Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	ne 2016 calen	dar year, or tax year begin	ning Jul :	1	, 2016 , a	and ending	Jun	30	,	2017	
В	Check i	f applicable:	C Name of organization Unit	ed Way of	Pueblo Co	unty, C	olorado,	Inc.	D Employ	er identif	ication number	
	Ad	ddress change	Doing business as			_			84-	04049	917	
	Na	ame change	Number and street (or P.O. box	if mail is not delive	ered to street addres	ss)	Room/sui	te	E Telepho			
	\vdash	tial return	310 E Abriendo A	70			300		(71	9) 58	33-4455	
	\vdash	nal return/terminated	City or town, state or province, or		r foreign postal code		1300		(/	<i>)</i> , 50	00 1100	
	\vdash	nended return	Duchlo		5 .	ao	01004		G Cross r	anninta ¢	1,369,297	
	\vdash		Pueblo F Name and address of principal of	officer:		CO	81004 	(a) Is this a	group return			X No
		pplication pending			D1-1 -	00		• •	• .			No
_	Toy	avamet status	Andrea Aragon PO Box		Pueblo sert no.) 49		81001 " 527	If 'No,'	subordinates attach a list. (see instru	ctions)	Ш
<u></u>		exempt status	X 501(c)(3) 501(c) (, ,	sert no.)	947(a)(1) or	1 1					
J			w.pueblounitedway		1	1			exemption nu			
K		of organization:	X Corporation Trust	Association	Other ►	L Ye	ear of formation:	1969) IVI S	itate of leg	gal domicile: CO	
Pa	rt I	Summar Briefly describ	be the organization's mission	or most signi	ficant activities	ml	TT. Jan Jan	E	D l. 1 .	<u> </u>		T
	•			. <i>– – – – –</i>	:						y, Colorado	
ဥ			o be distributed to various pro									
nar			quality of life for the people artnerships to address a									
Ver	2	Check this bo									LIOIII dollor do	/11a15.
Activities & Governance	3		ting members of the governing							3		20
∘ಶ	4		dependent voting members of	J , (. ,					4		20
ë	5	Total number	of individuals employed in ca	alendar year 2	2016 (Part V, lir	ne 2a)				5		5
Ξ	6	Total number	of volunteers (estimate if nee	cessary)						6		667
Ac			d business revenue from Pa		` '					7a		0.
	b	Net unrelated	business taxable income fro	m Form 990-	T, line 34					7b		0.
									rior Year		Current Ye	
<u>e</u>	8		and grants (Part VIII, line 1h					1	,104,2		1,245	
Revenue	9	-	ice revenue (Part VIII, line 20						76,3			<u>,611.</u>
ě	10		come (Part VIII, column (A),							98.		,040.
_	11		e (Part VIII, column (A), lines						40,0			,846.
	12		e – add lines 8 through 11 (m						,230,0		1,369	
	13		milar amounts paid (Part IX,						784,0	27.	717	<u>,942.</u>
	14		to or for members (Part IX, o									
es	15		r compensation, employee b						273,6	38.	266	<u>,068.</u>
šuš	16 a	Professional f	fundraising fees (Part IX, colu	ımn (A), line 1	11e)							
Expenses	b	Total fundrais	ing expenses (Part IX, colum	nn (D), line 25		81	1,627.					
ш	17	Other expens	es (Part IX, column (A), lines	11a-11d, 11f	f-24e)				163,4	01.	156	,902.
	18	Total expense	es. Add lines 13-17 (must eq	ual Part IX, co	olumn (A), line 2	25)		1	,221,0	66.	1,140	,912.
	19	Revenue less	expenses. Subtract line 18 f	rom line 12					9,0	25.	228	,385.
p 89								Beginnir	ng of Currer		End of Ye	
eets alan	20	Total assets (Part X, line 16)						,159,1		2,292	,499.
Net Assets Fund Balanc	21	Total liabilities	s (Part X, line 26)						588,5	94.	487	,426.
şΞ	22	Net assets or	fund balances. Subtract line	21 from line 2	20			1	,570,6	04.	1,805	,073.
	rt II	Signatur	e Block					•				
Unde	er penalt	ies of perjury, I dec	clare that I have examined this return, i er (other than officer) is based on all ir	ncluding accompa	anying schedules an	d statements,	and to the best of	of my knowl	ledge and bel	ief, it is tru	ue, correct, and	
comp	olete. De	eclaration of prepar	er (other than officer) is based on all ir	formation of which	h preparer has any k	nowledge.						
									1/29/1	7		
Sig	gn	Signatu	re of officer					Da	te			
He		And	rea Aragon					Presi	ldent/0	CEO		
		Type or	print name and title									
		Print/Type p	reparer's name	Preparer's signa	ture		Date		Check	if F	PTIN	
Pa	id	Craig	Denlinger				11/29/1	.7	self-employe	ed [201063062	
	epare			LLC								
	e On							Firm's EIN ► 47 – 2380837				
			Littleton		CO	80120)		Phone no.	(303		20
May	the I	RS discuss this	s return with the preparer sho	own above? (, = 0 0	X Yes	No

