . . . . .   |     | X  |
| d 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 . . . . .  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . .   | X   |    |
| f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . . .  |     | X  |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. . . . .   | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . .   |     | X  |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV . . . . . |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV . . . . .   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV . . . . .   |     | X  |
| 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 (see instructions) . . . . .  |     | X  |
| 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 . . . . .   | X   |    |
| 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. . . . .  |     | X  |
| 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . .  |     | X  |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . .   | X   |    |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . . . . .   | X   |    |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 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 . . . . .  |     | X  |
| 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 lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a . . . . .                           |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| 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? . . . . .   |     |    |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| 25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I . . . . .  |     | X  |
| 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 . . . . .  |     | X  |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II . . . . .                                 |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III . . . . . |     | X  |
| 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):   |     |    |
| a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . .  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . .   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV . . . . .   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . .  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M . . . . .  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . .  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II . . . . .  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I . . . . .  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .  |     | X  |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  |     | X  |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 . . . . .  |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 . . . . .   |     | X  |
| 37 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 . . . . .   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | X   |    |

BAA

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

|  |  | Yes | No |
|--|--|-----|----|
| 1 a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   |     |    |
| 1 a  | 2  |     |    |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |     |    |
| 1 b  | 0  |     |    |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | X   |    |
| 1 c  |  |     |    |
| 2 a  | 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 return . . . . .  |     |    |
| 2 a  | 5  |     |    |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .   | X   |    |
| 2 b  |  |     |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |  |     |    |
| 3 a  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |     | X  |
| 3 a  |  |     |    |
| b  | If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . .   |     |    |
| 3 b  |  |     |    |
| 4 a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . |     | X  |
| 4 a  |  |     |    |
| b  | If 'Yes,' enter the name of the foreign country: ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)  |     |    |
| 5 a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | X  |
| 5 a  |  |     |    |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |     | X  |
| 5 b  |  |     |    |
| c  | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .   |     |    |
| 5 c  |  |     |    |
| 6 a  | 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 as charitable contributions? . . . . .                                    |     | X  |
| 6 a  |  |     |    |
| b  | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| 6 b  |  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |  |     |    |
| a  | 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? . . . . .  | X   |    |
| 7 a  |  |     |    |
| b  | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .  | X   |    |
| 7 b  |  |     |    |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | X  |
| 7 c  |  |     |    |
| d  | If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . .  |     |    |
| 7 d  |  |     |    |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |     | X  |
| 7 e  |  |     |    |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |     | X  |
| 7 f  |  |     |    |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |     | X  |
| 7 g  |  |     |    |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |     | X  |
| 7 h  |  |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . |  |     |    |
| 8  |  |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |  |     |    |
| a  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |     |    |
| 9 a  |  |     |    |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |     |    |
| 9 b  |  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |  |     |    |
| a  | Initiation fees and capital contributions included on Part VIII, line 12. . . . .  |     |    |
| 10 a   |  |     |    |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  |     |    |
| 10 b   |  |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |  |     |    |
| a  | Gross income from members or shareholders. . . . .   |     |    |
| 11 a   |  |     |    |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   |     |    |
| 11 b   |  |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  |  |     |    |
| 12 a   |  |     |    |
| b  | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . .  |     |    |
| 12 b   |  |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |  |     |    |
| a  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .   |     |    |
| 13 a   |  |     |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |  |     |    |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  |     |    |
| 13 b   |  |     |    |
| c  | Enter the amount of reserves on hand . . . . .   |     |    |
| 13 c   |  |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  |  |     |    |
| 14 a   |  |     | X  |
| b  | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .  |     |    |
| 14 b   |  |     |    |

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

Check if Schedule O contains a response or note to any line in this Part VI.  X

**Section A. Governing Body and Management**

|     |  | Yes | No |
|-----|--|-----|----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| 1 b | Enter the number of voting members included in line 1a, above, who are independent . . . . .   |     |    |
| 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? . . . . .  |     | X  |
| 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? . . . . .   |     | X  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |     | X  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |     | X  |
| 6   | Did the organization have members or stockholders? . . . . .   |     | X  |
| 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   |     | X  |
| 7 b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |     | X  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . .  |     |    |
| 8 a | The governing body? . . . . .  | X   |    |
| 8 b | Each committee with authority to act on behalf of the governing body? . . . . .  | X   |    |
| 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 . . . . .   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|      |  | Yes | No |
|------|--|-----|----|
| 10 a | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | X  |
| 10 b | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |     |    |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | X   |    |
| 11 b | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| 12 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . .  | X   |    |
| 12 b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | X   |    |
| 12 c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . .   | X   |    |
| 13   | Did the organization have a written whistleblower policy? . . . . .  | X   |    |
| 14   | Did the organization have a written document retention and destruction policy? . . . . .   | X   |    |
| 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? . . . . .   |     |    |
| 15 a | The organization's CEO, Executive Director, or top management official . . . . .   | X   |    |
| 15 b | Other officers or key employees of the organization . . . . .  | X   |    |
|      | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | X  |
| 16 b | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

**Section C. Disclosure**

- 17 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 United Way of Pueblo County PO Box 11566 Pueblo CO 81001 (719) 583-4455

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a 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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                      |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MATT SMITH<br>CHAIR              | 1.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) BONNIE DICKERSON<br>TREASURER    | 1.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) MICHELLE PEULEN<br>SECRETARY     | 1.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) RICK HOLMES<br>BOARD MEMBER      | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) JIM DUFF<br>BOARD MEMBER         | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) DOUG HAYES<br>BOARD MEMBER       | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) JOHN KEILBACH<br>BOARD MEMBER    | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) TRACY MARTINEZ<br>BOARD MEMBER   | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) RICK SCHOLTES<br>BOARD MEMBER    | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) DOMINIC GALLINA<br>BOARD MEMBER | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) JOHN BATEY<br>BOARD MEMBER      | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) TED ORTIVIZ<br>BOARD MEMBER     | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) KAREN TRUJILLO<br>BOARD MEMBER  | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) RUBEN ROMAN<br>BOARD MEMBER     | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) DAVE GALLI<br>PAST CHAIR  | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (16) BRET JONES<br>BOARD MEMBER  | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (17) PAULA CHOSTNER<br>BOARD MEMBER                                      | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (18) SCOTT LEE<br>BOARD MEMBER   | 1.00   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (19) -----   |  |   |                       |         |              |                              |  |   |   |
| (20) -----   |  |   |                       |         |              |                              |  |   |   |
| (21) -----   |  |   |                       |         |              |                              |  |   |   |
| (22) -----   |  |   |                       |         |              |                              |  |   |   |
| (23) -----   |  |   |                       |         |              |                              |  |   |   |
| (24) -----   |  |   |                       |         |              |                              |  |   |   |
| (25) -----   |  |   |                       |         |              |                              |  |   |   |
| <b>1 b Sub-total</b> . . . . .   |  |   |                       |         |              |                              | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 0.   | 0.  | 0.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual . . . . .  |     | X  |
| 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 . . . . . |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person . . . . .                       |     | X  |

**Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

|  |   | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |    |
|--|---|---|--|---|--|----|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                          | <b>1 a</b> Federated campaigns . . . . . <b>1 a</b>   |   |  |   |  |    |
|  | <b>b</b> Membership dues . . . . . <b>1 b</b>   |   |  |   |  |    |
|  | <b>c</b> Fundraising events . . . . . <b>1 c</b>  |   |  |   |  |    |
|  | <b>d</b> Related organizations . . . . . <b>1 d</b>   |   |  |   |  |    |
|  | <b>e</b> Government grants (contributions) . . . . . <b>1 e</b>   |   |  |   |  |    |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1 f</b>  | 1,216,442.  |  |   |  |    |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   |  |   |  |    |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   | 1,216,442.  |  |   |  |    |
| <b>Program Service Revenue</b>   | <b>Business Code</b>  |   |  |   |  |    |
|  | <b>2 a</b> SERVICE FEE REVENUES . . . . .   | 900099  | 4,078.   | 4,078.                                  | 0.   | 0. |
|  | <b>b</b> OFFICIAL FUNCTIONS . . . . .   | 900099  | 13,464.  | 13,464.                                 | 0.   | 0. |
|  | <b>c</b> GIL PADILLA MEMORIAL FUND . . . . .  | 900099  | 8,400.   | 8,400.                                  | 0.   | 0. |
|  | <b>d</b> OTHER DESIGNATIONS . . . . .   | 900099  | 658.   | 658.                                    | 0.   | 0. |
|  | <b>e</b> VITA PROGRAM . . . . .   | 900099  | 24,674.  | 24,674.                                 | 0.   | 0. |
|  | <b>f</b> All other program service revenue . . . . .  |   |  |   |  |    |
| <b>g Total.</b> Add lines 2a-2f . . . . . ▶  |   | 51,274.   |  |   |  |    |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶  |   | 9,038.   | 9,038.                                  | 0.   | 0. |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶   |   |  |   |  |    |
|  | <b>5</b> Royalties . . . . . ▶  |   |  |   |  |    |
|  | <b>6 a</b> Gross rents . . . . .  | (i) Real  |  |   |  |    |
|  |   | (ii) Personal   |  |   |  |    |
|  |   | <b>b</b> Less: rental expenses                                  |  |   |  |    |
|  |   | <b>c</b> Rental income or (loss) . . . . .                      |  |   |  |    |
|  | <b>d</b> Net rental income or (loss) . . . . . ▶  |   |  |   |  |    |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  |  |   |  |    |
|  |   | (ii) Other  |  |   |  |    |
|  |   | <b>b</b> Less: cost or other basis and sales expenses . . . . . |  |   |  |    |
|  |   | <b>c</b> Gain or (loss) . . . . .                               |  |   |  |    |
|  | <b>d</b> Net gain or (loss) . . . . . ▶   |   |  |   |  |    |
|  | <b>8 a</b> Gross income from fundraising events (not including . . \$ of contributions reported on line 1c). See Part IV, line 18. . . . . <b>a</b> | 37,008.   |  |   |  |    |
|  | <b>b</b> Less: direct expenses . . . . . <b>b</b>   |   |  |   |  |    |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ▶                      |   | 37,008.   |  | 0.                                      | 37,008.  |    |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19. . . . . <b>a</b> |   |   |  |   |  |    |
| <b>b</b> Less: direct expenses . . . . . <b>b</b>                                      |   |   |  |   |  |    |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶                       |   |   |  |   |  |    |
| <b>10 a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>   |   |   |  |   |  |    |
| <b>b</b> Less: cost of goods sold . . . . . <b>b</b>                                   |   |   |  |   |  |    |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶                      |   |   |  |   |  |    |
| <b>Miscellaneous Revenue</b>   |   | <b>Business Code</b>  |  |   |  |    |
| <b>11 a</b> MISC REVENUE . . . . .   | 900099  | 352.  | 352.   | 0.                                      | 0.   |    |
| <b>b</b> . . . . .   |   |   |  |   |  |    |
| <b>c</b> . . . . .   |   |   |  |   |  |    |
| <b>d</b> All other revenue . . . . .   |   |   |  |   |  |    |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶  |   | 352.  |  |   |  |    |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                                  |   | 1,314,114.  | 60,664.  | 0.                                      | 37,008.  |    |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. . . . .  | 462,167.              | 462,167.                        |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. . . . .   | 335,695.              | 335,695.                        |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  |                       |                                 |  |                             |
| 4 Benefits paid to or for members. . . . .   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   |                       |                                 |  |                             |
| 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. . . . .  | 223,751.              | 164,365.                        | 13,232.                                | 46,154.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . .  |                       |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 29,182.               | 21,595.                         | 1,751.                                 | 5,836.                      |
| 10 Payroll taxes . . . . .   | 17,108.               | 12,660.                         | 1,026.                                 | 3,422.                      |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   |                       |                                 |  |                             |
| b Legal . . . . .  |                       |                                 |  |                             |
| c Accounting . . . . .   |                       |                                 |  |                             |
| d Lobbying . . . . .   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| f Investment management fees . . . . .   |                       |                                 |  |                             |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 10,429.               | 0.                              | 10,429.                                | 0.                          |
| 12 Advertising and promotion . . . . .   | 7,040.                | 5,843.                          | 0.                                     | 1,197.                      |
| 13 Office expenses . . . . .   | 9,399.                | 6,955.                          | 564.                                   | 1,880.                      |
| 14 Information technology . . . . .  |                       |                                 |  |                             |
| 15 Royalties . . . . .   |                       |                                 |  |                             |
| 16 Occupancy . . . . .   | 2,600.                | 1,924.                          | 156.                                   | 520.                        |
| 17 Travel . . . . .  | 4,379.                | 3,240.                          | 263.                                   | 876.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 13,196.               | 6,598.                          | 0.                                     | 6,598.                      |
| 20 Interest . . . . .  |                       |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 10,872.               | 0.                              | 10,872.                                | 0.                          |
| 22 Depreciation, depletion, and amortization . . . . .   | 2,939.                | 2,175.                          | 176.                                   | 588.                        |
| 23 Insurance . . . . .   | 3,526.                | 2,609.                          | 212.                                   | 705.                        |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .                                     |                       |                                 |  |                             |
| a Campaign Supplies . . . . .  | 13,260.               | 8,377.                          | 1,025.                                 | 3,858.                      |
| b Paid Direct . . . . .  | 44,905.               | 44,905.                         | 0.                                     | 0.                          |
| c Postage and Shipping . . . . .   | 7,544.                | 5,582.                          | 453.                                   | 1,509.                      |
| d Official Functions . . . . .   | 17,518.               | 12,123.                         | 841.                                   | 4,554.                      |
| e All other expenses . . . . .   | 15,328.               | 13,737.                         | 367.                                   | 1,224.                      |
| 25 Total functional expenses. Add lines 1 through 24e. . . . .   | 1,230,838.            | 1,110,550.                      | 41,367.                                | 78,921.                     |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | 1 Cash – non-interest-bearing . . . . .   | 100.                     | 1          | 100.               |
|   | 2 Savings and temporary cash investments . . . . .  | 1,625,127.               | 2          | 1,678,220.         |
|   | 3 Pledges and grants receivable, net . . . . .  | 430,510.                 | 3          | 454,131.           |
|   | 4 Accounts receivable, net . . . . .  |                          | 4          |                    |
|   | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                          | 5          |                    |
|   | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | 6          |                    |
|   | 7 Notes and loans receivable, net . . . . .   |                          | 7          |                    |
|   | 8 Inventories for sale or use . . . . .   |                          | 8          |                    |
|   | 9 Prepaid expenses and deferred charges . . . . .   | 7,398.                   | 9          | 8,861.             |
|   | 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .  | 10 a 38,989.             |            |                    |
|   | b Less: accumulated depreciation . . . . .  | 10 b 32,587.             | 8,359.     | 10 c 6,402.        |
|   | 11 Investments – publicly traded securities . . . . .   |                          | 11         |                    |
|   | 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 . . . . .   | 241.                     | 15         | 428.               |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 2,071,735.  | 16                       | 2,148,142. |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses . . . . .  | 549,974.                 | 17         | 564,772.           |
|   | 18 Grants payable . . . . .   | 16,000.                  | 18         | 16,000.            |
|   | 19 Deferred revenue . . . . .   |                          | 19         |                    |
|   | 20 Tax-exempt bond liabilities . . . . .  |                          | 20         |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | 21         |                    |
|   | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 17,592.                  | 25         |                    |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 583,566.                 | 26         | 580,772.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |
|   | 27 Unrestricted net assets . . . . .  | 829,547.                 | 27         | 884,279.           |
|   | 28 Temporarily restricted net assets . . . . .  | 58,622.                  | 28         | 83,091.            |
|   | 29 Permanently restricted net assets . . . . .  | 600,000.                 | 29         | 600,000.           |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |            |                    |
|   | 30 Capital stock or trust principal, or current funds . . . . .   |                          | 30         |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | 31         |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | 32         |                    |
|   | 33 Total net assets or fund balances . . . . .  | 1,488,169.               | 33         | 1,567,370.         |
|   | 34 Total liabilities and net assets/fund balances . . . . .   | 2,071,735.               | 34         | 2,148,142.         |

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.  X

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 1,314,114. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 1,230,838. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 83,276.    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,488,169. |
| 5  | Net unrealized gains (losses) on investments   | 5  |            |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | -4,075.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,567,370. |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| 1   | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |  |     |    |
| 2 a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| 2 b   | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| 2 c   | If 'Yes' to line 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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |  |     |    |
| 3 a   | 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?   |     | X  |
| 3 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     |     |    |

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**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

United Way of Pueblo County, Colorado, Inc.

Employer identification number

84-0404917

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2010   | (b) 2011   | (c) 2012   | (d) 2013   | (e) 2014   | (f) Total  |
|---|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .  | 1,085,839. | 1,133,494. | 1,196,958. | 1,059,792. | 1,216,442. | 5,692,525. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |            |            |            |            |            |            |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .  |            |            |            |            |            |            |
| 4 <b>Total.</b> Add lines 1 through 3 . . . . .   | 1,085,839. | 1,133,494. | 1,196,958. | 1,059,792. | 1,216,442. | 5,692,525. |
| 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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .  |            |            |            |            |            | 5,692,525. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010   | (b) 2011   | (c) 2012   | (d) 2013   | (e) 2014   | (f) Total  |
|--|------------|------------|------------|------------|------------|------------|
| 7 Amounts from line 4 . . . . .  | 1,085,839. | 1,133,494. | 1,196,958. | 1,059,792. | 1,216,442. | 5,692,525. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 17,204.    | 3,609.     | 5,831.     | 7,216.     | 9,038.     | 42,898.    |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                             |            |            |            |            |            |            |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                               |            |            |            |            |            |            |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .  |            |            |            |            |            | 5,735,423. |
| 12 Gross receipts from related activities, etc (see instructions) . . . . .  |            |            |            |            | 12         | 365,436.   |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . . | 14 | 99.25 % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .                       | 15 | 91.24 % |

16a **33-1/3% support test – 2014.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

b **33-1/3% support test – 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

17a **10%-facts-and-circumstances test – 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . .

b **10%-facts-and-circumstances test – 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . .