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
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	5		Х
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	6		Х
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</i> 'Yes,' <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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	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	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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	11 a	Х	
	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	11 b		Х
•	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	11 c		Х
•	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
I	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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	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	14b		Х
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	15		Х
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	16		Х
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)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	Х	
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	22	Х	
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> .	23		Х
24 8	a 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	24a		X
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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	26		Х
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	27		Х
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):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> 'Yes,' <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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</i> 'Yes,' <i>complete Schedule R, Part I</i>	33		Х
	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	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	o 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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

	Check if Schedule O contains a response or note to any line in this Part V					. П
	, , , , , , , , , , , , , , , , , , , ,				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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	l reportabl	e gaming	1 c	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			
b	of at least one is reported on line 2a, did the organization file all required federal employment tax re			2 b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructi					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3 a		Х
	of 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 oth financial account in a foreign country (such as a bank account, securities account, or other financial	ner authori al account	ty over, a)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financi	al Accoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran			5 b		Х
С	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 dissolicit any contributions that were not tax deductible as charitable contributions?	d the orga	nization	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?		ifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f services provided to the payor?	or goods a	and	7 a	X	
b	of Yes, did the organization notify the donor of the value of the goods or services provided?			7 b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282?	t was requ		7с		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it contract	?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ontract?		7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file as required?			7 g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ Form 1098-C?	nization file	e a 	7 h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	•				
	organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9 b		
	Section 501(c)(7) organizations. Enter:	اما				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b				
11	Section 501(c)(12) organizations. Enter:	اء 14				
	Gross income from members or shareholders	11 a				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	<u> </u>	40.5		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 10413 12b		12 a		
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	120				
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13 a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			134		
h	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				
	Enter the amount of reserves on hand	13 c				37
	Did the organization receive any payments for indoor tanning services during the tax year?			14 a		X
ΔΔ	of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedu	ıle O		14 b	ggn (0040

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.

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 1 a 20 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** Enter the number of voting members included in line 1a, above, who are independent 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents 4 Χ 5 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8 a Χ 8 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 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο 10 a Χ b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 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? 11 a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 h Χ to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c X 13 X 14 Χ 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? Χ 15 a 15 h Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Χ 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 16 b 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 > 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. Another's website Other (explain in Schedule O) Own website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 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: 81004 (719) 583-4455 United Way of Pueblo County 310 E Abriendo Ave

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

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

- 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.											
(C)											
(A) Name and Title	(B) Average hours per	Pos than is	both	an of	ot che unless fficer a truste	ck more s persor and a e)	e n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) RICK HOLMES	1.00										
CHAIR		X		Χ				0.	0.	0.	
(2) TED_ORTIVIZ	1.00										
CHAIR ELECT		Х		Χ				0.	0.	0.	
(3) JIM_DUFF	1.00										
TREASURER		Х		Χ				0.	0.	0.	
(4) MICHELLE PEULEN	<u>1.00</u>										
SECRETARY		Х		Χ				0.	0.	0.	
(5) SAUL_ALVIDREZ	1.00										
BOARD MEMBER		Х						0.	0.	0.	
_(6)_STEVE_BARON	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(7) SLANE _DICKERSON	_1.00										
BOARD MEMBER		Х						0.	0.	0.	
_(8)_KIM_FOWLER	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(9) DOMINIC GALLINA	_1.00										
BOARD MEMBER		Х						0.	0.	0.	
(10) CHRISSY HOLLIDAY	_1.00										
BOARD MEMBER		Х						0.	0.	0.	
(11) BRET JONES	_1.00										
BOARD MEMBER		Х						0.	0.	0.	
(12) SCOTT LEE	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(13) PAULA PEREA	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(14) RENEE RICHARDSON	_1.00										
BOARD MEMBER		Х						0.	0.	0.	