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶  | (a) 2010                 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|--------------------------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6  |                          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                          |          |          |          |          |           |
| c Add lines 10a and 10b  |                          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |                          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11 and 12.)   |                          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | <input type="checkbox"/> |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15.                     | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17                        | 18 | % |

19a 33-1/3% support tests – 2014. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support tests – 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain . . . . .  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2) . . . . .   |     |    |
| 3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. . . . .  |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination . . . . .   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use . . . . .  |     |    |
| 4 a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below . . . . .   |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations . . . . .  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes . . . . .   |     |    |
| 5 a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) . . . . . |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document? . . . . .   |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? . . . . .  |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> . . . . .   |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990) . . . . .   |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990). . . . .  |     |    |
| 9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> . . . . .   |     |    |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> . . . . .  |     |    |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> . . . . .   |     |    |
| 10 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below . . . . .   |     |    |
| b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) . . . . .  |     |    |

**Part IV Supporting Organizations (continued)**

|   | Yes        | No |
|---|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?   |            |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? . . . . . | <b>11a</b> |    |
| b A family member of a person described in (a) above? . . . . .   | <b>11b</b> |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI . . . . .  | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year . . . . . | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization . . . . .   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) . . . . . | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? . . . . . | <b>1</b> |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) . . . . .  | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard . . . . .   | <b>3</b> |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

|  | Yes       | No |
|--|-----------|----|
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities . . . . . | <b>2a</b> |    |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement . . . . .  | <b>2b</b> |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |           |    |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . . . . .  | <b>3a</b> |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard . . . . .   | <b>3b</b> |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain . . . . .  | 1              |                             |
| 2                               | Recoveries of prior-year distributions . . . . .   | 2              |                             |
| 3                               | Other gross income (see instructions). . . . .   | 3              |                             |
| 4                               | Add lines 1 through 3. . . . .   | 4              |                             |
| 5                               | Depreciation and depletion . . . . .   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) . . . . . | 6              |                             |
| 7                               | Other expenses (see instructions) . . . . .  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) . . . . .   | 8              |                             |

| Section B – Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities . . . . .   | 1 a            |                             |
| b                                | Average monthly cash balances . . . . .   | 1 b            |                             |
| c                                | Fair market value of other non-exempt-use assets . . . . .  | 1 c            |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c). . . . .  | 1 d            |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets . . . . .  | 2              |                             |
| 3                                | Subtract line 2 from line 1d . . . . .  | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) . . . . .                        | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3) . . . . .  | 5              |                             |
| 6                                | Multiply line 5 by .035. . . . .  | 6              |                             |
| 7                                | Recoveries of prior-year distributions . . . . .  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6) . . . . .  | 8              |                             |

| Section C – Distributable Amount |  |   | Current Year |
|----------------------------------|--|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A) . . . . .  | 1 |              |
| 2                                | Enter 85% of line 1 . . . . .  | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A) . . . . .   | 3 |              |
| 4                                | Enter greater of line 2 or line 3 . . . . .  | 4 |              |
| 5                                | Income tax imposed in prior year . . . . .   | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) . . . . . | 6 |              |

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D – Distributions</b>   | <b>Current Year</b> |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes . . . . .  |                     |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity . . . . .    |                     |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations . . . . .  |                     |
| 4 Amounts paid to acquire exempt-use assets . . . . .  |                     |
| 5 Qualified set-aside amounts (prior IRS approval required). . . . .   |                     |
| 6 Other distributions (describe in Part VI). See instructions . . . . .  |                     |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6 . . . . .   |                     |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. . . . . |                     |
| 9 Distributable amount for 2014 from Section C, line 6 . . . . .   |                     |
| 10 Line 8 amount divided by Line 9 amount . . . . .  |                     |

| <b>Section E – Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess<br/>Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2014</b> | <b>(iii)<br/>Distributable<br/>Amount for 2014</b> |
|--|---|---|--|
| 1 Distributable amount for 2014 from Section C, line 6 . . . . .   |   |   |  |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) . . . . .   |   |   |  |
| 3 Excess distributions carryover, if any, to 2014:   |   |   |  |
| a  |   |   |  |
| b  |   |   |  |
| c  |   |   |  |
| d  |   |   |  |
| e From 2013 . . . . .  |   |   |  |
| f <b>Total</b> of lines 3a through e . . . . .   |   |   |  |
| g Applied to underdistributions of prior years . . . . .   |   |   |  |
| h Applied to 2014 distributable amount . . . . .   |   |   |  |
| i Carryover from 2009 not applied (see instructions) . . . . .   |   |   |  |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f . . . . .   |   |   |  |
| 4 Distributions for 2014 from Section D, line 7: \$  |   |   |  |
| a Applied to underdistributions of prior years . . . . .   |   |   |  |
| b Applied to 2014 distributable amount . . . . .   |   |   |  |
| c Remainder. Subtract lines 4a and 4b from 4 . . . . .   |   |   |  |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) . . . . . |   |   |  |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) . . . . .                        |   |   |  |
| 7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c . . . . .   |   |   |  |
| 8 Breakdown of line 7:   |   |   |  |
| a  |   |   |  |
| b  |   |   |  |
| c  |   |   |  |
| d Excess from 2013 . . . . .   |   |   |  |
| e Excess from 2014 . . . . .   |   |   |  |

BAA

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

**Schedule of Contributors**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**  
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

United Way of Pueblo County, Colorado, Inc.

Employer identification number

84-0404917

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,**

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

or 990-PF.

|   |  |
|---|--|
| Name of organization<br>United Way of Pueblo County, Colorado, Inc. | Employer identification number<br>84-0404917 |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total<br>contributions | (d)<br>Type of contribution  |
|---------------|--|-------------------------------|--|
| 1             | Xcel Energy<br>2005 Lime Road<br>Pueblo CO 81006                     | \$ 177,760.                   | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2             | Parkview Medical Center<br>400 W 16th Street<br>Pueblo CO 81003      | \$ 90,223.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3             | Trane Company<br>101 William White Blvd<br>Pueblo CO 81001           | \$ 64,868.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4             | PCAPP (Bechtel and URS)<br>Army Depot<br>Pueblo CO 81006             | \$ 44,868.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5             | Target Distribution Center<br>34800 United Avenue<br>Pueblo CO 81001 | \$ 27,492.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6             | Board of Water Works<br>PO Box 400<br>Pueblo CO 81002                | \$ 25,895.                    | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, Held at the End of the Tax Year (2a, 2b, 2c, 2d). Rows include purpose(s) of conservation easements, total number and acreage, and various monitoring and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, Revenue, Assets. Rows include reporting requirements for art and historical treasures, and amounts required to be reported under SFAS 116.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.**

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    | 616,561.         | 628,102.       | 641,291.           | 650,226.             | 653,973.            |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 3,912.           | 4,876.         | 2,945.             | 7,267.               | 12,675.             |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 9,526.           | 16,417.        | 16,134.            | 16,202.              | 16,422.             |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 610,947.         | 616,561.       | 628,102.           | 641,291.             | 650,226.            |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  98.20 %
  - c Temporarily restricted endowment  1.80 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No |
|-----------------------------|--------------------------|----|
| (i) unrelated organizations | <input type="checkbox"/> | X  |
| (ii) related organizations  | <input type="checkbox"/> | X  |
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?  3b

**Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.**

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 38,989.                         | 32,587.                      | 6,402.         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 6,402.         |

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)              | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .   |                |   |
| (2) Closely-held equity interests . . . . .                                       |                |   |
| (3) Other   |                |   |
| (A) -----   |                |   |
| (B) -----   |                |   |
| (C) -----   |                |   |
| (D) -----   |                |   |
| (E) -----   |                |   |
| (F) -----   |                |   |
| (G) -----   |                |   |
| (H) -----   |                |   |
| (I) -----   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶ |                |   |

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) . . ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability  | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |   |     |          |            |
|---|---|-----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .        |     | 1        | 1,280,117. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |     |          |            |
|   | a Net unrealized gains (losses) on investments . . . . .                                  | 2 a |          |            |
|   | b Donated services and use of facilities . . . . .  | 2 b | 38,912.  |            |
|   | c Recoveries of prior year grants . . . . .   | 2 c |          |            |
|   | d Other (Describe in Part XIII.) . . . . .  | 2 d | -72,909. |            |
|   | e Add lines 2a through 2d . . . . .   | 2 e |          | -33,997.   |
| 3 | Subtract line 2e from line 1 . . . . .  |     | 3        | 1,314,114. |
| 4 | Amounts 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 . . . . .              | 4 a |          |            |
|   | b Other (Describe in Part XIII.) . . . . .  | 4 b |          |            |
|   | c Add lines 4a and 4b . . . . .   | 4 c |          |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . |     | 5        | 1,314,114. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |  |     |          |            |
|---|--|-----|----------|------------|
| 1 | Total expenses and losses per audited financial statements. . . . .                        |     | 1        | 1,200,917. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |     |          |            |
|   | a Donated services and use of facilities . . . . .   | 2 a | 38,912.  |            |
|   | b Prior year adjustments . . . . .   | 2 b |          |            |
|   | c Other losses . . . . .   | 2 c |          |            |
|   | d Other (Describe in Part XIII.) . . . . .   | 2 d | -68,833. |            |
|   | e Add lines 2a through 2d . . . . .  | 2 e |          | -29,921.   |
| 3 | Subtract line 2e from line 1 . . . . .   |     | 3        | 1,230,838. |
| 4 | Amounts 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 . . . . .               | 4 a |          |            |
|   | b Other (Describe in Part XIII.) . . . . .   | 4 b |          |            |
|   | c Add lines 4a and 4b . . . . .  | 4 c |          |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . |     | 5        | 1,230,838. |

**Part XIII Supplemental Information.**

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

Pt XI, Line 2d Donor designations of \$72,909  
 Pt XII, Line 2d Donor designated expenses of \$68,833



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| REVENUE         |  | (a) Event #1  | (b) Event #2            | (c) Other events       | (d) Total events                    |
|-----------------|--|---|-------------------------|------------------------|-------------------------------------|
|                 |  | Flavor<br>(event type)  | Fun Run<br>(event type) | NONE<br>(total number) | (add column (a) through column (c)) |
| 1               | Gross receipts . . . . .   | 20,165.   | 12,128.                 |                        | 32,293.                             |
| 2               | Less: Contributions . . . . .  |   |                         |                        |                                     |
| 3               | Gross income (line 1 minus line 2). . . . .                            | 20,165.   | 12,128.                 |                        | 32,293.                             |
| DIRECT EXPENSES | 4  | Cash prizes . . . . .   |                         |                        |                                     |
|                 | 5  | Noncash prizes . . . . .  |                         |                        |                                     |
|                 | 6  | Rent/facility costs . . . . .   |                         |                        |                                     |
|                 | 7  | Food and beverages . . . . .  |                         |                        |                                     |
|                 | 8  | Entertainment . . . . .   |                         |                        |                                     |
|                 | 9  | Other direct expenses . . . . .                                       |                         |                        |                                     |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |                         |                        |                                     |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . |   |                         |                        | 32,293.                             |

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE         |  | (a) Bingo                       | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming  | (d) Total gaming                    |
|-----------------|--|---------------------------------|---|-------------------|-------------------------------------|
|                 |  |                                 |   |                   | (add column (a) through column (c)) |
| 1               | Gross revenue . . . . .  |                                 |   |                   |                                     |
| DIRECT EXPENSES | 2  | Cash prizes . . . . .           |   |                   |                                     |
|                 | 3  | Noncash prizes . . . . .        |   |                   |                                     |
|                 | 4  | Rent/facility costs . . . . .   |   |                   |                                     |
|                 | 5  | Other direct expenses . . . . . |   |                   |                                     |
|                 | 6  | Volunteer labor . . . . .       | Yes _____ %<br>No                             | Yes _____ %<br>No | Yes _____ %<br>No                   |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |                                 |   |                   |                                     |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |                                 |   |                   |                                     |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If 'No,' explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

|  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | % |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I**  
**(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.  
**Part I General Information on Grants and Assistance**

84-0404917

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (e) Name and address of organization or government                   | (b) EIN or government | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-----------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) AMERICAN RED CROSS<br>4104 OUTLOOK BLVD<br>PUEBLO CO 81008         | 84-0437753            | 501C3                         | 14,125.                  |                                   |   |  | VARIOUS CHAR                       |
| (2) BOY SCOUTS ROCKY MTN COUN<br>411 S PUEBLO BLVD<br>PUEBLO CO 81005  | 22-1576300            | 501C3                         | 39,000.                  |                                   |   |  | BOYS ACTIVITIE                     |
| (3) BOYS AND GIRLS CLUB OF PU<br>2601 SPRAGUE AVE<br>PUEBLO CO 81003   | 23-7307508            | 501C3                         | 60,000.                  |                                   |   |  | CHILDREN ACTIV                     |
| (4) CATHOLIC CHARITIES OF THE<br>429 W 10TH ST #101<br>PUEBLO CO 81003 | 84-0471001            | 501C3                         | 28,000.                  |                                   |   |  | VARIOUS CHAR                       |
| (5) COOPERATIVE CARE CENTER<br>325 W 10TH ST<br>PUEBLO CO 81003        | 84-0913793            | 501C3                         | 29,659.                  |                                   |   |  | FREE CARE OF C                     |
| (6) EASTSIDE CHILDCARE CENTER<br>PO BOX 11266<br>PUEBLO CO 81001       | 84-0709410            | 501C3                         | 45,000.                  |                                   |   |  | CHILD CARE                         |
| (7) GIRL SCOUTS COLUMBINE CO<br>21 MONTBELLO<br>PUEBLO CO 81003        | 84-0410630            | 501C3                         |                          |                                   |   |  | GIRLS ACTIVITI                     |
| (8) YWCA<br>801 N SANTA FE<br>PUEBLO CO 81003                          | 84-0404925            |                               | 51,000.                  |                                   |   |  | AID TO WOMEN                       |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13

3 Enter total number of other organizations listed in the line 1 table 0

TEEA3901 06/19/14

Schedule I (Form 990) (2014)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# Continuation Sheet for Schedule I (Form 990)

2014

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 1

Name of the organization: United Way of Pueblo County, Colorado, Inc. Employer identification number: 84-0404917

**Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)**

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PUEBLO CHILD ADVOCACY_CEN<br>301 E 13TH ST<br>PUEBLO CO 81003       | 84-1071784 | 501C3                         | 25,000.                  |                                   |   |  | CHILD ADVOCACY                     |
| SUICIDE PREVENTION CENTER<br>1925 E ORMAN STE 25<br>PUEBLO CO 81004 | 84-0755888 | 501C3                         | 46,000.                  |                                   |   |  | SUICIDE PREVEN                     |
| SRDA<br>230 N UNION<br>PUEBLO CO 81003                              | 84-0593609 | 501C3                         | 39,500.                  |                                   |   |  | SENIOR CARE                        |
| SALVATION ARMY<br>326 W 8TH AVE<br>PUEBLO CO 81003                  | 94-1156347 | 501C3                         | 29,000.                  |                                   |   |  | VARIOUS CHAR                       |
| SOUTHSIDE CHILDRENS_CENTE<br>2601 SERAGUE AVE<br>PUEBLO CO 81003    | 84-0645787 | 501C3                         | 34,000.                  |                                   |   |  | CHILD CARE                         |
| -----   |            |                               |                          |                                   |   |  |                                    |
| -----   |            |                               |                          |                                   |   |  |                                    |
| -----   |            |                               |                          |                                   |   |  |                                    |
| -----   |            |                               |                          |                                   |   |  |                                    |
| -----   |            |                               |                          |                                   |   |  |                                    |
| -----   |            |                               |                          |                                   |   |  |                                    |
| -----   |            |                               |                          |                                   |   |  |                                    |
| -----   |            |                               |                          |                                   |   |  |                                    |

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22, Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance           | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 Community Impact Grants                 | 850                      | 32,000.                  |                                   |   |  |
| 2 CCC Disbursement                        | 25                       | 19,349.                  |                                   |   |  |
| 3 DESIGNATIONS TO NONMEMBER AGENCIES      | 69                       | 49,482.                  |                                   |   |  |
| 4 CPS DISBURSEMENT                        | 800                      | 16,000.                  |                                   |   |  |
| 5 VITA PROGRAM                            | 1,123                    | 25,234.                  |                                   |   |  |
| 6 IBEW ER PROGRAM                         | 6                        | 1,477.                   |                                   |   |  |
| 7 BOARD OF WATER WORKS CATHOLIC CHARITIES | 820                      | 105,000.                 |                                   |   |  |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

Pueblo Volunteer Income Tax Assistance (VITA) Program  
Pueblo VITA is an IRS program that provides free tax preparation and filing for those who make \$52,000 or less total household income, using highly trained community volunteers. In January of 2014, United Way assumed the role of overseeing the Pueblo VITA program from the Colorado Community Action Association in Denver. Through a grant from the City and County of Pueblo, we were able to serve 1,123 people from February to April of 2015, resulting in over \$1,397,000 in tax returns, tax credits and tax preparation savings going back into the Pueblo community.

**United Way Mentoring Program**

United Way of Pueblo County, Heaton Middle School, Pueblo City Schools, local businesses & organizations completed its fourth year of our United Way Middle School Mentoring Program. As a result, we have 70 mentors/mentees at four local middle schools, Heaton, Pueblo Academy of the Arts and Liberty Point International and Roncalli STEM Academy. Roncalli STEM Academy is our newest school, added in December of 2014.

Mentors are recruited from the general community as well as the business community, and spend one hour a week each week with their student during the lunch hour at the school. Students involved in the program are showing marked improvement in school engagement, grades, attendance and behavioral issues.

**Holiday Toys for Children**

Difficult economic conditions and decrease in donations prompted United Way to assist Salvation Army Angel Tree and the Pueblo Poverty Foundation to provide 150 needy children with holiday toys, diabetes screening and flu shots.

**Community Impact Funding -**

Since 2005, United Way Board of Trustees has provided additional grants to help solve new and emerging needs that can make the biggest impact in our community. These are grants made to organizations that have not been previously funded by United Way. As a result, United Way has invested approximately \$320,667 to benefit new needs.

In 2014/2015 specifically, we provided a grant to Care & Share Food Bank to provide school centered mobile pantries throughout the school year and summer for students attending South and East High Schools. This mobile pantry will help not only these students with healthy and nutritious food, but will aid their entire families as well. Over 500 students and their families were impacted! To Salvation Army of Pueblo to provide over 150 high risk children with five essential elements of a successful summer program with their summer day camp including educational, nutritional, cultural, recreational and safety tips and experiences. School supplies and clothing for school will also be provided. Soaring Eagles for Autism to provide clients stricken with

|   |                                |
|---|--------------------------------|
| Name of the organization                    | Employer identification number |
| United Way of Pueblo County, Colorado, Inc. | 84-0404917                     |

autism a new dual mentoring program for teens and seniors. The program will offer training and mentoring of 200 autistic teens and seniors, helping them learn essential life and coping skills, as well as an opportunity to build a life-long bond and relationship.

Nonprofit Training and Advocacy - United Way prides itself on having high standards of excellence in the areas of governance, finance and donor stewardship. An example is that we serve as a lead partner in the Pueblo Nonprofit Day Luncheon, which provides training, presentations from experts in the nonprofit sector, and celebrates the enormous impact nonprofits have in Pueblo County. We are also compliant with United Way World Wide Standards of Accountability and Excellence.

Pt III, Line 2

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING

Pt VI, Line 11b

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS SIGNED ANNUALLY BY OFFICERS AND EMPLOYEES. THIS POLICY IS MONITORED AND ENFORCED.

Pt VI, Line 12c

THE ORGANIZATION HAS A POLICY FOR SALARY AND WAGE DETERMINATION TO UTILIZE AVAILABLE SALARY DATA AND INFORMATION FROM COMPARABLE ORGANIZATIONS AND FOR COMPARABLE POSITIONS TO DETERMINE SALARY. WHENEVER FISCALLY POSSIBLE THE SALARY AND WAGE RANGES WILL BE COMPARABLE TO MARKET CONDITIONS. BOARD MEMBERS AND VOLUNTEERS ARE NOT COMPENSATED FOR THEIR TIME.

Pt VI, Line 15a

Pt VI, Line 15b

As above.

The Organization makes governing documents, conflict of interest policy, and financial statements available to the public when requested and an official of the Organization will meet to discuss.

Pt VI, Line 19

Part XI, Line 9: Service fees of are the net of donor designations and donor designations passed through.

Pt XI

Part III, line 4d: Emergency Food and Shelter Program

United Way of Pueblo County serves as the local administrator for the federally funded Emergency Food and Shelter Program grants that provide food and shelter for those in need. We are responsible for oversight of funds distributed and must ensure programs receiving funds are in full compliance with federal guidelines. We also submit recommendations on funding, and are responsible for submitting accurate final reports as required by EFSP. In 2014, we were responsible for oversight of \$92,274. These dollars benefited ten different nonprofit organizations, and provide tens of thousands units of service to nonprofits providing food and shelter.

#### Donor Designations

We processed approximately \$53,000 to 70 plus nonprofit organizations in nonmember donor designated funds. Donor-designated funds are contributions specifically directed by the donor to be forwarded to other nonprofit organizations. United Way acts as an agent that collects, processes and disburses the funds. We provide this service as a convenience to our donors. Since it is given solely by the desire of the donor, we do not require the recipient organizations to provide us with information relative to the use and results of these contributions.

Name of the organization

Employer identification number

United Way of Pueblo County, Colorado, Inc.

84-0404917

## Volunteerism

United Way of Pueblo encourages volunteerism. United Way of Pueblo County has over 500 volunteers providing over 8,390 hours of service assisting in areas such as mentoring, special events, allocations, finance, marketing and fundraising. We have many donors who work to encourage philanthropy and generosity within their workplace and throughout the community. We also assist other nonprofits in finding volunteers for their organization via our large support network.

Other

Other

General Explanation Attachment:

---

Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 2, Part III, Line 1 (continued)**

---

Briefly describe the organization's mission:

the quality of life for the people of Pueblo County. Well over 136k units of service were provided in FY15. In addition, United Way creates community partnerships to address needs in our community and works to ensure the greatest impact from donor dollars.

Return of Organization Exempt From Income Tax

2013

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

- Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. Tax-exempt status: 501(c)(3). Website: WWW.PUEBLOUNITEDWAY.ORG

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes rows for Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing signatures of JIM DUFF, TREASURER and Rebecca Farrells, CPA, along with dates and PTIN information.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE UNITED WAY OF PUEBLO COUNTY, COLORADO INC RAISES FUNDS TO BE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS TO BENEFIT THE COMMUNITY. OUR MISSION IS TO DEVELOP DONOR RESOURCES TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF PUEBLO COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 1,035,651 including grants of \$ ) (Revenue \$ ) FAMILY STRENGTHENING-\$298,585. IN 2013/2014: OVER 18,500 UNITS OF SERVICE WERE PROVIDED. SPECIFICALLY: OVER 17,000 BOYS AND GIRLS WERE ENRICHED BY TRADITIONAL SCOUTING AND SCOUTING IN THE SCHOOL PROGRAMS. OVER 650 YOUTH RECEIVED BENEFICIAL AFTER SCHOOL SERVICES INCLUDING DECISION MAKING, TUTORING, RECREATION AND LEADERSHIP SKILLS, NEARLY 300 CHILDREN AND FAMILIES RECEIVED DAYCARE ON A SLIDING FEE SCALE. APPROXIMATELY 440 SENIOR CITIZENS RECEIVED HOME AND YARD MAINTENANCE ON A SLIDING FEE SCALE, CHRONIC DISEASE MANAGEMENT AND ACCESS TO WELLNESS CLINICS AND FITNESS PROGRAMS, AS WELL AS TRANSPORTATION FOR RURAL SENIOR CITIZENS TO IMPORTANT APPOINTMENTS AND DOCOR VISITS. 50 MIDDLE SCHOOL STUDENTS RECEIVED MENTOR SUPPORT VIA A PILOT MENTORING PROGRAM AT HEATON MIDDLE SCHOOL.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) CRISIS SERVICES - \$174,900 IN 2013/2014: OVER 18,700 UNITS OF SERVICE WERE PROVIDED. SPECIFICALLY: OVER 320 PEOPLE RECEIVED DISASTER SERVICE ASSISTANCE AND SERVICES TO THE ARMED FORCES. UNITED WAY FUNDING PROVIDED SERVICES TO APPROXIMATELY 260 CHILDREN FACING PHYSICAL OR SEXUAL ABUSE, AS WELL AS SUPPORT SERVICES TO FAMILY MEMBERS OF THOSE CHILDREN. OVER 14,400 PEOPLE WERE PROVIDED WITH SUICIDE PREVENTION ASSISTANCE, EDUCATION AND COUNSELING. APPROXIMATELY 2,900 VICTIMS OF DOMESTIC VIOLENCE (WOMEN AND CHILDREN) RECEIVED SHELTER, FOOD, COUNSELING AND DAYCARE AND HOMELESSNESS PREVENTION SERVICES. OVER 10,000 BED NIGHTS WERE PROVIDED TO HOMELESS FAMILIES. SEVENTY INDIVIDUALS RECEIVED HUNDREDS OF HOURS WORTH OF MENTAL HEALTH COUNSELING ON A SLIDING FEE SCALE. OVER 20 HOMELESS INDIVIDUALS WERE PROVIDED WITH TENTS AND SLEEPING BAGS AFTER THEIR BELONGINGS WERE DESTROYED FROM A FLOOD.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) POVERTY-\$310,937 IN 2013/2014: UNITED WAY OF PUEBLO COUNTY FUNDING ASSISTED THOSE INDIVIDUALS LIVING IN POVERTY BY PROVIDING APPROXIMATELY 7,200 UNITS OF SERVICE IN HOUSING AND HOMELESS (RENT/MORTGAGE) PREVENTION AND UTILITY ASSISTANCE AND COUNSELING ON A SLIDING FEE SCALE. UNITED WAY FUNDS PROVIDED WELL OVER 75,000 UNITS OF SERVICE INCLUDING MEALS, FOOD SACKS, EMERGENCY MEDICAL PRESCRIPTIONS AND EMERGENCY TRANSPORTATION. APPROXIMATELY 3,800 CHILDREN RECEIVED DENTAL ASSISTANCE THAT OTHERWISE WOULD HAVE GONE WITHOUT. OVER 1,000 FAMILITES RECEIVED WATER UTILITY ASSISTANCE. 166 CHILDREN WERE PROVIDED WITH HOLIDAY GIFTS AND SCHOOL SUPPLIES. 1,040 INDIVIDUALS AND FAMILIES RECEIVED FREE TAX REFUND ASSISTANCE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,035,651

## Statement of Program Service Accomplishments

2013 01

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

FORM 990, PART III (A)

|  |     |
|--|-----|
| PROGRAM SERVICE CODE                             |     |
| PROGRAM SERVICE EXPENSES                         | \$0 |
| GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE | \$0 |
| PROGRAM SERVICES REVENUE                         | \$0 |

EXPLANATION

EMERGENCY FOOD AND SHELTER PROGRAM: UNITED WAY OF PUEBLO COUNTY SERVES AS THE LOCAL ADMINISTRATOR FOR THE FEDERALLY FUNDED EMERGENCY FOOD AND SHELTER PROGRAM GRANTS THAT PROVIDE FOOD AND SHELTER FOR THOSE IN NEED. WE ARE RESPONSIBLE FOR OVERSIGHT OF FUNDS DISTRIBUTED AND MUST ENSURE PROGRAMS RECEIVING FUNDS ARE IN FULL COMPLIANCE WITH FEDERAL GUIDELINES. WE ALSO SUBMIT RECOMMENDATIONS ON FUNDING, AND ARE RESPONSIBLE FOR SUBMITTING ACCURATE FINAL REPORTS AS REQUIRED BY EFSP. IN 2013, WE WERE RESPONSIBLE FOR OVERSIGHT OF \$82,058. THESE DOLLARS BENEFITED TEN DIFFERENT NONPROFIT ORGANIZATIONS, AND PROVIDE TENS OF THOUSANDS UNITS OF SERVICE DONOR DESIGNATIONS: WE PROCESSED APPROXIMATELY \$54,000 TO 74 NONPROFIT ORGANIZATIONS IN NONMEMBER DONOR DESIGNATED FUNDS. DONOR-DESIGNATED FUNDS ARE CONTRIBUTIONS SPECIFICALLY DIRECTED BY THE DONOR TO BE FORWARDED TO OTHER NONPROFIT ORGANIZATIONS. UNITED WAY ACTS AS AN AGENT THAT COLLECTS, PROCESSES AND DISBURSES THE FUNDS.

Statement of Program Service Accomplishments

2013 01

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

FORM 990, PART III (B)

|  |     |
|--|-----|
| PROGRAM SERVICE CODE                             |     |
| PROGRAM SERVICE EXPENSES                         | \$0 |
| GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE | \$0 |
| PROGRAM SERVICES REVENUE                         | \$0 |

EXPLANATION

WE PROVIDE THIS SERVICE AS A CONVENIENCE TO OUR DONORS. SINCE IT IS GIVEN SOLELY BY THE DESIRE OF THE DONOR, WE DO NOT REQUIRE THE RECIPIENT ORGANIZATIONS TO PROVIDE US WITH INFORMATION RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS. VOLUNTEERISM: UNITED WAY OF PUEBLO ENCOURAGES VOLUNTEERISM. UNITED WAY OF PUEBLO COUNTY HAS OVER 500 VOLUNTEERS PROVIDING OVER 7,300 HOURS OF SERVICE ASSISTING IN AREAS SUCH AS MENTORING, SPECIAL EVENTS, ALLOCATIONS, FINANCE, MARKETING AND FUNDRAISING. WE HAVE MANY DONORS WHO WORK TO ENCOURAGE PHILANTHROPY AND GENEROSITY WITHIN THEIR WORKPLACE AND THROUGHOUT THE COMUNITY. WE ALSO ASSIST OTHER NONPROFITS IN FINDING VOLUNTEERS FOR THEIR ORGANIZATION VIA OUR LARGE SUPPORT NETWORK.

**Part IV Checklist 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 . . . . .   | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .   | X   |    |
| 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 . . . . .  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .   |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 . . . . .  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 . . . . .            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .  | X   |    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | X   |    |
| b   | 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 . . . . .   |     | X  |
| c   | 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 . . . . .   |     | X  |
| d   | 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 . . . . .  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | X   |    |
| f   | 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 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .  |     | X  |
| 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 (see instructions) . . . . .   |     | X  |
| 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 . . . . .  | X   |    |
| 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 . . . . .  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes | No |
|-----|---|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | X   |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | X   |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 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  |     | X  |
| 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| 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?  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |     | X  |
| 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                                       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II                                    |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | X  |
| 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):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   |     | X  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |     | X  |
| 37  | 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   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and input fields for numerical values.

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

Check if Schedule O contains a response or note to any line in the Part VI

**Section A. Governing Body and Management**

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|    | 1a 20  |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|    | 1b 20  |     |    |
| 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?  |     | X  |
| 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?   |     | X  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| 6  | Did the organization have members or stockholders?   |     | X  |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| a  | The governing body?  | X   |    |
| b  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| 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   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|     |  | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| b   | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | X   |    |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| 13  | Did the organization have a written whistleblower policy?  | X   |    |
| 14  | Did the organization have a written document retention and destruction policy?   | X   |    |
| 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?   |     |    |
| a   | The organization's CEO, Executive Director, or top management official   | X   |    |
| b   | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   | X   |    |
| 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?  |     | X  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
|     | 16b  |     |    |

**Section C. Disclosure**

- 17 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 UNITED WAY OF PUEBLO COUNTY (719) 583-4455, PO BOX 11566, PUEBLO, CO 81001

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

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

**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                      |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) JOHN KLOMP<br>BOARD MEMBER       | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (2) BARBARA HODGSON<br>BOARD MEMBER  | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) RUDY KRASOVEC<br>BOARD MEMBER    | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) MITCH MEMINGER<br>BOARD MEMBER   | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) BONNIE DICKERSON<br>BOARD MEMBER | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) DOUG HAYES<br>BOARD MEMBER       | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) JOHN KEILBACH<br>BOARD MEMBER    | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (8) TRACY MARTINEZ<br>BOARD MEMBER   | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) CHRIS RILEY<br>BOARD MEMBER      | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) RICK SCHOLTES<br>BOARD MEMBER   | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (11) MATT SMITH<br>BOARD MEMBER      | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (12) DAVID ATWOOD<br>BOARD MEMBER    | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (13) DOMINIC GALLINA<br>BOARD MEMBER | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (14) JOHN BATEY<br>BOARD MEMBER      | 1.00   | X  |                       |         |              |                              | 0      | 0  | 0   |   |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) TED ORTIVIZ<br>BOARD MEMBER  | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (16) MICHELLE PUELEN<br>BOARD MEMBER  | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (17) RUBEN ROMAN<br>BOARD MEMBER  | 1.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (18) DAVE GALLI<br>CHAIR  | 1.00   |   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (19) JIM DUFF<br>TREASURER  | 1.00   |   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (20) SANDY ROMERO<br>SECRETARY  | 1.00   |   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (21)  |  |   |                       |         |              |                              |        |  |   |   |
| (22)  |  |   |                       |         |              |                              |        |  |   |   |
| (23)  |  |   |                       |         |              |                              |        |  |   |   |
| (24)  |  |   |                       |         |              |                              |        |  |   |   |
| (25)  |  |   |                       |         |              |                              |        |  |   |   |
| 1b Sub-total  |  |   |                       |         |              |                              |        |  |   |   |
| c Total from continuation sheets to Part VII, Section A   |  |   |                       |         |              |                              |        | 0  | 0   | 0   |
| d Total (add lines 1b and 1c)   |  |   |                       |         |              |                              |        | 0  | 0   | 0   |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization |  |   |                       |         |              |                              |        |  | 0   |   |

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 3   | X  |
| 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   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | X  |

**Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

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

|   |  |   | (A)<br>Total revenue                                   | (B)<br>Related or<br>exempt<br>function<br>revenue        | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|---|--|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a   | Federated campaigns . . . . .   |  |   |   |  |  |
|   | b  | Membership dues . . . . .   |  |   |   |  |  |
|   | c  | Fundraising events . . . . .  |  |   |   |  |  |
|   | d  | Related organizations . . . . .   |  |   |   |  |  |
|   | e  | Government grants (contributions) . . . . .   |  |   |   |  |  |
|   | f  | All other contributions, gifts, grants,<br>and similar amounts not included above   | 1f   | 1,059,792   |   |  |  |
|   | g  | Noncash contributions included in lines 1a-1f: \$   |  |   |   |  |  |
| h   | <b>Total.</b> Add lines 1a-1f . . . . .                                |   | 1,059,792  |   |   |  |  |
| <b>Program Service Revenue</b>                                    | 2a   | <u>SERVICE FEE REVENUE</u>  | Business Code  |   |   |  |  |
|   |  |   | 900099   | 3,727   | 3,727                                   |  |  |
|   | b  | <u>OFFICIAL FUNCTIONS</u>   | 900099   | 12,480  | 12,480                                  |  |  |
|   | c  | <u>ADMIN FEES</u>   | 900099   | 1,641   | 1,641                                   |  |  |
|   | d  | <u>OTHER DESIGNATIONS</u>   | 900099   | 2,675   | 2,675                                   |  |  |
|   | e  | <u>VITA PROGRAM</u>   | 900099   | 24,232  | 24,232                                  |  |  |
|   | f  | All other program service revenue . . . . .   | 900099   | 1,750   | 1,750                                   |  |  |
| g   | <b>Total.</b> Add lines 2a-2f . . . . .                                |   | 46,505   |   |   |  |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .   |  | 7,216   | 7,216                                   |  |  |
|   | 4  | Income from investment of tax-exempt bond proceeds . . . . .  |  |   |   |  |  |
|   | 5  | Royalties . . . . .   |  |   |   |  |  |
|   | 6a   | Gross rents . . . . .   | (i) Real   |   |   |  |  |
|   |  |   | (ii) Personal  |   |   |  |  |
|   |  |   | b  | Less: rental expenses . . . . .                           |   |  |  |
|   |  |   | c  | Rental income or (loss) . . . . .                         |   |  |  |
|   | d  | Net rental income or (loss) . . . . .   |  |   |   |  |  |
|   | 7a   | Gross amount from sales of<br>assets other than inventory   | (i) Securities   |   |   |  |  |
|   |  |   | (ii) Other   |   |   |  |  |
|   |  |   | b  | Less: cost or other basis<br>and sales expenses . . . . . |   |  |  |
|   |  |   | c  | Gain or (loss) . . . . .                                  |   |  |  |
|   | d  | Net gain or (loss) . . . . .  |  |   |   |  |  |
|   | 8a   | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | a  | 27,564  |   |  |  |
|   |  |   | b  | Less: direct expenses . . . . .                           |   |  |  |
| c   |  |   | Net income or (loss) from fundraising events . . . . . | 27,564  |   | 27,564   |  |
| 9a  | Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | a   |  |   |   |  |  |
|   |  | b   | Less: direct expenses . . . . .                        |   |   |  |  |
|   |  | c   | Net income or (loss) from gaming activities . . . . .  |   |   |  |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances . . . . .     | a   |  |   |   |  |  |
|   |  | b   | Less: cost of goods sold . . . . .                     |   |   |  |  |
|   |  | c   | Net income or (loss) from sales of inventory . . . . . |   |   |  |  |
| <b>Miscellaneous Revenue</b>                                      |  |   | <b>Business Code</b>                                   |   |   |  |  |
| 11a   | <u>MISC REVENUE</u>  | 900099  | 226  | 226   |   |  |  |
| b   | _____  |   |  |   |   |  |  |
| c   | _____  |   |  |   |   |  |  |
| d   | All other revenue . . . . .  |   |  |   |   |  |  |
| e   | <b>Total.</b> Add lines 11a-11d . . . . .                              |   | 226  |   |   |  |  |
| 12  | <b>Total revenue.</b> See instructions . . . . .                       |   | 1,141,303  | 53,947  | 0                                       | 27,564   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 446,125               | 446,125                         |  |                             |
| 2  | Grants and other assistance to individuals in the United States. See Part IV, line 22   | 305,050               | 305,050                         |  |                             |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4  | Benefits paid to or for members   |                       |                                 |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| 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  | 219,288               | 161,096                         | 12,965                                 | 45,227                      |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9  | Other employee benefits   | 23,495                | 17,386                          | 1,410                                  | 4,699                       |
| 10   | Payroll taxes   | 16,763                | 12,404                          | 1,006                                  | 3,353                       |
| 11   | Fees for services (non-employees):  |                       |                                 |  |                             |
| a  | Management  |                       |                                 |  |                             |
| b  | Legal   |                       |                                 |  |                             |
| c  | Accounting  | 9,200                 |                                 | 9,200                                  |                             |
| d  | Lobbying  |                       |                                 |  |                             |
| e  | Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f  | Investment management fees  |                       |                                 |  |                             |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 703                   |                                 | 703                                    |                             |
| 12   | Advertising and promotion   | 7,766                 | 6,368                           |  | 1,398                       |
| 13   | Office expenses   | 9,613                 | 7,114                           | 577                                    | 1,922                       |
| 14   | Information technology  |                       |                                 |  |                             |
| 15   | Royalties   |                       |                                 |  |                             |
| 16   | Occupancy   | 2,200                 | 1,628                           | 132                                    | 440                         |
| 17   | Travel  | 4,514                 | 3,340                           | 271                                    | 903                         |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings  | 15,358                | 10,597                          | 614                                    | 4,147                       |
| 20   | Interest  |                       |                                 |  |                             |
| 21   | Payments to affiliates  | 10,454                | 10,454                          |  |                             |
| 22   | Depreciation, depletion, and amortization   | 3,527                 | 2,610                           | 212                                    | 705                         |
| 23   | Insurance   | 3,391                 | 2,510                           | 203                                    | 678                         |
| 24   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a  | <b>CAMPAIGN SUPPLIES</b>  | 17,443                | 10,389                          | 1,450                                  | 5,604                       |
| b  | <b>PAID DIRECT</b>  | 20,764                | 20,764                          |  |                             |
| c  | <b>POSTAGE AND SHIPPING</b>   | 5,456                 | 4,038                           | 327                                    | 1,091                       |
| d  | <b>EQUIP MAINTENANCE</b>  | 1,486                 | 1,100                           | 89                                     | 297                         |
| e  | All other expenses  | 20,892                | 12,678                          | 246                                    | 7,968                       |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24e   | 1,143,488             | 1,035,651                       | 29,405                                 | 78,432                      |
| 26   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |   | (A)   |            | (B)         |           |
|-----------------------------|---|---|------------|-------------|-----------|
|                             |   | Beginning of year   |            | End of year |           |
| Assets                      | 1   | Cash - non-interest-bearing   | 100        | 1           | 100       |
|                             | 2   | Savings and temporary cash investments  | 1,687,448  | 2           | 1,625,127 |
|                             | 3   | Pledges and grants receivable, net  | 390,959    | 3           | 430,510   |
|                             | 4   | Accounts receivable, net  |            | 4           |           |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |            | 5           |           |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |            | 6           |           |
|                             | 7   | Notes and loans receivable, net   |            | 7           |           |
|                             | 8   | Inventories for sale or use   |            | 8           |           |
|                             | 9   | Prepaid expenses and deferred charges   | 7,938      | 9           | 7,398     |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 38,007 |             |           |
|                             | b   | Less: accumulated depreciation  | 10b 29,648 | 9,979       | 10c 8,359 |
|                             | 11  | Investments - publicly traded securities  |            | 11          |           |
|                             | 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          | 241       |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 2,096,763   | 16         | 2,071,735   |           |
| Liabilities                 | 17  | Accounts payable and accrued expenses   | 577,451    | 17          | 549,974   |
|                             | 18  | Grants payable  | 16,000     | 18          | 16,000    |
|                             | 19  | Deferred revenue  |            | 19          |           |
|                             | 20  | Tax-exempt bond liabilities   |            | 20          |           |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |            | 21          |           |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 9,230      | 25          | 17,592    |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 602,681    | 26          | 583,566   |
| Net Assets of Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |            |             |           |
|                             | 27  | Unrestricted net assets   | 779,872    | 27          | 829,547   |
|                             | 28  | Temporarily restricted net assets   | 114,210    | 28          | 58,622    |
|                             | 29  | Permanently restricted net assets   | 600,000    | 29          | 600,000   |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |            |             |           |
|                             | 30  | Capital stock or trust principal, or current funds  |            | 30          |           |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |            | 31          |           |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |            | 32          |           |
| 33                          | <b>Total net assets or fund balances</b>  | 1,494,082   | 33         | 1,488,169   |           |
| 34                          | <b>Total liabilities and net assets/fund balances</b>   | 2,096,763   | 34         | 2,071,735   |           |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |           |
|----|--|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 1,141,303 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 1,143,488 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | (2,185)   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,494,082 |
| 5  | Net unrealized gains (losses) on investments   | 5  |           |
| 6  | Donated services and use of facilities   | 6  |           |
| 7  | Investment expenses  | 7  |           |
| 8  | Prior period adjustments   | 8  |           |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | (3,728)   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,488,169 |

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  Yes  No  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 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?  Yes  No  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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?  Yes  No

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

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

**Public Charity Status and Public Support**

**2013**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.**

**84-0404917**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 6 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 4 columns: Line number, Description, Percentage, and Symbol. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A; 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Schedule of Contributors

OMB No. 1545-0047

2013

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

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number  
84-0404917

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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**

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 II.

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

Name of organization

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 1          | BOARD OF WATER WORKS<br>PO BOX 400<br>PUEBLO, CO 81002       | \$ 27,821                  | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | PARKVIEW MEDICAL<br>400 W 16TH ST<br>PUEBLO, CO 81003        | \$ 85,303                  | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | BLACK HILLS ENERGY<br>105 S VICTORIA AVE<br>PUEBLO, CO 81003 | \$ 27,196                  | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | XCEL ENERGY<br>2005 LIME ROAD<br>PUEBLO, CO 81006            | \$ 166,469                 | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | EXPRESS SCRIPTS<br>1045 W 6TH ST<br>PUEBLO, CO 81003         | \$ 25,145                  | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | PCAPP<br>ARMY DEPOT<br>PUEBLO, CO 81006                      | \$ 35,693                  | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Employer identification number  
84-0404917

Name of organization  
UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| —          | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| —          | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| —          | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| —          | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| —          | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| —          | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| —          | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2013**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.**

**84-0404917**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year   |                         |  |
| 2 Aggregate contributions to (during year)  |                         |  |
| 3 Aggregate grants from (during year)   |                         |  |
| 4 Aggregate value at end of year  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
  - Preservation of land for public use (e.g., recreation or education)
  - Protection of natural habitat
  - Preservation of open space
  - Preservation of an historically important land area
  - Preservation of a certified historic structure
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                              |
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

|  |      |       |
|--|------|-------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ | _____ |
| (ii) Assets included in Form 990, Part X             | ▶ \$ | _____ |
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

|  |      |       |
|--|------|-------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ | _____ |
| b Assets included in Form 990, Part X              | ▶ \$ | _____ |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 628,102          | 641,291        | 650,226            | 673,145              | 667,899             |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 4,876            | 2,945          | 7,267              | 12,675               | 22,266              |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 16,417           | 16,134         | 16,202             | 16,422               | 17,020              |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 616,561          | 628,102        | 641,291            | 669,398              | 673,145             |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ 97.00 %
- c Temporarily restricted endowment ▶ 3.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes                      | No                                  |
|--------|--------------------------|-------------------------------------|
| 3a(i)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b     | <input type="checkbox"/> | <input type="checkbox"/>            |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      | 38,007                          | 29,648                       | 8,359          |
| e Other                  |                                      |                                 |                              |                |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 8,359

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                     |                |  |
| (2) Closely-held equity interests . . . . .                             |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) INTEREST RECEIVABLE  | 241            |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 241            |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                      | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) FUNDS HELD FOR OTHERS  | 14,402         |
| (3) REFUNDABLE ADVANCES  | 3,190          |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 17,592         |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|   |   |    |           |           |
|---|---|----|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1         | 1,124,890 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |           |
| a | Net unrealized gains on investments   | 2a |           |           |
| b | Donated services and use of facilities  | 2b | 38,918    |           |
| c | Recoveries of prior year grants   | 2c |           |           |
| d | Other (Describe in Part XIII.)  | 2d | (55,331)  |           |
| e | Add lines 2a through 2d   | 2e | (16,413)  |           |
| 3 | Subtract line 2e from line 1  | 3  | 1,141,303 |           |
| 4 | Amounts 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 XIII.)  | 4b |           |           |
| c | Add lines 4a and 4b   | 4c |           |           |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 1,141,303 |           |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|   |  |    |           |           |
|---|--|----|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1         | 1,130,802 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |           |           |
| a | Donated services and use of facilities   | 2a | 38,918    |           |
| b | Prior year adjustments   | 2b |           |           |
| c | Other losses   | 2c |           |           |
| d | Other (Describe in Part XIII.)   | 2d | (51,604)  |           |
| e | Add lines 2a through 2d  | 2e | (12,686)  |           |
| 3 | Subtract line 2e from line 1   | 3  | 1,143,488 |           |
| 4 | Amounts 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 XIII.)   | 4b |           |           |
| c | Add lines 4a and 4b  | 4c |           |           |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 1,143,488 |           |

**Part XIII Supplemental Information**

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

01. Other revenues not included on Form 990 (Part XI, line 2d)

DONOR DESIGNATIONS \$(55,331)

**Part XIII** Supplemental Information (continued)

02. Other expenses not included on Form 990 (Part XII, line 2d)

DONOR DESIGNATIONS \$(51,604)

Multiple horizontal lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2            | (c) Other events    | (d) Total events                |        |        |
|-----------------|----|--|-------------------------|---------------------|---------------------------------|--------|--------|
|                 |    | FLAVOR<br>(event type)                                       | FUN RUN<br>(event type) | 1<br>(total number) | (add col. (a) through col. (c)) |        |        |
| Revenue         | 1  | Gross receipts   | 16,669                  | 6,030               | 4,865                           | 27,564 |        |
|                 | 2  | Less: Contributions  |                         |                     |                                 |        |        |
|                 | 3  | Gross income (line 1 minus line 2)                           | 16,669                  | 6,030               | 4,865                           | 27,564 |        |
| Direct Expenses | 4  | Cash prizes  |                         |                     |                                 |        |        |
|                 | 5  | Noncash prizes   |                         |                     |                                 |        |        |
|                 | 6  | Rent/facility costs  |                         |                     |                                 |        |        |
|                 | 7  | Food and beverages   |                         |                     |                                 |        |        |
|                 | 8  | Entertainment  |                         |                     |                                 |        |        |
|                 | 9  | Other direct expenses  |                         |                     |                                 |        |        |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |                         |                     |                                 |        |        |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |                         |                     |                                 |        | 27,564 |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |  |
|-----------------|---|--|---|---|---|--|
|                 |   |  |   |   |   |  |
| Revenue         | 1 | Gross revenue  |   |   |   |  |
| Direct Expenses | 2 | Cash prizes  |   |   |   |  |
|                 | 3 | Noncash prizes   |   |   |   |  |
|                 | 4 | Rent/facility costs  |   |   |   |  |
|                 | 5 | Other direct expenses  |   |   |   |  |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |  |

- 9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states?  Yes  No
- b If "No," explain: \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No
- b If "Yes," explain: \_\_\_\_\_

2013

Open to Public Inspection

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number  
84-0404917

Name of the organization  
UNITED WAY OF PUEBLO COUNTY, COLORADO, I

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                     | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) AMERICAN RED CROSS<br>4104 OUTLOOK BLVD<br>PUEBLO, CO 81008          | 84-0437753 | 501C3                         | 14,125                   |                                   |   |  | VARIOUS CHAR                       |
| (2) BOY SCOUTS ROCK MTN COUNCIL<br>411 S PUEBLO BLVD<br>PUEBLO, CO 81005 | 22-1576300 | 501C3                         | 39,000                   |                                   |   |  | BOYS ACTIVIT                       |
| (3) BOYS AND GIRLS CLUB OF PUEB<br>2601 SPRAGUE AVE<br>PUEBLO, CO 81004  | 23-7307508 | 501C3                         | 57,300                   |                                   |   |  | CHILDREN ACT                       |
| (4) CATHOLIC CHARITIES OF THE D<br>429 W 10TH ST 101<br>PUEBLO, CO 81003 | 84-0471001 | 501C3                         | 28,000                   |                                   |   |  | VARIOUS CHAR                       |
| (5) COOPERATIVE CARE CENTER<br>325 W 10TH ST<br>PUEBLO, CO 81003         | 84-0913793 | 501C3                         | 27,350                   |                                   |   |  | FREE CARE OF                       |
| (6) EASTSIDE CHILD CARE CENTER<br>PO BOX 11266<br>PUEBLO, CO 81001       | 84-0709410 | 501C3                         | 44,000                   |                                   |   |  | CHILD CARE                         |
| (7) GIRL SCOUTS COLUMBINE COUNC<br>21 MONTEBELLO<br>PUEBLO, CO 81003     | 84-0410630 | 501C3                         |                          |                                   |   |  | GIRLS ACTIV                        |
| (8) HEARING PROJECT ESA<br>4315 OUTLOOK E<br>PUEBLO, CO 81008            | 23-7024504 | 501C3                         | 3,500                    |                                   |   |  | HEARING                            |
| (9) PUEBLO CHILD ADVOCACY CENTE<br>301 E 13TH ST<br>PUEBLO, CO 81003     | 84-1071784 | 501C3                         | 23,400                   |                                   |   |  | CHILD ADVOCA                       |
| (10) PUEBLO COMMUNITY HEALTH CEN<br>310 COLORADO AVE<br>PUEBLO, CO 81004 | 84-0921521 | 501C3                         | 8,000                    |                                   |   |  | CARE OF INDI                       |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  
3 Enter total number of other organizations listed in the line 1 table

Department of the Treasury  
 Internal Revenue Service

**SCHEDULE I**  
**(Form 990)**

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number  
 84-0404917

Name of the organization  
 UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                     | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) SUICIDE PREVENTION CENTER<br>1925 E ORMAN GTE 25<br>PUEBLO, CO 81004 | 84-0755888 | 501C3                         | 45,250                   |                                   |   |  | SUICIDE PREV                       |
| (2) SRDA<br>230 N UNION<br>PUEBLO, CO 81003                              | 84-0593609 | 501C3                         | 39,150                   |                                   |   |  | SENIOR CARE                        |
| (3) SALVATION ARMY<br>326 W 8TH ST<br>PUEBLO, CO 81003                   | 94-1156347 | 501C3                         | 26,000                   |                                   |   |  | VARIOUS CHAR                       |
| (4) SOUTHSIDE CHILDRENS CENTER<br>2601 SPRAGUE AVE<br>PUEBLO, CO 81003   | 84-0645787 | 501C3                         | 36,000                   |                                   |   |  | CHILD CARE                         |
| (5) YWCA<br>801 N SANTA FE<br>PUEBLO, CO 81003                           | 84-0404925 | 501C3                         | 55,050                   |                                   |   |  | AID TO WOMEN                       |
| (6)  |            |                               |                          |                                   |   |  |                                    |
| (7)  |            |                               |                          |                                   |   |  |                                    |
| (8)  |            |                               |                          |                                   |   |  |                                    |
| (9)  |            |                               |                          |                                   |   |  |                                    |
| (10)   |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Schedule I (Form 990) (2013)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance      | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 COMMUNITY IMPACT GRANT             |                          | 23,500                   |                                   |   |  |
| 2 CCC DISBURSEMENT                   |                          | 20,081                   |                                   |   |  |
| 3 DESIGNATIONS TO NONMEMBER AGENCIES |                          | 31,523                   |                                   |   |  |
| 4 CPS DISBURSEMENT                   |                          | 16,000                   |                                   |   |  |
| 5 VITA PROGRAM                       |                          | 14,301                   |                                   |   |  |
| 6 IBEW ER PROGRAM                    |                          | 1,285                    |                                   |   |  |
| 7 BOARD OF WATER WORKS CATHOLIC CHAR |                          | 120,000                  |                                   |   |  |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**01. Monitoring procedures (Part I, line 2)**

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE SELECTION OF GRANTEES, CRITERIA, REPORTS FROM AGENCIES AND THE AMOUNT OF ASSISTANCE PROVIDED. A COMMITTEE EVALUATES NEEDS, REQUEST FOR PROPOSALS FROM NONPROFIT ORGANIZATIONS, FINANCIAL RECORDS, PROOF OF NONPROFIT STATUS, AND OTHER FACTORS WHEN SELECTING AGENCIES TO ALLOCATE FUNDS.



SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

84-0404917

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

01. Form 990 governing body review (Part VI, line 11)

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS SIGNED ANNUALLY BY OFFICERS AND EMPLOYEES. THIS POLICY IS MONITORED AND ENFORCED.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE ORGANIZATION HAS A POLICY FOR SALARY AND WAGE DETERMINATION TO UTILIZE AVAILABLE SALARY DATA AND INFORMATION FROM COMPARABLE ORGANIZATIONS AND FOR COMPARABLE POSITIONS TO DETERMINE SALARY. WHENEVER FISCALLY POSSIBLE THE SALARY AND WAGE RANGES WILL BE COMPARABLE TO MARKET CONDITIONS. BOARD MEMBERS AND VOLUNTEERS ARE NOT COMPENSATED FOR THEIR TIME.

04. Other officer or key employee compensation (Part VI, line 15b)

AS ABOVE

05. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WHEN REQUESTED AND AN OFFICIAL OF THE ORGANIZATION WILL MEET TO DISCUSS.

06. Significant program services not listed on prior year return (Part III, 1

PUEBLO VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM. PUEBLO VITA IS AN IRS PROGRAM THAT PROVIDES FREE TAX PREPARATION AND FILING FOR THOSE WHO MAKE \$51,000 OR LESS TOTAL

Name of the organization

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

HOUSEHOLD INCOME, USING HIGHLY TRAINED COMMUNITY VOLUNTEERS. IN JANUARY OF 2014, UNITED WAY ASSUMED THE ROLE OF OVERSEEING THE PUEBLO VITA PROGRAM FROM THE COLORADO COMMUNITY ACTION ASSOCIATION IN DENVER. THIS MOVE ALLOWS THE PROGRAM TO HAVE A LOCAL ENTITY OVERSEE ADMINISTRATION AND EXECUTION OF THE PROGRAM. THROUGH A GRANT FROM THE CITY AND COUNTY OF PUEBLO, WE WERE ABLE TO SERVE 1,040 PEOPLE FROM FEBRUARY TO APRIL OF 2014, RESULTING IN OVER \$1,280,000 IN TAX RETURNS, TAX CREDITS AND TAX PREPARATION SAVINGS GOING BACK INTO THE PUEBLO COMMUNITY.

07. Explanation of other changes in net assets or fund balances (Part XI, line

SERVICE FEES - (\$3,727)

08. General explanation attachment

PAYMENT TO AFFILIATES LIST: UNITED WAY OF AMERICA, 101 N FAIRFAX ST, ALEXANDRIA, VA 22314  
 AMOUNT \$10,454 PURPOSE: MEMBERSHIP DUES UNITED WAY MENTORING PROGRAM. UNITED WAY OF PUEBLO COUNTY, HEATON MIDDLE SCHOOL, PUEBLO CITY SCHOOLS, LOCAL BUSINESSES AND ORGANIZATIONS COMPLETED ITS THIRD YEAR OF OUR UNITED WAY MIDDLE SCHOOL MENTORING PROGRAM, WHICH WAS LAUNCHED IN JANUARY OF 2012. AS A RESULT, WE HAVE 50 MENTORS/MENTEES AT THREE LOCAL MIDDLE SCHOOLS, HEATON, PUEBLO ACADEMY OF THE ARTS AND LIBERTY POINT INTERNATIONAL.

MENTORS ARE RECRUITED FROM THE GENERAL COMMUNITY AS WELL AS THE BUSINESS COMMUNITY, AND SPEND ONE HOUR A WEEK EACH WEEK WITH THEIR STUDENT DURING THE LUNCH HOUR AT THE SCHOOL. STUDENTS INVOLVED IN THE PROGRAM ARE SHOWING MARKED IMPROVEMENT IN SCHOOL ENGAGEMENT, GRADES, ATTENDANCE AND BEHAVIORAL ISSUES.

FLOOD ASSISTANCE. IN AUGUST/SEPTEMBER OF 2013, PUEBLO COUNTY EXPERIENCED FLOODING ALONG FOUNTAIN CREEK. FOUNTAIN CREEK IS AN AREA WHERE MANY HOMELESS LIVE. AS A RESULT, MANY

Name of the organization

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

INDIVIDUALS LIVING IN THE AREA LOST ALL OF THEIR BELONGINGS INCLUDING TENTS, SLEEPING BAGS, COOKING UTENSILS AND CLOTHING. UNITED WAY PROVIDED A GRANT IN THE AMOUNT OF \$1,000 TO PROVIDE TENTS AND SLEEPING BAGS TO THOSE IN NEED.

SCHOOL SUPPLIES FOR CHILDREN. UNITED WAY OF PUEBLO COUNTY PROVIDED A GRANT TO SALVATION ARMY OF PUEBLO IN THE AMOUNT OF \$2,000 FOR SCHOOL SUPPLIES, AFTER HEARING OF INCREASED NEED AMONG THEIR CLIENTS, AN OCCURRENCE THAT HAD NOT HAPPENED IN PREVIOUS YEARS. THIS GRANT HELPED OVER 50 VERY LOW INCOME CHILDREN WITH SCHOOL SUPPLIES, BACKPACKS AND CLOTHING TO HELP PREPARE THEM FOR SUCCESS. HOLIDAY TOYS FOR CHILDREN. DIFFICULT ECONOMIC CONDITIONS AND DECREASE IN DONATIONS PROMPTED UNITED WAY TO ASSIST SALVATION ARMY ANGEL TREE PROJECT TO PROVIDE 116 NEEDY CHILDREN WITH HOLIDAY TOYS. WE ALSO PROMOTED THE NEED FOR DOATIONS AMONG OUR SUPPORTERS WHICH RESULTED IN HELPING THEM HIT THEIR TARGET OF SERVING OVER 4,500 CHILDREN.

#### COMMUNITY IMPACT FUNDING

SINCE 2005, UNITED WAY BOARD OF TRUSTEES HAS PROVIDED ADDITIONAL GRANTS TO HELP SOLVE NEW AND EMERGING NEEDS THAT CAN MAKE THE BIGGEST IMPACT IN OUR COMMUNITY. THESE ARE GRANTS MADE TO ORGANIZATIONS THAT HAVE NOT BEEN PREVIOUSLY FUNDED BY UNITED WAY. AS A RESULT, UNITED WAY HAS INVESTED APPROXIMATELY \$297,000 TO BENEFIT NEW NEEDS. PROGRAMS RECEIVING IMPACT GRANTS INCLUDE DROP-OUT PREVENTION; DIABETES SCREENING AND EQUIPMENT; AUTISM SUPPORT AND SCHOLARSHIPS; EMERGENCY DENTAL SERVICES, COURT APPOINTED ADVOCATES FOR CHILDREN AND CHILD ABUSE PREVENTION; BASIC EMERGENCY SERVICES FOR CANCER PATIENTS; RAPE CRISIS SERVICES; YOUTH ATHLETIC PROGRAM ASSISTANCE, EQUIPMENT AND SCHOLARSHIPS FOR THE ECONOMICALLY DISADVANTAGED; SCHOOL CLOTHING FOR CHILDREN; TRANSITIONING FOSTER CHILDREN TO ADULTHOOD AND FREE INCOME TAX ASSISTANCE.

IN 2013/2014 SPECIFICALLY, WE PROVIDED A GRANT TO THE BOYS AND GIRLS CLUB OF PUEBLO COUNTY

Name of the organization

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

TO FUND THEIR BE GREAT: GRADUATE PROGRAM. USING A MENTOR MODEL AND THE CHECK AND CONNECT STRATEGY, THIS PROGRAM TARGETS THE CLUB'S MOST VULNERABLE YOUTH TO ENCURE THAT THEY RECEIVE THE SUPPORT NEEDED TO ACHIEVE ACADEMIC SUCCESS. THE PROGRAM POSITIVELY IMPACTED 20 CHILDREN WITH IMPROVED GRADES, ATTENDANCE, TARDINESS AND BEHAVIOR ISSUES.

NONPROFIT TRAINING AND ADVOCACY - UNITED WAY PRIDES ITSELF ON HAVING HIGH STANDARDS OF EXCELLENCE IN THE AREAS OF GOVERNANCE, FINANCE AND DONOR STEWARDSHIP. AS A RESULT, WE HAVE TEAMED UP WITH SEVERAL ORGANIZATIONS TO PROVIDE TRAINING OPPORTUNITIES FOR LOCAL NONPROFITS. IN MAY OF THIS YEAR, WE PARTNERED WITH THE EL POMAR FOUNDATION AND THE STAFF IS ACTIVE IN THE COLORADO NONPROFIT ASSOCIATION, AND SERVES ON STATE-WIDE AWARD SELECTION COMMITTEES. WE ALSO ARE A LEAD PARTNER IN THE PUEBLO NONPROFIT DAY LUNCHEON, WHICH PROVIDES TRAINING, PRESENTATIONS FROM EXPERTS IN THE NONPROFIT SECTOR, AND CELEBRATES THE ENORMOUS IMPACT NONPROFITS HAVE IN PUEBLO COUNTY. WE ARE ALSO COMPLIANT WITH UNITED WAY WORLD WIDE STANDARDS OF ACCOUNTABILITY AND EXCELLENCE

Depreciation and Amortization (Including Information on Listed Property)

2013

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return UNITED WAY OF PUEBLO COUNTY, COL Business or activity to which this form relates FORM 990 - 1 Identifying number 84-0404917

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.

Table with 5 rows for Part I: 1 Maximum amount, 2 Total cost of section 179 property, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation for tax year.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Row 6 is blank.

Table with 13 rows for Part I continuation: 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover of disallowed deduction, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover of disallowed deduction to 2014.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 3 rows for Part II: 14 Special depreciation allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation (including ACRS) with value 3,479.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Part III Section A: 17 MACRS deductions for assets placed in service in tax years beginning before 2013, 18 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 2013 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i list property types like 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

Table with 4 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method. Rows 20a-c list class lives: 12-year, 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV: 21 Listed property, 22 Total (value 3,527), 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2012**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

|   |   |
|---|---|
| <b>A</b> For the 2012 calendar year, or tax year beginning <b>07-01, 2012</b> , and ending <b>06-30, 2013</b>   |   |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending                         | <b>C</b> Name of organization <b>UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.</b><br>Doing Business As _____<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>PO BOX 11566</b><br>City, town or post office, state, and ZIP code<br><b>PUEBLO, CO 81001</b><br><b>F</b> Name and address of principal officer: _____ |
| <b>D</b> Employer identification no. <b>84-0404917</b><br><b>E</b> Telephone number <b>(719) 583-4455</b><br><b>G</b> Gross receipts \$ <b>1,265,847</b>  |   |
| <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? (If "No," attach a list (see instructions)) <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>H(c)</b> Group exemption number ▶ _____ |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |
| <b>J</b> Website: ▶ <b>WWW.PUEBLOUNITEDWAY.ORG</b>  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1969</b> <b>M</b> State of legal domicile: <b>CO</b>   |   |

**Part I Summary**

|                                       |   |   |   |           |           |
|---------------------------------------|---|---|---|-----------|-----------|
| <b>Activities &amp; Governance</b>    | 1   | Briefly describe the organization's mission or most significant activities: <b>THE UNITED WAY OF PUEBLO COUNTY, COLORADO INC RAISES FUNDS TO BE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS TO BENEFIT THE COMMUNITY. OUR MISSION IS TO DEVELOP DONOR RESOURCES TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF PUEBLO COUNTY.</b> |   |           |           |
|                                       | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |           |           |
|                                       | 3   | Number of voting members of the governing body (Part VI, line 1a)   | 3   | 17        |           |
|                                       | 4   | Number of independent voting members of the governing body (Part VI, line 1b)   | 4   | 17        |           |
|                                       | 5   | Total number of individuals employed in calendar year 2012 (Part V, line 2a)  | 5   | 6         |           |
|                                       | 6   | Total number of volunteers (estimate if necessary)  | 6   | 250       |           |
|                                       | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12  | 7a  | 0         |           |
|                                       | 7b  | Net unrelated business taxable income from Form 990-T, line 34  | 7b  | 0         |           |
|                                       | <b>Revenue</b>  | 8   | Contributions and grants (Part VIII, line 1h)                                     | 1,133,494 | 1,196,958 |
|                                       |   | 9   | Program service revenue (Part VIII, line 2g)                                      | 27,096    | 26,079    |
| 10                                    |   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 3,609   | 5,831     |           |
| 11                                    |   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 28,660  | 36,979    |           |
| 12                                    |   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,192,859   | 1,265,847 |           |
| <b>Expenses</b>                       |   | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 675,305   | 835,241   |
|                                       |   | 14  | Benefits paid to or for members (Part IX, column (A), line 4)                     |           | 0         |
|                                       |   | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 248,666   | 253,961   |
|                                       |   | 16a   | Professional fundraising fees (Part IX, column (A), line 11e)                     |           | 0         |
|                                       |   | b   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>84,139</b>         |           |           |
| 17                                    | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)              | 103,165   | 142,035   |           |           |
| 18                                    | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,027,136   | 1,231,237   |           |           |
| 19                                    | Revenue less expenses. Subtract line 18 from line 12                      | 165,723   | 34,610  |           |           |
| <b>Fund Balances or Net Assets or</b> | 20  | Total assets (Part X, line 16)  | 1,966,017   | 2,096,763 |           |
|                                       | 21  | Total liabilities (Part X, line 26)   | 502,903   | 602,681   |           |
|                                       | 22  | Net assets or fund balances. Subtract line 21 from line 20  | 1,463,114   | 1,494,082 |           |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |  |                         |
|------------------|--|-------------------------|
| <b>Sign Here</b> | Signature of officer<br><b>JIM DUFF, TREASURER</b><br>Type or print name and title | Date<br><b>11/26/13</b> |
|------------------|--|-------------------------|

|                               |   |                               |                           |  |
|-------------------------------|---|-------------------------------|---------------------------|--|
| <b>Paid Preparer Use Only</b> | Print/type preparer's name<br><b>Rebecca Farrells CPA</b>     | Preparer's signature<br>      | Date<br><b>11-04-2013</b> | Check <input type="checkbox"/> self-employed <input type="checkbox"/> PTIN<br><b>P00944467</b> |
|                               | Firm's name ▶ <b>Rebecca E Farrells CPA Inc</b>               | Firm's EIN ▶ _____            |                           |  |
|                               | Firm's address ▶ <b>311 W 24th Street<br/>Pueblo CO 81003</b> | Phone no. <b>719-545-7999</b> |                           |  |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE UNITED WAY OF PUEBLO COUNTY, COLORADO INC RAISES FUNDS TO BE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS TO BENEFIT THE COMMUNITY. OUR MISSION IS TO DEVELOP DONOR RESOURCES TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF PUEBLO COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,117,093 including grants of \$ ) (Revenue \$ )

FAMILY STRENGTHENING-\$302,825 IN 2012/2013 OVER 10,825 UNITS OF SERVICE WERE PROVIDED. SPECIFICALLY: OVER 7,250 BOYS AND GIRLS WERE ENRICHED BY SCOUTING AND SCOUTING IN THE SCHOOL PROGRAMS. NEARLY 600 YOUTH RECEIVED BENEFICIAL AFTER SCHOOL SERVICES INCLUDING DECISION MAKING, TUTORING, RECREATION AND LEADERSHIP SKILLS. OVER 270 CHILDREN AND FAMILIES RECEIVED DAYCARE ON A SLIDING FEE SCALE. APPROX 440 SR CITIZENS RECEIVED HOME AND YARD MAINTENANCE ON A SLIDING FEE SCALE, CHRONIC DISEASE MANAGEMENT AND ACCESS TO WELLNESS CLINICS AND FITNESS PROGRAMS, AS WELL AS TRANSPORTATION FOR RURAL SR CITIZENS TO APPOINTMENTS AND DOCTORS VISITS. 20 MIDDLE SCHOOL STUDENTS RECEIVED SUPPORT VIA A PILOT MENTORING PROGRAM AT HEATON MIDDLE SCHOOL. APPROXIMATELY 200 STUDENTS RECEIVED THEIR GED PROGRAM VIA PUEBLO COMMUNITY COLLEGE. AT LEAST 58 MIDDLE SCHOOL STUDENTS ON A YEARLY BASIS WILL BENEFIT FROM USE OF NEW, STATE OF THE ART GRAPHING CALCULATORS, WHICH WILL INCREASE LEARNING POWER

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

CRISIS SERVICES - \$182,760 IN 2012/2013: OVER 25,400 UNITS OF SERVICE WERE PROVIDED. SPECIFICALLY: OVER 280 PEOPLE RECEIVED DISASTER SERVICE ASSISTANCE AND SERVICES TO THE ARMED FORCES. UNITED WAY FUNDING PROVIDED SERVICES TO APPROXIMATELY 188 CHILDREN FACING PHYSICAL OR SEXUAL ABUSE, AS WELL AS SUPPORT SERVICES TO FAMILY MEMBERS OF THOSE CHILDREN. OVER 14,261 PEOPLE WERE PROVIDED WITH SUICIDE PREVENTION ASSISTANCE, EDUCATION AND COUNSELING. APPX 4,000 VICTIMS OF DOMESTIC VIOLENCE (WOMEN AND CHILDREN) RECEIVED SHELTER, FOOD, COUNSELING AND DAYCARE AND HOMELESSNESS PREVENTION SERVICES. OVER 10,000 BED NIGHTS WERE PROVIDED TO HOMELESS FAMILIES. 70 INDIVIDUALS RECEIVED HUNDREDS OF HOURS WORTH OF MENTAL HEALTH COUNSELING ON A SLIDING FEE SCALE.