Part VII Section A. Officers, Directors, Tru	ıstees,	Key	Em	plo	oye	es,	and	d Highest Con	pensated Emp	loyee	S (continued)
	(B)			(C	•						
(A) Name and title	Average hours per week	box	, unles	ss per	rson i directo	than o s both or/truste	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	amou	(F) stimated unt of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org an	pensation rom the anization d related anizations
(15) RUBAN ROMAN BOARD MEMBER	1.00_	Х						0.	0.		0.
(16) JEREMY ROMERO	1.00_							0.	0.		
BOARD MEMBER (17) STACIE SHIRLEY	1.00	Х						0.	0.		0.
BOARD MEMBER	1.00_	Х						0.	0.		0.
(18) JOHN TOUPAL BOARD MEMBER	1.00_	Х						0.	0.		0.
(19) KAREN TRUJILLO	1.00_										
BOARD MEMBER (20) JEFF TUCKER	1.00	Х						0.	0.		0.
BOARD MEMBER		Х						0.	0.		0.
(21) ANDREA ARAGON PRESIDENT/CEO	40.00					Х		74,094.	0.		0.
(22)								·			
(23)											
<u>(24)</u>											
<u>(25)</u>											
1 b Sub-total							>	74,094.	0.	I	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	74,094.	0.		0.
2 Total number of individuals (including but not limited from the organization ►							eive			npensa	
											Yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in		, ,		,	,	_	,			. 3	X
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	nan \$150,	000?	If 'Ye	es,'	com	plete	Sc.	hedule J for			
such individual	ompensat	ion fr	om a	ıny เ	unre	lated	org	anization or individ	dual	. 4	X
for services rendered to the organization? If 'Yes,' c Section B. Independent Contractors	omplete S	cnea	iule J	I tor	suc	n per	rson	<u> </u>		. 5	X
Complete this table for your five highest compensate compensation from the organization. Report compe										ar.	
(A) Name and business address (B) Description of services (C) Compensation											
2 Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin ►	nited	to the	ose	liste	d ab	ove) who received mo	re than		

Form 990 (2016) United Way of Pueblo County, Colorado, Inc. 84-0404917 Part VIII Statement of Revenue (A) Total revenue (B) Revenue excluded from tax Related or Unrelated exempt business under sections function revenue 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 a **b** Membership dues 1 b **c** Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1,245,800 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 1,245,800 Program Service Revenue **Business Code** 2a <u>SERVICE FEE REVENUES _</u> 900099 0 0 3,860 3,860 b OFFICIAL FUNCTIONS _ _ _ 900099 10,172 0 0. 10,172 C OTHER PROGRAM _ _ _ _ 900099 25,991 25,991 0 0. d <u>VITA PROGRAM</u> 900099 18,588 18,588 0 f All other program service revenue . . . 58,611 Investment income (including dividends, interest and 23,040 23,040 0 Income from investment of tax-exempt bond proceeds . . . 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) . . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses . . . **c** Gain or (loss) 8 a Gross income from fundraising events Other Revenue (not including . . \$ of contributions reported on line 1c). See Part IV, line 18. 41,634 **b** Less: direct expenses c Net income or (loss) from fundraising events ▶ 41,634 0. 41,634. **9 a** Gross income from gaming activities. See Part IV, line 19. **b** Less: direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold \boldsymbol{c} Net income or (loss) from sales of inventory $\ \cdot\ \cdot\ \cdot\ \cdot\ \cdot$ Miscellaneous Revenue **Business Code** 11a MISC REVENUE 212 212 0 900099 d All other revenue

369

Total revenue. See instructions ▶

212

297

,863

81

0

41,634

Part IX | Statement of Functional Expenses

Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	347,322.	347,322.		
4 5	Benefits paid to or for members				
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):				
а	Management				
b	Legal				
С	Accounting				
_	Lobbying				
	Professional fundraising services. See Part IV, line 17 .				
-	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				
	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 24	Insurance 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.)	5,083.	3,761.	305.	1,017.
а	Campaign_Supplies	12,440.	7,421.	1,032.	3,987.
	Paid Direct	36,179.	36,179.	0.	0.
	Postage and Shipping	5,720.	4,233.	343.	1,144.
	Yearly Luncheon	13,420.	6,710.	0.	6,710.
	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 □ if following SOP 98-2 (ASC 958-720).				