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

POVERTY-\$213,250 IN 2012/2013: UNITED WAY OF PUEBLO COUNTY FUNDING ASSISTED THOSE INDIVIDUALS LIVING IN POVERTY BY PROVIDING APPROXIMATELY 2,753 UNITS OF SERVICE IN HOUSING AND HOMELESS (RENT/MORTGAGE) PREVENTION AND UTILITY ASSISTANCE AND COUNSELING ON A SLIDING FEE SCALE. UNITED WAY FUNDS PROVIDED OVER 66,000 UNITS OF SERVICE INCLUDING MEALS, FOOD SACKS, EMERGENCY MEDICAL PRESCRIPTIONS AND EMERGENCY TRANSPORTATION. APPX 3,900 CHILDREN RECEIVED DENTAL ASSISTANCE THAT OTHERWISE WOULD HAVE GONE WITHOUT. OVER 890 FAMILIES RECEIVED WATER UTILITY ASSISTANCE. 130 CHILDREN WERE PROVIDED WITH HOLIDAY GIFTS. THREE FAMILIES RECEIVED EMERGENCY ELECTRICAL REPAIR SERVICES.

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

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

4e Total program service expenses 1,117,093

**Statement of Program Service Accomplishments**

2012 01

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

**FORM 990, PART III (A)**

|  |     |
|--|-----|
| PROGRAM SERVICE CODE                             |     |
| PROGRAM SERVICE EXPENSES                         | \$0 |
| GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE | \$0 |
| PROGRAM SERVICES REVENUE                         | \$0 |

**EXPLANATION**

EMERGENCY FOOD AND SHELTER PROGRAM: UNITED WAY OF PUEBLO COUNTY SERVES AS THE LOCAL ADMINISTRATOR FOR THE FEDERALLY FUNDED EMERGENCY FOOD AND SHELTER PROGRAM GRANTS THAT PROVIDE FOOD AND SHELTER FOR THOSE IN NEED. WE ARE RESPONSIBLE FOR OVERSIGHT OF FUNDS DISTRIBUTED AND MUST ENSURE PROGRAMS RECEIVING FUNDS ARE IN FULL COMPLIANCE WITH FEDERAL GUIDELINES. WE ALSO SUBMIT RECOMMENDATIONS ON FUNDING, AND ARE RESPONSIBLE FOR SUBMITTING ACCURATE FINAL REPORTS AS REQUIRED BY EFSP. IN 2012, WE WERE RESPONSIBLE FOR OVERSIGHT OF \$77,031. THESE DOLLARS BENEFITED NINE DIFFERENT NONPROFIT ORGANIZATIONS, AND PROVIDED WELL OVER 60,500 UNITS OF SERVICE. DONOR DESIGNATIONS: WE PROCESSED APPROXIMATELY \$49,000 TO 65 NONPROFIT ORGANIZATIONS IN NONMEMBER DONOR DESIGNATED FUNDS. DONOR-DESIGNATED FUNDS ARE CONTRIBUTIONS SPECIFICALLY DIRECTED BY THE DONOR TO BE FORWARDED TO OTHER NONPROFIT ORGANIZATIONS. UNITED WAY ACTS AS AN AGENT THAT COLLECTS, PROCESSES AND DISBURSES THE FUNDS.

Statement of Program Service Accomplishments

2012 01

Name(s) as shown on return

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Your Social Security Number

84-0404917

FORM 990, PART III(B)

|  |     |
|--|-----|
| PROGRAM SERVICE CODE                             |     |
| PROGRAM SERVICE EXPENSES                         | \$0 |
| GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE | \$0 |
| PROGRAM SERVICES REVENUE                         | \$0 |

EXPLANATION

WE PROVIDE THIS SERVICE AS A CONVENIENCE TO OUR DONORS. SINCE IT IS GIVEN SOLELY BY THE DESIRE OF THE DONOR, WE DO NOT REQUIRE THE RECIPIENT ORGANIZATIONS TO PROVIDE US WITH INFORMATION RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS. VOLUNTEERISM: UNITED WAY OF PUEBLO ENCOURAGES VOLUNTEERISM. UNITED WAY OF PUEBLO COUNTY HAS OVER 250 VOLUNTEERS ASSISTING IN AREAS SUCH AS MENTORING, SPECIAL EVENTS, ALLOCATIONS, FINANCE, MARKETING AND FUNDRAISING. WE HAVE MANY DONORS WHO WORK TO ENCOURAGE PHILANTHROPY AND GENEROSITY WITHIN THEIR WORKPLACE AND THROUGHOUT THE COMMUNITY. WE ALSO ASSIST OTHER NONPROFITS IN FINDING VOLUNTEERS FOR THEIR ORGANIZATION VIA OUR LARGE SUPPORT NETWORK.

Statement of Program Service Accomplishments

2012 01

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

FORM 990, PART III (C)

|  |     |
|--|-----|
| PROGRAM SERVICE CODE                             |     |
| PROGRAM SERVICE EXPENSES                         | \$0 |
| GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE | \$0 |
| PROGRAM SERVICES REVENUE                         | \$0 |

EXPLANATION

WE HAVE MANY DONORS WHO WORK TO ENCOURAGE PHILANTHROPY AND GENEROSITY WITHIN THEIR WORKPLACE AND THROUGHOUT THE COMMUNITY. WE ALSO ASSIST OTHER NONPROFITS IN FINDING VOLUNTEERS FOR THEIR ORGANIZATION VIA OUR LARGE SUPPORT NETWORK.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II  | X   |    |
| 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   | X   |    |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 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  |     | X  |
| 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25                            |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| 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?   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   |     | X  |
| 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  |     | X  |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | X  |
| 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):   |     |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  |     | X  |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  |     | X  |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |     | X  |
| 37 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   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a, 13a, 13b-13c, 14a-14b.

Part VI

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: UNITED WAY OF PUEBLO (719) 583-4455 2631 E 4TH ST PUEBLO, CO 81001

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

Check if Schedule O contains a response to any question in this Part VII

**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                                 |                                 |   |  |                            |  | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|--|---------------------------------|---------------------------------|---|--|----------------------------|--|--|---|---|
|                                      |  | I<br>n<br>d<br>i<br>v<br>i<br>d<br>u<br>a<br>l   | T<br>r<br>u<br>s<br>t<br>e<br>e | O<br>f<br>f<br>i<br>c<br>e<br>r | K<br>e<br>y<br>e<br>m<br>p<br>l<br>o<br>y<br>e<br>e | H<br>i<br>g<br>h<br>e<br>s<br>t<br>c<br>o<br>m<br>p<br>e<br>n<br>s<br>a<br>t<br>e<br>d | F<br>o<br>r<br>m<br>e<br>r |  |  |   |   |
| (1) BARBARA HODGSON<br>BOARD MEMBER  | 1.00   | X  |                                 |                                 |   |  |                            |  | 0  | 0   | 0   |
| (2) BONNIE DICKERSON<br>BOARD MEMBER | 1.00   | X  |                                 |                                 |   |  |                            |  | 0  | 0   | 0   |
| (3) CHRIS RILEY                      | 1.00   | X  |                                 |                                 |   |  |                            |  | 0  | 0   | 0   |
| (4) DAVE GALLI<br>CHAIR ELECT        | 1.00   | X  |                                 | X                               |   |  |                            |  | 0  | 0   | 0   |
| (5) DAVID ATWOOD<br>BOARD MEMBER     | 1.00   | X  |                                 |                                 |   |  |                            |  | 0  | 0   | 0   |
| (6) DAVID EDMISSON<br>CHAIR          | 1.00   | X  |                                 | X                               |   |  |                            |  | 0  | 0   | 0   |
| (7) DOMINIC GALLINA<br>BOARD MEMBER  | 1.00   | X  |                                 |                                 |   |  |                            |  | 0  | 0   | 0   |
| (8) DOUG HAYES<br>BOARD MEMBER       | 1.00   | X  |                                 |                                 |   |  |                            |  | 0  | 0   | 0   |
| (9) JIM DUFF<br>TREASURER            | 1.00   | X  |                                 | X                               |   |  |                            |  | 0  | 0   | 0   |
| (10) JOHN KEILBACH                   | 1.00   | X  |                                 |                                 |   |  |                            |  | 0  | 0   | 0   |
| (11) JOHN KLOMP<br>PAST CHAIR        | 1.00   | X  |                                 |                                 |   |  |                            |  | 0  | 0   | 0   |
| (12) MATT SMITH                      | 1.00   | X  |                                 |                                 |   |  |                            |  | 0  | 0   | 0   |
| (13) MITCH MEMINGER<br>VICE CHAIR    | 1.00   | X  |                                 | X                               |   |  |                            |  | 0  | 0   | 0   |
| (14) RICK SCHOLTES                   | 1.00   | X  |                                 |                                 |   |  |                            |  | 0  | 0   | 0   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and director/trustee) |         |              |                              |        |       | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|---------|--------------|------------------------------|--------|-------|--|---|---|
|  |  | Director   | Officer | Key employee | Highest compensated employee | Former | Other |  |   |   |
| (15) RUDY KRASOVEC<br>BOARD MEMBER                             | 1.00   | X  |         |              |                              |        | 0     | 0  | 0   |   |
| (16) SANDY ROMERO<br>SECRETARY                                 | 1.00   | X  | X       |              |                              |        | 0     | 0  | 0   |   |
| (17) TRACY MARTINEZ  | 1.00   | X  |         |              |                              |        | 0     | 0  | 0   |   |
| (18)   |  |  |         |              |                              |        |       |  |   |   |
| (19)   |  |  |         |              |                              |        |       |  |   |   |
| (20)   |  |  |         |              |                              |        |       |  |   |   |
| (21)   |  |  |         |              |                              |        |       |  |   |   |
| (22)   |  |  |         |              |                              |        |       |  |   |   |
| (23)   |  |  |         |              |                              |        |       |  |   |   |
| (24)   |  |  |         |              |                              |        |       |  |   |   |
| (25)   |  |  |         |              |                              |        |       |  |   |   |
| <b>1b Sub-total</b>  |  |  |         |              |                              |        |       |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |         |              |                              |        | 0     | 0  | 0   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |         |              |                              |        | 0     | 0  | 0   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 3   | X  |
| <b>4</b> 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   | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | X  |

**Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and director/trustee) |         |              |                              |        |               | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|---------|--------------|------------------------------|--------|---------------|--|---|---|
|  |  | Director   | Officer | Key employee | Highest compensated employee | Former | Family member |  |   |   |
| (15) RUDY KRASOVEC<br>BOARD MEMBER                             | 1.00   | X  |         |              |                              |        | 0             | 0  | 0   |   |
| (16) SANDY ROMERO<br>SECRETARY                                 | 1.00   | X  | X       |              |                              |        | 0             | 0  | 0   |   |
| (17) TRACY MARTINEZ  | 1.00   | X  |         |              |                              |        | 0             | 0  | 0   |   |
| (18)   |  |  |         |              |                              |        |               |  |   |   |
| (19)   |  |  |         |              |                              |        |               |  |   |   |
| (20)   |  |  |         |              |                              |        |               |  |   |   |
| (21)   |  |  |         |              |                              |        |               |  |   |   |
| (22)   |  |  |         |              |                              |        |               |  |   |   |
| (23)   |  |  |         |              |                              |        |               |  |   |   |
| (24)   |  |  |         |              |                              |        |               |  |   |   |
| (25)   |  |  |         |              |                              |        |               |  |   |   |
| <b>1b Sub-total</b>  |  |  |         |              |                              |        |               |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |         |              |                              |        | 0             | 0  | 0   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |         |              |                              |        | 0             | 0  | 0   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 3   | X  |
| <b>4</b> 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   | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | X  |

**Section 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

|   |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|---|--|---|----------------------|--|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a Federated campaigns   | 1a  |                      |  |   |   |  |
|   | b Membership dues  | 1b  |                      |  |   |   |  |
|   | c Fundraising events   | 1c  |                      |  |   |   |  |
|   | d Related organizations  | 1d  |                      |  |   |   |  |
|   | e Government grants (contributions)  | 1e  |                      |  |   |   |  |
|   | f All other contributions, gifts, grants,<br>and similar amounts not included above  | 1f 1,196,958                                      |                      |  |   |   |  |
|   | g Noncash contributions included in lines 1a-1f: \$  |   |                      |  |   |   |  |
|   | <b>h Total. Add lines 1a-1f</b>  |   | <b>1,196,958</b>     |  |   |   |  |
| <b>Program Service Revenue</b>                                    | 2a SERVICE FEE REVENUE   | Business Code<br>900099                           | 3,645                | 3,645  |   |   |  |
|   | b OFFICIAL FUNCTIONS   | 900099  | 11,158               | 11,158   |   |   |  |
|   | c ADMIN FEES   | 900099  | 1,541                | 1,541  |   |   |  |
|   | d OTHER DESIGNATIONS   | 900099  | 1,488                | 1,488  |   |   |  |
|   | e GIL PADILLA FUND   | 900099  | 6,580                | 6,580  |   |   |  |
|   | f All other program service revenue  | 900099  | 1,667                | 1,667  |   |   |  |
|   | <b>g Total. Add lines 2a-2f</b>  |   | <b>26,079</b>        |  |   |   |  |
| <b>Other Revenue</b>  | 3 Investment income (including dividends, interest,<br>and other similar amounts)  |   | 5,831                | 5,831  |   |   |  |
|   | 4 Income from investment of tax-exempt bond proceeds   |   |                      |  |   |   |  |
|   | 5 Royalties  |   |                      |  |   |   |  |
|   | 6a Gross rents   | (i) Real  |                      |  |   |   |  |
|   |  | (ii) Personal                                     |                      |  |   |   |  |
|   |  | b Less: rental expenses                           |                      |  |   |   |  |
|   |  | c Rental income or (loss)                         |                      |  |   |   |  |
|   | d Net rental income or (loss)  |   |                      |  |   |   |  |
|   | 7a Gross amount from sales of<br>assets other than inventory   | (i) Securities                                    |                      |  |   |   |  |
|   |  | (ii) Other  |                      |  |   |   |  |
|   |  | b Less: cost or other basis<br>and sales expenses |                      |  |   |   |  |
|   |  | c Gain or (loss)                                  |                      |  |   |   |  |
|   | d Net gain or (loss)   |   |                      |  |   |   |  |
|   | 8a Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 | a 36,786  |                      |  |   |   |  |
|   | b Less: direct expenses  | b   |                      |  |   |   |  |
| c Net income or (loss) from fundraising events                    |  | 36,786  |                      |  | 36,786                                  |   |  |
| 9a Gross income from gaming activities.<br>See Part IV, line 19   | a  |   |                      |  |   |   |  |
| b Less: direct expenses   | b  |   |                      |  |   |   |  |
| c Net income or (loss) from gaming activities                     |  |   |                      |  |   |   |  |
| 10a Gross sales of inventory, less<br>returns and allowances      | a  |   |                      |  |   |   |  |
|   | b Less: cost of goods sold   | b   |                      |  |   |   |  |
|   | c Net income or (loss) from sales of inventory   |   |                      |  |   |   |  |
| Miscellaneous Revenue   |  | Business Code                                     |                      |  |   |   |  |
| 11a MISC REVENUE  | 900099   | 193   | 193                  |  |   |   |  |
| b 0   |  |   |                      |  |   |   |  |
| c 0   |  |   |                      |  |   |   |  |
| d All other revenue   |  |   |                      |  |   |   |  |
| e Total. Add lines 11a-11d  |  | 193   |                      |  |   |   |  |
| <b>12 Total revenue. See instructions</b>                         |  | <b>1,265,847</b>                                  | <b>32,103</b>        | <b>0</b>   | <b>36,786</b>                           |   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21  | 495,360               | 495,360                         |  |                             |
| 2  | Grants and other assistance to individuals in the United States. See Part IV, line 22  | 339,881               | 339,881                         |  |                             |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4  | Benefits paid to or for members  |                       |                                 |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees   |                       |                                 |  |                             |
| 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   | 214,208               | 152,402                         | 12,644                                 | 49,162                      |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 13,808                | 9,804                           | 828                                    | 3,176                       |
| 9  | Other employee benefits  | 9,558                 | 6,786                           | 573                                    | 2,199                       |
| 10   | Payroll taxes  | 16,387                | 11,635                          | 983                                    | 3,769                       |
| 11   | Fees for services (non-employees):   |                       |                                 |  |                             |
| a  | Management   |                       |                                 |  |                             |
| b  | Legal  | 699                   |                                 | 699                                    |                             |
| c  | Accounting   | 8,200                 |                                 | 8,200                                  |                             |
| d  | Lobbying   |                       |                                 |  |                             |
| e  | Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f  | Investment management fees   |                       |                                 |  |                             |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   |                       |                                 |  |                             |
| 12   | Advertising and promotion  | 8,857                 | 7,351                           |  | 1,506                       |
| 13   | Office expenses  | 9,059                 | 6,432                           | 544                                    | 2,083                       |
| 14   | Information technology   |                       |                                 |  |                             |
| 15   | Royalties  |                       |                                 |  |                             |
| 16   | Occupancy  | 2,400                 | 1,704                           | 144                                    | 552                         |
| 17   | Travel   | 4,283                 | 3,041                           | 257                                    | 985                         |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings   | 15,638                | 11,103                          | 938                                    | 3,597                       |
| 20   | Interest   |                       |                                 |  |                             |
| 21   | Payments to affiliates   | 10,181                | 10,181                          |  |                             |
| 22   | Depreciation, depletion, and amortization  | 3,479                 | 2,470                           | 209                                    | 800                         |
| 23   | Insurance  | 3,247                 | 2,305                           | 195                                    | 747                         |
| 24   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| a  | <b>CAMPAIGN SUPPLIES</b>   | 15,770                | 9,333                           | 1,285                                  | 5,152                       |
| b  | <b>TELEPHONE</b>   | 527                   | 374                             | 32                                     | 121                         |
| c  | <b>POSTAGE AND SHIPPING</b>  | 7,969                 | 5,658                           | 478                                    | 1,833                       |
| d  | <b>EQUIP MAINTENANCE</b>   | 1,362                 | 967                             | 82                                     | 313                         |
| e  | All other expenses   | 50,364                | 40,306                          | 1,914                                  | 8,144                       |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24e  | 1,231,237             | 1,117,093                       | 30,005                                 | 84,139                      |
| 26   | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