Cash — non-interest-bearing .			Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments 1,698,836. 2 1,779,296.				(A) Beginning of year		(B) End of year
3 Pledges and grants receivable, net 448,433. 3 479,338.		1	Cash – non-interest-bearing	100.	1	0.
A Accounts receivable, net A 24 , 691.		2	Savings and temporary cash investments	1,698,836.	2	1,779,296.
10		3	Pledges and grants receivable, net	448,433.	3	479,338.
1		4	Accounts receivable, net		4	24,691.
Section 4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501c(9); voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		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	
7 Notes and loans receivable, net 7 8		6	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'		6	
8 Inventories for sale or use	(A)	7	· · · · · · · · · · · · · · · · · · ·			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 39,734 10b 37,663 4,469 10c 2,071 11 Investments – publicly traded securities 111 12 112 Investments – publicly traded securities 112 Investments – publicly traded securities 113 13 14 Intragible assets 14 15 15 15 3.65 15 3.65 15 16 16 16 16 16 16	set	8	·		8	
10 a Land, buildings, and equipment: cost or other basis.	As	-		6 865	-	6 738
b Less: accumulated depreciation 10b 37,663 4,469 10c 2,071 11 Investments - publicly traded securities 11 12 Investments - pothicly traded securities 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 495 15 365 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,159,198 16 2,292,499 17 Accounts payable and accrued expenses 578,594 17 475,101 18 Grants payable 10,000 18 12,325 19 Deferred revenue 91 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 IV of Schedule D 21 23 Secured mortagages and notes payable to unrelated third parties 22 24 Unsecured notes and loans payable to unrelated third parties 23 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Total liabilities. Add lines 17 through 25 588,594 26 487,426 Organizations that follow SFAS 117 (ASC 958), check here X 28 59,530 27 Unrestricted net assets 930,162 27 1,145,543 28 Temporarily restricted net assets 930,162 27 1,145,543 29 Permanently restricted net assets 930,162 27 1,145,543 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 1,570,604 33 1,805,073 31 Total net assets or fund balances 1,570,604 33 1,805,073	2	-	Land huildings and equipment; cost or other basis	0,003.		0,750.
11 Investments — publicly traded securities 11 12 Investments — other securities. See Part IV, line 11 12 13 Investments — other securities. See Part IV, line 11 13 14 14 15 14 15 15 15 15		h		1 160	10 c	2 071
12 Investments — other securities. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Intensible assets 14 14 15 Other assets. See Part IV, line 11 495, 15 3.65, 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,159,198 16 2,292,499 17 475,101 475,101 18 Grants payable and accrued expenses. 578,594 17 475,101 19 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabili			3170031	4,409.	 	2,071.
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Other assets See Part IV, line 11 16 17 18 16 18 16 19 19 19 16 19 19 19					 	
14 Intangible assets. 14			, , , , , , , , , , , , , , , , , , ,		-	
15 Other assets. See Part IV, line 11			· -		-	
16 Total assets. Add lines 1 through 15 (must equal line 34) 2,159,198 16 2,292,499. 17 Accounts payable and accrued expenses. 578,594 17 475,101. 18 Grants payable			š	40E	 	265
17			la companya di managantan d		t	
18 Grants payable 10,000 18 12,325 19 Deferred revenue 19 20 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 23 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. Add lines 17 through 25 588,594 26 487,426 26 Total liabilities. Add lines 17 through 25 588,594 26 487,426 27 Unrestricted net assets 930,162 27 1,145,543 28 Temporarily restricted net assets 930,162 27 1,145,543 29 Permanently restricted net assets 930,162 27 1,145,543 29 Permanently restricted net assets 930,000 29 600,000 30 Paid-in or capital surplus, or land, building, or equipment fund 31 30 Retained earnings, endowment, accumulated income, or other funds 32 31 Total net assets or fund balances 1,570,604 33 1,805,073					-	
Per					-	
Escrow or custodial account liability. Complete Part IV of Schedule D		19	· ·	10,000.		12,323.
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities		20	
23 Secured mortgages and notes payable to unrelated third parties	S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties	iabilitik	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	
Unsecured notes and loans payable to unrelated third parties	-	23			23	
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			Unsecured notes and loans payable to unrelated third parties			
Organizations that follow SFAS 117 (ASC 958), check here \ \times 27 through 29, and lines 33 and 34. Unrestricted net assets \ \times 27 through 29, and lines 33 and 34. Temporarily restricted net assets \ \times 40,442 \ \text{ 28} \ \text{ 59,530.} \ Permanently restricted net assets \ \text{ 600,000.} \ \text{ 29} \ \text{ 600,000.} \ \text{ 29} \ \text{ 600,000.} \ \text{ 29} \ \text{ 600,000.} \ \text{ 30} \ \text{ 31} \ \text{ Paid-in or capital surplus, or land, building, or equipment fund \ \text{ 32} \ \text{ Retained earnings, endowment, accumulated income, or other funds \ \text{ 33} \ \text{ Total net assets or fund balances \ \text{ 17,145,543.} \\ \text{ 17,145,543.}		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	
lines 27 through 29, and lines 33 and 34. 930,162. 27		26		588,594.	26	487,426.
27 Unrestricted net assets 930,162 27 1,145,543 28 Temporarily restricted net assets 40,442 28 59,530 29 Permanently restricted net assets 600,000 29 600,000 Organizations that do not follow SFAS 117 (ASC 958), check here 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 Total net assets or fund balances 1,570,604 33 1,805,073 34 Total liabilities and net assets/fund balances 2,159,198 34 2,292,499	es S					
28 Temporarily restricted net assets 40,442 28 59,530 29 Permanently restricted net assets 600,000 29 600,000 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	Ĕ	27	Unrestricted net assets	930,162.	27	1,145,543.
Permanently restricted net assets	펿	28	Temporarily restricted net assets		28	
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds		29	Permanently restricted net assets		29	
30 Capital stock or trust principal, or current funds	r Fun			·		·
Retained earnings, endowment, accumulated income, or other funds	ğί.	30	Capital stock or trust principal, or current funds		30	
32 Retained earnings, endowment, accumulated income, or other funds	8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
33 Total net assets or fund balances 1,570,604 33 1,805,073 34 Total liabilities and net assets/fund balances 2,159,198 34 2,292,499	As	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances	et			1,570,604.	33	1,805,073.
	Z		Total liabilities and net assets/fund balances		t t	