|                             |   | (A)   |           | (B)         |           |
|-----------------------------|---|---|-----------|-------------|-----------|
|                             |   | Beginning of year   |           | End of year |           |
| Assets                      | 1   | Cash - non-interest-bearing   | 100       | 1           | 100       |
|                             | 2   | Savings and temporary cash investments  | 1,516,445 | 2           | 1,687,448 |
|                             | 3   | Pledges and grants receivable, net  | 431,499   | 3           | 390,959   |
|                             | 4   | Accounts receivable, net  |           | 4           |           |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |           | 5           |           |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |           | 6           |           |
|                             | 7   | Notes and loans receivable, net   |           | 7           |           |
|                             | 8   | Inventories for sale or use   |           | 8           |           |
|                             | 9   | Prepaid expenses and deferred charges   | 6,090     | 9           | 7,938     |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 36,100    | 10a         | 36,100    |
|                             | b   | Less: accumulated depreciation  | 26,121    | 10b         | 26,121    |
|                             |   |   | 11,862    | 10c         | 9,979     |
|                             | 11  | Investments - publicly traded securities  |           | 11          |           |
|                             | 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  | 21  | 15        | 339         |           |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 1,966,017   | 16        | 2,096,763   |           |
| Liabilities                 | 17  | Accounts payable and accrued expenses   | 486,903   | 17          | 577,451   |
|                             | 18  | Grants payable  | 16,000    | 18          | 16,000    |
|                             | 19  | Deferred revenue  |           | 19          |           |
|                             | 20  | Tax-exempt bond liabilities   |           | 20          |           |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |           | 21          |           |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |           | 25          | 9,230     |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 502,903   | 26          | 602,681   |
| Net Assets of Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |           |             |           |
|                             | 27  | Unrestricted net assets   | 800,957   | 27          | 779,872   |
|                             | 28  | Temporarily restricted net assets   | 62,157    | 28          | 114,210   |
|                             | 29  | Permanently restricted net assets   | 600,000   | 29          | 600,000   |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |           |             |           |
|                             | 30  | Capital stock or trust principal, or current funds  |           | 30          |           |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |           | 31          |           |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |           | 32          |           |
| 33                          | <b>Total net assets or fund balances</b>  | 1,463,114   | 33        | 1,494,082   |           |
| 34                          | <b>Total liabilities and net assets/fund balances</b>   | 1,966,017   | 34        | 2,096,763   |           |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|    |  |           |
|----|--|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1,265,847 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 1,231,237 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 34,610    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 1,463,114 |
| 5  | Net unrealized gains (losses) on investments   |           |
| 6  | Donated services and use of facilities   |           |
| 7  | Investment expenses  |           |
| 8  | Prior period adjustments   |           |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | (3,642)   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 1,494,082 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis              | X   |    |
| 2c If "Yes" to line 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 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?  |     | X  |
| 3b 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  |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.**

**84-0404917**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008  | (b) 2009  | (c) 2010  | (d) 2011  | (e) 2012  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 1,025,020 | 1,058,349 | 1,085,839 | 1,133,494 | 1,196,958 | 5,499,660 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |           |           |           |           |           |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |           |           |           |           |           |           |
| 4 <b>Total.</b> Add lines 1 through 3 . . . . .   | 1,025,020 | 1,058,349 | 1,085,839 | 1,133,494 | 1,196,958 | 5,499,660 |
| 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) . . . . . |           |           |           |           |           | 137,019   |
| 6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .  |           |           |           |           |           | 5,362,641 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008  | (b) 2009  | (c) 2010  | (d) 2011  | (e) 2012  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 . . . . .   | 1,025,020 | 1,058,349 | 1,085,839 | 1,133,494 | 1,196,958 | 5,499,660                |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 39,579    | 28,855    | 17,204    | 3,609     | 5,831     | 95,078                   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |           |           |           |           |           |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  |           |           |           |           |           |                          |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .   |           |           |           |           |           | 5,594,738                |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .  |           |           |           |           | 12        | 248,179                  |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .   | 14                                  | 95.85 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .   | 15                                  | 93.83 | % |
| 16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .   | <input checked="" type="checkbox"/> |       |   |
| b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .  | <input type="checkbox"/>            |       |   |
| 17a <b>10%-facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    | <input type="checkbox"/>            |       |   |
| b <b>10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . | <input type="checkbox"/>            |       |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  | <input type="checkbox"/>            |       |   |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) - 15%; Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 - 16%

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) - 17%; Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 - 18%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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**

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 II.

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, total 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 total 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 on line H of its Form 990-EZ or on Part I, 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

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number

84-0404917

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 4          | TRANE COMPANY<br>101 WILLIAM WHITE BLVD<br>PUEBLO, CO 81001            | \$ 43,482                  | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | BLACK HILLS ENERGY<br>105 S VICTORIA AVE<br>PUEBLO, CO 81003           | \$ 35,017                  | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | BECHTEL NATIONAL<br>104 W B STREET<br>PUEBLO, CO 81003                 | \$ 31,606                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| 12         | XCEL ENERGY<br>2005 LIME ROAD<br>PUEBLO, CO 81006                      | \$ 176,632                 | Person <input type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| 31         | PARKVIEW MEDICAL CENTER<br>400 W 16TH STREET<br>PUEBLO, CO 81003       | \$ 81,316                  | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 32         | THE PACKARD FOUNDATION<br>121 W 1ST STREET STE 240<br>PUEBLO, CO 81003 | \$ 47,800                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|  |   |
|--|---|
| <b>Name of organization</b><br>UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. | <b>Employer identification number</b><br>84-0404917 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 33         | BOARD OF WATER WORKS<br><br>PO BOX 400<br><br>PUEBLO, CO 81002 | \$ 26,873                  | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |
|            |  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                       |

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.**

Employer identification number

**84-0404917**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .  |                         |                              |
| 2 Aggregate contributions to (during year) . . . . .   |                         |                              |
| 3 Aggregate grants from (during year) . . . . .  |                         |                              |
| 4 Aggregate value at end of year . . . . .   |                         |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No  |                         |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

|  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | <b>2a</b>                       |
| b Total acreage restricted by conservation easements . . . . .   | <b>2b</b>                       |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | <b>2c</b>                       |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | <b>2d</b>                       |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

|  |            |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 . . . . . | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X . . . . .             | ▶ \$ _____ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

|  |            |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 . . . . . | ▶ \$ _____ |
| b Assets included in Form 990, Part X . . . . .              | ▶ \$ _____ |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 641,291          | 650,226        | 673,145            | 667,899              | 667,899             |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 2,945            | 7,267          | 12,675             | 22,266               |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 16,134           | 16,202         | 16,422             | 17,020               |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 628,102          | 641,291        | 669,398            | 673,145              | 667,899             |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  96.00 %
  - c Temporarily restricted endowment  4.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) unrelated organizations  |     | X  |
| (ii) related organizations   |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 36,100                          | 26,121                       | 9,979          |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 9,979          |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .                                       |                |   |
| (2) Closely-held equity interests . . . . .                               |                |   |
| (3) Other _____   |                |   |
| (A) _____   |                |   |
| (B) _____   |                |   |
| (C) _____   |                |   |
| (D) _____   |                |   |
| (E) _____   |                |   |
| (F) _____   |                |   |
| (G) _____   |                |   |
| (H) _____   |                |   |
| (I) _____   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |   |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) _____   |                |   |
| (2) _____   |                |   |
| (3) _____   |                |   |
| (4) _____   |                |   |
| (5) _____   |                |   |
| (6) _____   |                |   |
| (7) _____   |                |   |
| (8) _____   |                |   |
| (9) _____   |                |   |
| (10) _____  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) <b>INTEREST RECEIVABLE</b>  | 339            |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| (10) _____  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 339            |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>FUNDS HELD FOR OTHERS</b>  | 9,230          |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| (10) _____  |                |
| (11) _____  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 9,230          |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |   |           |           |           |
|----------|---|-----------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements        |           | <b>1</b>  | 1,225,331 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |           |           |           |
| <b>a</b> | Net unrealized gains on investments   | <b>2a</b> |           |           |
| <b>b</b> | Donated services and use of facilities  | <b>2b</b> | 47,609    |           |
| <b>c</b> | Recoveries of prior year grants   | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | (88,125)  |           |
| <b>e</b> | Add lines 2a through 2d   |           | <b>2e</b> | (40,516)  |
| <b>3</b> | Subtract line 2e from line 1  |           | <b>3</b>  | 1,265,847 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |           |
| <b>c</b> | Add lines 4a and 4b   |           | <b>4c</b> |           |
| <b>5</b> | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 1,265,847 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |  |           |           |           |
|----------|--|-----------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements                       |           | <b>1</b>  | 1,194,363 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |           |           |
| <b>a</b> | Donated services and use of facilities   | <b>2a</b> | 47,609    |           |
| <b>b</b> | Prior year adjustments   | <b>2b</b> |           |           |
| <b>c</b> | Other losses   | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | (84,480)  |           |
| <b>e</b> | Add lines 2a through 2d  |           | <b>2e</b> | (36,871)  |
| <b>3</b> | Subtract line 2e from line 1   |           | <b>3</b>  | 1,231,234 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                 | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |           |
| <b>c</b> | Add lines 4a and 4b  |           | <b>4c</b> |           |
| <b>5</b> | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 1,231,234 |

**Part XIII Supplemental Information**

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

**Other revenues non included on Form 990 (Part XI, line 2d)**

DONOR DESIGNATIONS \$(88,125)

**Part XIII** Supplemental Information (continued)

**02. Other expenses not included on Form 990 (Part XII, line 2d)**

DONOR DESIGNATIONS \$(84,480)

Lined area for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2            | (c) Other events    | (d) Total events                |        |        |
|-----------------|----|---|-------------------------|---------------------|---------------------------------|--------|--------|
|                 |    | FLAVOR<br>(event type)  | FUN RUN<br>(event type) | 1<br>(total number) | (add col. (a) through col. (c)) |        |        |
| Revenue         | 1  | Gross receipts . . . . .  | 18,750                  | 12,276              | 5,760                           | 36,786 |        |
|                 | 2  | Less: Contributions . . . . .   |                         |                     |                                 |        |        |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                            | 18,750                  | 12,276              | 5,760                           | 36,786 |        |
| Direct Expenses | 4  | Cash prizes . . . . .   |                         |                     |                                 |        |        |
|                 | 5  | Noncash prizes . . . . .  |                         |                     |                                 |        |        |
|                 | 6  | Rent/facility costs . . . . .   |                         |                     |                                 |        |        |
|                 | 7  | Food and beverages . . . . .  |                         |                     |                                 |        |        |
|                 | 8  | Entertainment . . . . .   |                         |                     |                                 |        |        |
|                 | 9  | Other direct expenses . . . . .   |                         |                     |                                 |        |        |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                         |                     |                                 |        | ( )    |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶ |                         |                     |                                 |        | 36,786 |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo                       | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |     |
|-----------------|---|---------------------------------|---|---|---|-----|
|                 |   | 1                               | Gross revenue . . . . .   |   |   |     |
| Direct Expenses | 2   | Cash prizes . . . . .           |   |   |   |     |
|                 | 3   | Noncash prizes . . . . .        |   |   |   |     |
|                 | 4   | Rent/facility costs . . . . .   |   |   |   |     |
|                 | 5   | Other direct expenses . . . . . |   |   |   |     |
|                 | 6   | Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |     |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶     |                                 |   |   |   | ( ) |
| 8               | Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶ |                                 |   |   |   |     |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047  
**2012**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Employer identification number  
84-0404917

Name of the organization  
**UNITED WAY OF PUEBLO COUNTY, COLORADO, I**

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

| 1    | (a) Name and address of organization or government        | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | AMERICAN RED CROSS<br>4104 OUTLOOK BLVD 81008             | 84-0437753 | 501C3                         | 14,300                   |                                   |   |  | VARIOUS CHAR                       |
| (2)  | BOY SCOUTS ROCK MTN COUNCIL<br>411 S PUEBLO BLVD 81005    | 22-1576300 | 501C3                         | 39,000                   |                                   |   |  | BOYS ACTIV                         |
| (3)  | BOYS AND GIRLS CLUB OF PUEBLO<br>2601 SPRAGUE AVE 81004   | 23-7307508 | 501C3                         | 57,600                   |                                   |   |  | CHILDREN ACT                       |
| (4)  | CATHOLIC CHARITIES OF THE DIOC<br>429 W 10TH ST 101 81003 | 84-0471001 | 501C3                         | 28,230                   |                                   |   |  | VARIOUS CHAR                       |
| (5)  | COOPERATIVE CARE CENTER<br>325 W 10TH ST 81003            | 84-0913793 | 501C3                         | 27,350                   |                                   |   |  | FREE CARE OF                       |
| (6)  | EASTSIDE CHILD CARE CENTER<br>PO BOX 11266 81001          | 84-0709410 | 501C3                         | 43,490                   |                                   |   |  | CHILD CARE                         |
| (7)  | GIRL SCOUTS COLUMBINE COUNCIL<br>21 MONTEBELLO 81003      | 84-0410630 | 501C3                         | 24,100                   |                                   |   |  | GIRLS ACTIV                        |
| (8)  | HEARING PROJECT ESA<br>4315 OUTLOOK E 81008               | 23-7024504 | 501C3                         | 3,500                    |                                   |   |  | HEARING                            |
| (9)  | PUEBLO CHILD ADVOCACY CENTER<br>301 E 13TH ST 81003       | 84-1071784 | 501C3                         | 22,550                   |                                   |   |  | CHILD ADVOCA                       |
| (10) | PUEBLO COMMUNITY HEALTH CENTER<br>310 COLORADO AVE 81004  | 84-0921521 | 501C3                         | 10,050                   |                                   |   |  | CARE OF INDI                       |
| (11) | SUICIDE PREVENTION CENTER<br>1925 E ORMAN GTE 25 81004    | 84-0755888 | 501C3                         | 45,250                   |                                   |   |  | SUICIDE PREV                       |
| (12) | SRDA<br>230 N UNION 81003                                 | 84-0593609 | 501C3                         | 39,150                   |                                   |   |  | SENIOR CARE                        |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047  
**2012**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Employer identification number  
**84-0404917**

Name of the organization  
**UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

| 1    | (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | SALVATION ARMY<br>326 W 8TH ST 81003                 | 94-1156347 | 501C3                         | 48,350                   |                                   |   |  | VARIOUS CHAR                       |
| (2)  | SOUTHSIDE CHILDRENS CENTER<br>2601 SPRAGUE AVE 81003 | 84-0645787 | 501C3                         | 37,390                   |                                   |   |  | CHILD CARE                         |
| (3)  | YWCA<br>801 N SANTA FE 81003                         | 84-0404925 | 501C3                         | 55,050                   |                                   |   |  | AID TO WOMEN                       |
| (4)  |  |            |                               |                          |                                   |   |  |                                    |
| (5)  |  |            |                               |                          |                                   |   |  |                                    |
| (6)  |  |            |                               |                          |                                   |   |  |                                    |
| (7)  |  |            |                               |                          |                                   |   |  |                                    |
| (8)  |  |            |                               |                          |                                   |   |  |                                    |
| (9)  |  |            |                               |                          |                                   |   |  |                                    |
| (10) |  |            |                               |                          |                                   |   |  |                                    |
| (11) |  |            |                               |                          |                                   |   |  |                                    |
| (12) |  |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance      | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 COMMUNITY IMPACT GRANT             |                          | 28,374                   |                                   |   |  |
| 2 CCC DISBURSEMENT                   |                          | 23,043                   |                                   |   |  |
| 3 DESIGNATIONS TO NONMEMBER AGENCIES |                          | 61,437                   |                                   |   |  |
| 4 CPS DISBURSEMENT                   |                          | 16,000                   |                                   |   |  |
| 5 IBEW ER PROGRAM                    |                          | 999                      |                                   |   |  |
| 6 BOARD OF WATER WORKS CATHOLIC CHAR |                          | 115,000                  |                                   |   |  |
| 7 EMERGENCY SPECIAL FUNDING          |                          | 1,500                    |                                   |   |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**1. Monitoring procedures (Part I, line 2)**

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE SELECTION OF GRANTEES, CRITERIA, REPORTS FROM AGENCIES AND THE AMOUNT OF ASSISTANCE PROVIDED. A COMMITTEE EVALUATES NEEDS, REQUEST FOR PROPOSALS FROM NONPROFIT ORGANIZATIONS, FINANCIAL RECORDS, PROOF OF NONPROFIT STATUS, AND OTHER FACTORS WHEN SELECTING AGENCIES TO ALLOCATE FUNDS.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number

84-0404917

**01. Form 990 governing body review (Part VI, line 11)**

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING.

**02. Conflict of interest policy compliance (Part VI, line 12c)**

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS SIGNED ANNUALLY BY OFFICERS AND EMPLOYEES. THIS POLICY IS MONITORED AND ENFORCED.

**03. CEO, executive director, top management comp (Part VI, line 15a)**

THE ORGANIZATION HAS A POLICY FOR SALARY AND WAGE DETERMINATION TO UTILIZE AVAILABLE SALARY DATA AND INFORMATION FROM COMPARABLE ORGANIZATIONS AND FOR COMPARABLE POSITIONS TO DETERMINE SALARY. WHENEVER FISCALLY POSSIBLE THE SALARY AND WAGE RANGES WILL BE COMPARABLE TO MARKET CONDITIONS. BOARD MEMBERS AND VOLUNTEERS ARE NOT COMPENSATED FOR THEIR TIME.