BAA Form **990** (2016)

Forn	n 990 (2016)	United W	Vay of	Pueblo Co	ounty	, Colo	orado, I	nc.			84-	04049	17	Pa	ge 12
Pa	rt XI Rec	onciliation o	of Net A	Assets											
	Chec	k if Schedule O	contains	a response or	note to	any line	in this Part >	(l							. X
1		ue (must equal l										1		69,2	
2	Total expens	ses (must equa	l Part IX,	column (A), line	e 25) .							2	1.1	40,9	12.
3	Revenue les	ss expenses. Su	ubtract lin	e 2 from line 1								3		28,3	
4	Net assets of	or fund balances	s at begin	ning of year (m	nust equ	ıal Part X	(, line 33, co	lumn (A	۸))			4		70,6	
5	Net unrealiz	ed gains (losse	s) on inve	estments								5		9,9	
6	Donated ser	rvices and use	of facilities	3								6			
7	Investment e	expenses										7			
8	Prior period	adjustments .										8			
9	Other chang	ges in net assets	s or fund	balances (expl	ain in S	chedule (0)					9		-3,8	60.
10	_	or fund balances													
						<u> </u>	<u> </u>					10	1,8	05,0	73.
Pa	rt XII Fina	ancial State	ments a	and Reporti	ing										
	Chec	k if Schedule O	contains	a response or	note to	any line	in this Part λ	(II							. [
														Yes	No
1	Accounting	method used to	prepare	the Form 990:		Cash	X Accrua	al	Other						
	If the energy:						L	ı					_		
	in Schedule	zation changed O.	i its metno	od of accountin	g from a	a prior ye	ar or cnecke	ea Otne	er, expiair	1					
2 :	a Were the or	ganization's fina	ancial sta	tements compil	led or re	eviewed b	oy an indepe	ndent a	accountan	t?			. 2a		Х
	If 'Ves' che	ck a box below	to indicat	a whathar tha f	inancial	statomo	nte for the v	oar war	re compile	d or revie	wed on a				
		sis, consolidate				Stateme	into for the y	cai wci	Compile	d of fevie	wca on a				
	Separ	ate basis	Consc	lidated basis		Both con	solidated an	ıd sepa	rate basis						
ı	b Were the or	ganization's fina	ancial sta	tements audite	d by an	independ	dent accoun	tant?.					. 2b	Х	
		ck a box below			-										
	basis, consc	olidated basis, c					,			•					
	Separ	ate basis	Consc	olidated basis		Both cor	nsolidated ar	nd sepa	arate basis	6					
(e 2a or 2b, doe													
	,	ompilation of its					•						. 2c	Х	
	If the organi in Schedule	zation changed O.	l either its	oversight proc	ess or s	selection	process duri	ing the	tax year,	explain					
3 8		of a federal awa													37
	Audit Act an	id OMB Circulai	r A-133?.										. 3a	i l	X

BAA Form **990** (2016)

3 b

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Inspection at 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 c	rga	nization is not a private foundat	ion because it is: (For	lines 1 through 12, check	only on	e box.)						
1		A church, convention of church	hes, or association of o	churches described in se	ction 17	0(b)(1)(A)(i).					
2		A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	or 990-	EZ).)						
3	=	A hospital or a cooperative ho					١.					
4	-	A medical research organization			` ' '	,,,,,	•	ne hospital's				
-	<u> </u>	name, city, and state:	,	'			(// // // /					
5												
3	L	An organization operated for the section 170(b)(1)(A)(iv). (Co		or university owned or op	perated l	oy a gov	ernmental unit described	d in				
6 7	Х	A federal, state, or local gover	G		•	,, ,, ,,	•	المحاشية والمارية				
	Δ	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)	•	governn	nentai u	nit or from the general pt	ublic described				
8		A community trust described in	, , , , ,	, , , , ,								
9												
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
10												
11		An organization organized and	d operated exclusively	to test for public safety. S	See sect	ion 509	(a)(4).					
12		An organization organized and or more publicly supported orgulines 12a through 12d that des	anizations described i	n section 509(a)(1) or s e	ection 5	09(a)(2)	. See section 509(a)(3).					
а		Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	tion operated, supervisegularly appoint or elec	ed, or controlled by its si	upported	organiz	ation(s), typically by giving	ng the supported tion. You must				
b		Type II. A supporting organiza management of the supporting must complete Part IV, Section 11.	g organization vested in	trolled in connection with the same persons that	its supp control c	orted or or manaç	ganization(s), by having ge the supported organiz	control or ation(s). You				
С		Type III functionally integrat organization(s) (see instruction	ed. A supporting organ	nization operated in connete Part IV, Sections A,	ection w	ith, and	functionally integrated w	ith, its supported				
d		Type III non-functionally integrated. The orginstructions). You must comp	egrated. A supporting of	organization operated in	connecti	on with	its supported organization an attentiveness require	n(s) that is not ment (see				
е		Check this box if the organizat integrated, or Type III non-fund	ion received a written	determination from the IF	RS that it	is a Typ	oe I, Type II, Type III fund	ctionally				
f	Er	ter the number of supported or	, , ,	, , ,								
g	Pr	ovide the following information	about the supported or	ganization(s).								
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organization in your go document	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
<u>(E)</u>												
Total												