**04. Other officer or key employee compensation (Part VI, line 15b)**

AS ABOVE

**05. Governing documents, etc, available to public (Part VI, line 19)**

THE ORGANIZATION MAKES GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WHEN REQUESTED AND AN OFFICIAL OF THE ORGANIZATION WILL MEET TO DISCUSS.

**06. Explanation of other changes in net assets or fund balances (Part XI, line**

SERVICE FEES - (\$3,645)

Name of the organization

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

07. General explanation attachment

PAYMENT TO AFFILIATES LIST: UNITED WAY OF AMERICA, 101 N FAIRFAX ST, ALEXANDRIA, VA 22314

AMOUNT \$10,181 PURPOSE: MEMBERSHIP DUES

Name of the organization

Employer identification number

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

07. General explanation attachment

PAYMENT TO AFFILIATES LIST: UNITED WAY OF AMERICA, 101 N FAIRFAX ST, ALEXANDRIA, VA 22314

AMOUNT \$10,181 PURPOSE: MEMBERSHIP DUES

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

Attachment  
Sequence No. **179**

|  |  |   |
|--|--|---|
| Name(s) shown on return<br><b>UNITED WAY OF PUEBLO COUNTY, COL</b> | Business or activity to which this form relates<br><b>FORM 990 - 1</b> | Identifying number<br><b>84-0404917</b> |
|--|--|---|

**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  | Maximum amount (see instructions) . . . . .   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions) . . . . .   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29 . . . . .  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 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                           |                  |
| 13 | Carryover of disallowed deduction to 2013. 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.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

|    |   |    |       |
|----|---|----|-------|
| 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 |       |
| 16 | Other depreciation (including ACRS) . . . . .   | 16 | 3,395 |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|    |  |    |  |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012 . . . . .   | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/> |    |  |

**Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      | 1,596  | 5                   | MQ             | SL         | 40                         |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |
|----------------|--|--|---------|----|-----|
| 20a Class life |  |  |         |    | S/L |
| b 12-year      |  |  | 12 yrs. |    | S/L |
| c 40-year      |  |  | 40 yrs. | MM | S/L |

**Part IV Summary (See instructions.)**

|    |  |    |       |
|----|--|----|-------|
| 21 | Listed property. Enter amount from line 28 . . . . .   | 21 |       |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . . | 22 | 3,435 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .  | 23 |       |

**For Paperwork Reduction Act Notice, see separate instructions.**

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

|               |   |  |
|---------------|---|--|
| Type or print | Name of exempt organization or other filer, see instructions.<br><b>UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.</b> | Employer identification number (EIN) or<br><b>84-0404917</b> |
|               | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 11566</b>                       | Social security number (SSN)                                 |
|               | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>PUEBLO, CO 81001</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 4720 (individual)                   | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

• The books are in the care of ▶ **UNITED WAY OF PUEBLO COUNTY COLORA 2631 EAST 4TH STREET, CO 81001**

Telephone No. ▶ **719-583-4455** FAX No. ▶ **719-583-4456**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ if this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02-18**, 20 **14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_ or

▶  tax year beginning **07-01**, 2012, and ending **06-30**, 2013

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |    |    |
|---|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | 3c | \$ |

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EQ and Form 8879-EQ for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

**2012**

(Keep for your records)

Name of the organization

**UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.**

Employer identification number

**84-0404917**

2% of the amount on Schedule A, part II, line 11, column (f) ..... **111,895**

| Name                                | (a)<br>2008 | (b)<br>2009 | (c)<br>2010 | (d)<br>2011 | (e)<br>2012 | (f)<br>Total | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limit) |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|---|
| BOARD OF WATER WORKS                | 25,128      |             | 26,888      |             |             | 52,016       |   |
| COUNTY GOVERNMENT                   | 22,173      |             | 22,333      |             |             | 44,506       |   |
| PARKVIEW MEDICAL                    | 63,723      |             | 67,904      |             |             | 131,627      | 19,732  |
| TRANE COMPANY                       | 35,564      |             | 42,564      |             | 43,482      | 121,610      | 9,715   |
| BLACK HILLS ENERGY                  | 62,341      |             | 42,509      |             | 35,017      | 139,867      | 27,972  |
| BECHTEL NATIONAL                    |             |             | 27,657      |             | 31,606      | 59,263       |   |
| TARGET DISTRIBUTION CENTER          |             |             | 21,870      |             | 17,871      | 39,741       |   |
| CENTURA HEALTH                      |             |             | 21,410      |             | 12,384      | 33,794       |   |
| UNITED PARCEL SERVICE               |             |             | 18,986      |             | 18,745      | 37,731       |   |
| VESTAS                              |             |             | 17,680      |             | 5,578       | 23,258       |   |
| PUEBLO COMMUNITY HEALTH CENTER      |             |             | 15,294      |             | 18,871      | 34,165       |   |
| XCEL ENERGY                         |             |             | 14,863      |             | 176,632     | 191,495      | 79,600  |
| A T T WIRELESS                      |             |             | 14,056      |             | 21,472      | 35,528       |   |
| DISTRICT 60                         |             |             | 13,187      |             | 11,289      | 24,476       |   |
| CITY OF PUEBLO                      |             |             | 12,435      |             | 11,375      | 23,810       |   |
| THE PUEBLO CHIEFTAIN                |             |             | 10,987      |             | 8,242       | 19,229       |   |
| DISTRICT 70                         |             |             | 10,733      |             | 10,136      | 20,869       |   |
| COMCAST                             |             |             | 10,443      |             | 6,190       | 16,633       |   |
| ATLAS PACIFIC                       |             |             | 9,953       |             | 9,650       | 19,603       |   |
| EXPRESS SCRIPTS                     |             |             | 8,923       |             | 14,380      | 23,303       |   |
| TR TOPPERS                          |             |             | 8,515       |             | 7,118       | 15,633       |   |
| UTC AEROSPACE SYSTEMS GOODRICH      |             |             | 7,374       |             | 7,996       | 15,370       |   |
| HOUSING AUTHORITY OF PUEBLO         |             |             | 7,005       |             | 7,228       | 14,233       |   |
| SUNFLOWER BANK                      |             |             | 6,299       |             | 5,553       | 11,852       |   |
| ENT FEDERAL CREDIT UNION            |             |             | 6,253       |             | 5,974       | 12,227       |   |
| CONVERGYS                           |             |             | 6,246       |             | 5,854       | 12,100       |   |
| SECURITY SERVICE FEDERAL CU         |             |             | 5,251       |             | 6,198       | 11,449       |   |
| UNITED WAY OF PUEBLO COUNTY         |             |             | 5,187       |             | 5,506       | 10,693       |   |
| SOUTHERN COLORADO COMMUNITY FOUNDAT |             |             | 5,000       |             | 5,000       | 10,000       |   |

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

**2012**

(Keep for your records)

Name of the organization UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. Employer identification number 84-0404917

2% of the amount on Schedule A, part II, line 11, column (f) ..... 111,895

| Name                      | (a)<br>2008 | (b)<br>2009 | (c)<br>2010 | (d)<br>2011 | (e)<br>2012 | (f)<br>Total | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limit) |
|---------------------------|-------------|-------------|-------------|-------------|-------------|--------------|---|
| WELLS FARGO FOUNDATION    |             |             |             | 5,000       | 5,000       | 10,000       |   |
| PARKVIEW MEDICAL CENTER   |             |             |             |             | 81,316      | 81,316       |   |
| THE PACKARD FOUNDATION    |             |             |             |             | 47,800      | 47,800       |   |
| BOARD OF WATER WORKS      |             |             |             |             | 26,873      | 26,873       |   |
| PCAPP                     |             |             |             |             | 23,030      | 23,030       |   |
| CENTURY LINK              |             |             |             |             | 18,787      | 18,787       |   |
| COUNTY OF PUEBLO          |             |             |             |             | 15,315      | 15,315       |   |
| GCC RIO GRANDE            |             |             |             |             | 6,997       | 6,997        |   |
| CHAMBERLAIN FOUNDATION    |             |             |             |             | 5,975       | 5,975        |   |
| KAISER PERMANENTE         |             |             |             |             | 5,877       | 5,877        |   |
| UNION PACIFIC RAILROAD CO |             |             |             |             | 5,257       | 5,257        |   |

TOTAL

===== 137,019

# Depreciation Detail Listing

2012

Program Services  
For your records only

PAGE 1

\* Item was disposed  
of during current year.

Name(s) as shown on return

Social security number: 84-0404917

UNITED WAY OF FUEBLO COUNTY, COLORADO, INC.

| No.           | Description              | Date     | Cost   | Salvage | Business percentage | Section 179 | Depreciation Basis | Life | Method | Rate   | Current depr. | Accumulated Depreciation | Prior expense | Bonus depreciation | AMT Current |       |
|---------------|--------------------------|----------|--------|---------|---------------------|-------------|--------------------|------|--------|--------|---------------|--------------------------|---------------|--------------------|-------------|-------|
| 1             | 9-BOOK CASE              | 19880301 | 211    |         | 100.00              |             | 211                | 7    |        | 0      |               | 211                      |               |                    |             |       |
| 2             | 12-ZENITH TV             | 19880901 | 267    |         | 100.00              |             | 267                | 7    |        | 0      |               | 267                      |               |                    |             |       |
| 3             | 13-ZENITH VCR            | 19880901 | 244    |         | 100.00              |             | 244                | 7    |        | 0      |               | 244                      |               |                    |             |       |
| 4             | 15-2 METAL BOXES         | 19890601 | 120    |         | 100.00              |             | 120                | 5    |        | 0      |               | 120                      |               |                    |             |       |
| 5             | 16-2 STORAGE CABINETS    | 19890601 | 200    |         | 100.00              |             | 200                | 5    |        | 0      |               | 200                      |               |                    |             |       |
| 6             | 17-4 DOOR METAL CABINETS | 19890601 | 325    |         | 100.00              |             | 325                | 5    |        | 0      |               | 325                      |               |                    |             |       |
| 7             | 20-FILE CABINET          | 19890601 | 125    |         | 100.00              |             | 125                | 5    |        | 0      |               | 125                      |               |                    |             |       |
| 8             | 21-5 DRAWER CABINET      | 19890601 | 95     |         | 100.00              |             | 95                 | 5    |        | 0      |               | 95                       |               |                    |             |       |
| 9             | 22-FILE CABINET          | 19890601 | 125    |         | 100.00              |             | 125                | 5    |        | 0      |               | 125                      |               |                    |             |       |
| 10            | 29-3 FILE CABINETS       | 19940501 | 1,146  |         | 100.00              |             | 1,146              | 5    |        | 0      |               | 1,146                    |               |                    |             |       |
| 11            | 39-6 DESKS               | 20000731 | 2,354  |         | 100.00              |             | 2,354              | 5    |        | 0      |               | 2,354                    |               |                    |             |       |
| 12            | 44-RAINBOW SOFTWARE      | 20050701 | 11,900 |         | 100.00              |             | 11,900             | 3    |        | 0      |               | 11,900                   |               |                    |             |       |
| 13            | 45-1 SERVER GATEWAY P    | 20060406 | 1,058  |         | 100.00              |             | 1,058              | 5    |        | 0      |               | 1,058                    |               |                    |             |       |
| 14            | 2 DELL COMPUTERS         | 20090218 | 1,549  |         | 100.00              |             | 1,549              | 5    | SL     | 20     | 310           | 1,356                    |               |                    | 310         |       |
| 15            | 4 DELL COMPUTERS         | 20090628 | 3,111  |         | 100.00              |             | 3,111              | 5    | SL     | 20     | 622           | 2,566                    |               |                    | 622         |       |
| 16            | PRINTER                  | 20100629 | 1,981  |         | 100.00              |             | 1,981              | 5    | SL     | 20     | 396           | 1,238                    |               |                    | 396         |       |
| 17            | MICROSOFT SOFTWARE       | 20110627 | 959    |         | 100.00              |             | 959                | 3    | SL     | 33.333 | 320           | 680                      |               |                    | 320         |       |
| 18            | DELL LAPTOP              | 20120318 | 1,240  |         | 100.00              |             | 1,240              | 5    | SL     | 20     | 248           | 341                      |               |                    | 248         |       |
| 19            | CASCADE DATA SOLUTION    | 20120514 | 7,495  |         | 100.00              |             | 7,495              | 5    | SL     | 20     | 1,499         | 1,686                    |               |                    | 1,499       |       |
| 20            | DELL COMPUTER            | 20130630 | 1,596  |         | 100.00              |             | 1,596              | 5    | SL     | 2.5    | 40            | 40                       |               |                    | 40          |       |
| <b>Totals</b> |                          |          |        |         |                     |             |                    |      |        |        |               |                          | 36,101        | 26,077             | 3,435       | 3,435 |

Land Amount 36,101  
Net Depreciable Cost 36,101

ST ADJ: 3,435

Next Year's Depreciation

2012

| Name  |            |                          |          |        |        | FEIN       |           |
|---|------------|--------------------------|----------|--------|--------|------------|-----------|
| UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. |            |                          |          |        |        | 84-0404917 |           |
| Form  | Multi-Form | Description              | Date     | Basis  | Method | Life       | Deduction |
| PRG   | 1          | 9-BOOK CASE              | 19880301 | 211    | SL     | 7          |           |
| PRG   | 1          | 12-ZENITH TV             | 19880901 | 267    | SL     | 7          |           |
| PRG   | 1          | 13-ZENITH VCR            | 19880901 | 244    | SL     | 7          |           |
| PRG   | 1          | 15-2 METAL BOXES         | 19890601 | 120    | SL     | 5          |           |
| PRG   | 1          | 16-2 STORAGE CABINETS    | 19890601 | 200    | SL     | 5          |           |
| PRG   | 1          | 17-4 DOOR METAL CABINET  | 19890601 | 325    | SL     | 5          |           |
| PRG   | 1          | 20-FILE CABINET          | 19890601 | 125    | SL     | 5          |           |
| PRG   | 1          | 21-5 DRAWER CABINET      | 19890601 | 95     | SL     | 5          |           |
| PRG   | 1          | 22-FILE CABINET          | 19890601 | 125    | SL     | 5          |           |
| PRG   | 1          | 29-3 FILE CABINETS       | 19940501 | 1,146  | SL     | 5          |           |
| PRG   | 1          | 39-6 DESKS               | 20000731 | 2,354  | SL     | 5          |           |
| PRG   | 1          | 44-RAINBOW SOFTWARE      | 20050701 | 11,900 | SL     | 3          |           |
| PRG   | 1          | 45-1 SERVER GATEWAY PACK | 20060406 | 1,058  | SL     | 5          |           |
| PRG   | 1          | 2 DELL COMPUTERS         | 20090218 | 1,549  | SL     | 5          | 193       |
| PRG   | 1          | 4 DELL COMPUTERS         | 20090628 | 3,111  | SL     | 5          | 545       |
| PRG   | 1          | PRINTER                  | 20100629 | 1,981  | SL     | 5          | 396       |
| PRG   | 1          | MICROSOFT SOFTWARE       | 20110627 | 959    | SL     | 3          | 279       |
| PRG   | 1          | DELL LAPTOP              | 20120318 | 1,240  | SL     | 5          | 248       |
| PRG   | 1          | CASCADE DATA SOLUTIONS   | 20120514 | 7,495  | SL     | 5          | 1,499     |
| PRG   | 1          | DELL COMPUTER            | 20130630 | 1,596  | SL     | 5          | 319       |
|   |            | TOTAL                    |          |        |        |            | 3,479     |

990

Tax Exempt  
Diagnostic Summary

2012

Name: UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. Employer Identification #: 84-0404917

Demographics

Mailing Address:  
PO BOX 11566  
PUEBLO, CO 81001

Phone: (719) 583-4455

Resident State: CO

Diagnostics

Preparer: Rebecca Farrells Invoice: Date: 11-04-2013

Return Information

| Item on Return              | 2012 Federal | 2011 Federal (If available) |
|-----------------------------|--------------|-----------------------------|
| Total Revenue               | 1,265,847    | 1,192,859                   |
| Total Expenses              | 1,231,237    | 1,027,136                   |
| Net Excess (Deficit)        | 34,610       | 165,723                     |
| Net Assets or Fund Balances | 1,494,082    | 1,463,114                   |

State/City Information

| State/City | Taxable Revenue | Total Expenses | Change Fund Balance | UBIT | Total Tax | Refund/ (Balance Due) |
|------------|-----------------|----------------|---------------------|------|-----------|-----------------------|
|------------|-----------------|----------------|---------------------|------|-----------|-----------------------|

November 04, 2013

United Way Of Pueblo County, Colorado, Inc.  
PO Box 11566  
Pueblo, CO 81001

We value you as our client, and your privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about you from various sources, including the following:

- \* Information we receive from interviews regarding your tax situation;
- \* Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax-related data; and
- \* Information from tax-related documents you provide that are required to process tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning you, except to employees who need access to such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Rebecca Farrells CPA  
Rebecca E Farrells CPA Inc

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

|   |   |  |
|---|---|--|
| Type or print<br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><b>UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.</b> | Employer identification number (EIN) or<br><b>84-0404917</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 11566</b>                       | Social security number (SSN)                                 |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>PUEBLO, CO 81001</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 4720 (individual)                   | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

- The books are in the care of ▶ **UNITED WAY OF PUEBLO COUNTY COLORA 2631 EAST 4TH STREET, CO 81001**

Telephone No. ▶ **719-583-4455** FAX No. ▶ **719-583-4456**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02-18, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_ or

▶  tax year beginning 07-01, 2012, and ending 06-30, 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |    |    |
|---|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | 3c | \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

**Federal Filing Instructions****2012**

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF PUEBLO COUNTY, COLORA

84-0404917

**Date to file by:** 2-18-2014

**Form to be filed:** Form 990 and supplemental forms and schedules

**Sign and date:** An officer must sign and date Form 990 on page 1.

**Address to file:** Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0027

**Refund:** Neither a refund nor a balance due

**Other Instructions:** If the return is not filed by the due date (including any extension granted), attach a statement giving the reason for not filing on time.