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	tion A. Public Support		· · ·	. ,			
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	membership fees received. (Do not	1,196,958.	1,059,792.	1,216,442.	1,126,722.	1,265,555.	5,865,469.
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	Total. Add lines 1 through 3	1,196,958.	1,059,792.	1,216,442.	1,126,722.	1,265,555.	5,865,469.
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						5,865,469.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,196,958.	1,059,792.	1,216,442.	1,126,722.	1,265,555.	5,865,469.
8	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.
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	Total support. Add lines 7 through 10 · · · · · · · · · ·						5,919,992.
12	Gross receipts from related activiti	es, etc. (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, t	hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 2010						99.08%
15	Public support percentage from 20					<u> </u>	99.39 %
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did Jualifies as a public	not check the box cly supported organ	on line 13, and linnization	e 14 is 33-1/3% or · · · · · · · · ·	more, check this b	ox
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a public	not check a box or cly supported organ	n line 13 or 16a, ar nization	nd line 15 is 33-1/3	% or more, check t	his box ▶
17a	10%-facts-and-circumstances te or more, and if the organization meets the 'facts-a	ets the 'facts-and	circumstances' tes	st check this box a	and stop here. Ext	olain in Part VI how	> []
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-circumstances' terms or more than the organization meets the 'facts-and-circumstances' terms or more than the organization meets the 'facts-and-circumstances' terms or more than the organization meets the organization	eets the 'facts-and- circumstances' tes	circumstances' test. The organization	st, check this box a qualifies as a pub	and stop here. Exp blicly supported org	olain in Part VI how Janization	the ▶
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instructio	ns ▶

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.)

	fails to qualify under the test	s listed below, pie	ase complete Fait	11.)				
Sec	tion A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
1	and membership fees received. (Do not include							
2	any 'unusual grants.')							
	performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose							
4	or business under section 513 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.							
	Total. Add lines 1 through 5 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							
С	Add lines 7a and 7b							,
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(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							
	Add lines 10a and 10b 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.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is organization, check this box and st	top here		hird, fourth, or fifth	n tax year as a sect	tion 501(c)(3) 	
	tion C. Computation of Pul							
15	Public support percentage for 2016	6 (line 8, column (f) divided by line 13	3, column (f))			15	%
	Public support percentage from 20						16	%
Sec	tion D. Computation of Inv	estment Inco	me Percentage	e				
17	Investment income percentage for	2016 (line 10c, co	lumn (f) divided by	line 13, column (f			17	%
18	Investment income percentage from	m 2015 Schedule	A, Part III, line 17				18	%
19a	33-1/3% support tests—2016. If the is not more than 33-1/3%, check the							▶ □
b	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, compared to the support tests—2015.							
20	Private foundation. If the organization	ation did not check	ca box on line 14.	19a, or 19b, check	this box and see i	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 II and C. If you checked 12c of Part II and C. If you checked 12c of Part II and C. If you checked 12c of Part II and C. If you checked 12c of Part II and C. If you checked 12c of Part II and C. If you checked 12c of Part II and C. If you checked 12c of Part II and C. If you checked 12c of Part II and C. If you checked 12c of Part II and C. If you checked 12c of Part II and C. If you c 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

sec	tion 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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9с		
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.	10a		
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.)	10b		

Га	art IV Supporting Organizations (continued)	_			
11	Has the organization accepted a gift or contribution from any of the following persons?	Ye	es	No	
	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?	а			
	b A family member of a person described in (a) above?	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.	С			
Sec	ction B. Type I Supporting Organizations	•	•		
		Ye	es	No	
1	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.				
2	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.				
Sec	ction C. Type II Supporting Organizations				
	otion of Type it dapperting organizations	Ye	s	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).				
Sec	ction D. All Type III Supporting Organizations	-			
		Ye	es	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?				
2	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).				
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.				
Sec	ction 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).				
	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.	Ye	es	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.	а	1		
	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			
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	a			
	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			

Sche	edule A (Form 990 or 990-EZ) 2016 United Way of Pueblo County, Co	olorado	Tnc 84-04	104917 Page (
Par				101917
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust o instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 20, s must com	1970 (explain in Part \	VI). See gh E.
Sec	tion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion 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):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1 c		
c	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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		

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

6

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

5

6

Income tax imposed in prior year

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D – Distributions							
1	Amounts paid to supported organizations to accomplish exempt purpose	es					
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 suppor	ted organizations					
4	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	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	9 Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(i)	(ii)	/iii\			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 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.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
а			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			
DAA		Sabadula A /Ea	rm 000 or 000 E7\ 2016

BAA

Schedule A (Form 990 or 990-EZ) 2016

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 Name of the organization

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.

OMB No. 1545-0047

2016

Employer identification number

United Way of Pueblo County,	Colorado, Inc.	84-0404917
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priv	vate 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 Gene	eral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organi	zation can check boxes for both the General Rule and a Special	Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ, oppositely) from any one contributor. Complete	or 990-PF that received, during the year, contributions totaling \$1 Parts I and II. See instructions for determining a contributor's tot	5,000 or more (in money or tal contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi)	c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 year, total contributions of the greater of (1) \$5,000 or (2) 2% of EZ, line 1. Complete Parts I and II.	, 16a, or 16b, and that
during the year, total contributions of more that	c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, nildren or animals. Complete Parts I, II, and III.	ny one contributor, or educational
during the year, contributions exclusively for r \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete any	c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an eligious, charitable, etc., purposes, but no such contributions tot total contributions that were received during the year for an exclor the parts unless the General Rule applies to this organization, etc., contributions totaling \$5,000 or more during the year	aled more than usively religious,
990-PF), but it must answer 'No' on Part IV, line 2	e General Rule and/or the Special Rules doesn't file Schedule B 2, of its Form 990; or check the box on line H of its Form 990-EZ g requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047

2016

	United Way of Pueblo County,	Colorado. Inc			04 0404017	
Par			ner Similar Funds	or Acc	84-0404917 	
Pai	Complete if the organization answere	ed 'Yes' on Form 990,	Part IV, line 6.	oi Aoc	ourns.	
		(a) Donor advised	funds	(b) F	unds and other accou	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advare the organization's property, subject to the organization's				· · · · Yes	No
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	donor or donor advisor, or	for any other purpose c	onferring		□No
Par	t II Conservation Easements.					
<u>. u.</u>	Complete if the organization answere	ed 'Yes' on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the conservation	organization (check all that a	apply).			
	Preservation of land for public use (e.g., recreat	ion or education)	Preservation of a h	istorically	important land area	
	Protection of natural habitat		Preservation of a c	ertified hi	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held last day of the tax year.	d a qualified conservation co	ontribution in the form o	of a conse	ervation easement on	the
	last day of the tax year.			_ F	leld at the End of th	e Tax Year
	a Total number of conservation easements			2 a		
	Total acreage restricted by conservation easements			2 b		
	Number of conservation easements on a certified his			2 c		
	d Number of conservation easements included in (c) a					
	structure listed in the National Register			2 d		
3	Number of conservation easements modified, transfetax year ►	erred, released, extinguishe	ed, or terminated by the	organiza	tion during the	
4	Number of states where property subject to conserve	ation easement is located >	-			
5	Does the organization have a written policy regardin and enforcement of the conservation easements it h					No
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violation	ns, and enforcing conse	ervation e	asements during the	year
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, a	nd enforcing conservati	ion easen	nents during the year	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?			(h)(4)(B)(i · · · · ·) Yes	No
9	In Part XIII, describe how the organization reports or include, if applicable, the text of the footnote to the conservation easements.					
Dar	t III Organizations Maintaining Collecti	ons of Art. Historical	Treasures, or Ot	her Sin	nilar Assets.	
	Complete if the organization answere	ed 'Yes' on Form 990, I	Part IV, line 8.			
1 8	a If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial sta	for public exhibition, educati	ion, or research in furth	nent and I erance of	balance sheet works f public service, provi	of de,
ı	b If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p following amounts relating to these items:	S 116 (ASC 958), to report in public exhibition, education,	n its revenue statement or research in furtherar	and bala	ince sheet works of a olic service, provide the	rt, he
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, hist amounts required to be reported under SFAS 116 (A	ASC 958) relating to these it	ems:	-	-	
	Revenue included on Form 990, Part VIII, line 1				▶\$	
	Assets included in Form 990 Part X				▶ 5	

Part III Organizations Mainta	ining Collections	of Art, Histori	cal Treasures, o	r Other Similar Ass	sets (contir	าued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and other	r records, check an	y of the following that	are a significant use of it	s collection	
a Public exhibition		d Loan or	exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	tions					
4 Provide a description of the organi Part XIII.	zation's collections and	explain how they t	further the organizatio	n's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather that	n to be maintained as p	part of the organiza	tion's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an a	I Arrangements. mount on Form 99	Complete if the 10, Part X, line 2	organization ans 21.	wered 'Yes' on Form	1 990, Part	IV,
1 a Is the organization an agent, truste on Form 990, Part X? b If 'Yes,' explain the arrangement in				ets not included	Yes	No
2 ii 100, Oxpiaiii iiio airaiigeiiioiii ii	· a.c., a.c. a.c. a.c.	, and remember in gradie	•		Amount	
c Beginning balance				. 1c	7 tillount	
d Additions during the year						
e Distributions during the year				_		
f Ending balance						
2 a Did the organization include an am					Yes	No
b If 'Yes,' explain the arrangement in				•		
Part V Endowment Funds. C	complete if the orga	anization answe	ered 'Yes' on Forr	n 990. Part IV. line 1	0.	
	(a) Current year	(b) Prior year	(c) Two years back		(e) Four year	ars back
1 a Beginning of year balance	611,278.	610,947				L,291.
b Contributions	011,270.	010,01	010,30	020,102	1 011	- , 4) 1 .
					+	
c Net investment earnings, gains, and losses	26,884.	3,735	5. 3,91	2. 4,876.	. 2	2,945.
d Grants or scholarships						
e Other expenditures for facilities and programs	9,845.	3,404	1. 9,52	6. 16,417.	. 16	5,134.
f Administrative expenses						
g End of year balance	628,317.	611,278		7. 616,561.	. 628	3,102.
2 Provide the estimated percentage	of the current year end	balance (line 1g, c	column (a)) held as:			
a Board designated or quasi-endowr	nent •	 %				
b Permanent endowment	%					
c Temporarily restricted endowment	•	_ %				
The percentages on lines 2a, 2b, a	and 2c should equal 10	0%.				
3 a Are there endowment funds not in	the possession of the	organization that ar	e held and administer	ed for the		
organization by:		-			Yes	No
(i) unrelated organizations					. 3a(i)	X
(ii) related organizations					. 3a(ii)	X
b If 'Yes' on line 3a(ii), are the relate	d organizations listed a	s required on Sche	edule R?		. 3b	
4 Describe in Part XIII the intended u	uses of the organization	n's endowment fund	ds.			
Part VI Land, Buildings, and	Equipment.					
Complete if the organiz	cation answered 'Y	es' on Form 99	0, Part IV, line 11	a. See Form 990, P	art X, line 1	0.
Description of property	(a) Cost	or other basis	(b) Cost or other	(c) Accumulated	(d) Book	value
		estment)	basis (other)	depreciation	(,	
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment			39,734.	37,663.		2,071.
e Other			/			
Total. Add lines 1a through 1e. (Column	•	90, Part X, column	(B), line 10c.)	<u></u> ►		2,071.

BAA

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)		
<u>(H)</u>		
<u>(I) </u>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶		
Part VIII Investments – Program Related.	'Voo' on Form 000	Part IV line 11a See Form 000 Part V line 12
(a) Description of investment	(b) Book value	Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
	(b) book value	(C) Method of Valuation. Cost of end-of-year market value
(1)		
(3)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets.	I	
Complete if the organization answered		Part IV, line 11d. See Form 990, Part X, line 15.
	escription	(b) Book value
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B)	line 15.)	
Part X Other Liabilities.	Farms 000 Dart IV line (11 11f C Farry 000 Dark V line 2F
Complete if the organization answered 'Yes' on l	(b) Book value	
(1) Federal income taxes	(b) Book value	;
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		
3 Habilib, factore and all factors in Deat VIII.	tanaka ka kina seresai 1911 1911	ancial statements that reports the organization's liability for uncertain

	· /		/			
Pa	Part XI Reconciliation	of Revenue per Audited Financial Statement	s Witl	h Revenue per Re	turn.	
	Complete if the	e organization answered 'Yes' on Form 990, Part	IV, lin	ie 12a.		
1	1 Total revenue, gains, and	d other support per audited financial statements			1	1,355,895.
2	2 Amounts included on line	1 but not on Form 990, Part VIII, line 12:				
	a Net unrealized gains (los	ses) on investments	2 a	9,944.		
	b Donated services and us	e of facilities	2 b	47,653.		
	c Recoveries of prior year	grants	2 c			
	d Other (Describe in Part X	ill.)	2 d	-70,999.		
	e Add lines 2a through 2d				2 e	-13,402.
3	3 Subtract line 2e from line	1			3	1,369,297.
4	4 Amounts included on For	m 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 X	III.)	4 b			
	c Add lines 4a and 4b				4 c	
5	5 Total revenue. Add lines	3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,369,297.
Pa	Part XII Reconciliation	n of Expenses per Audited Financial Statemen	nts Wi	th Expenses per I	Retur	'n.
	Complete if the	e organization answered 'Yes' on Form 990, Part	IV, lin	ie 12a.		
1	1 Total expenses and losse	es per audited financial statements			1	1,121,426.
2	2 Amounts included on line	1 but not on Form 990, Part IX, line 25:				
	a Donated services and us	e of facilities	2 a	47,653.		
	b Prior year adjustments .		2 b			
	c Other losses		2 c			
	d Other (Describe in Part X	III.)	2 d	-67,139.		
	e Add lines 2a through 2d				2 e	-19,486.
3	3 Subtract line 2e from line	1			3	1,140,912.
4	4 Amounts included on For	m 990, Part IX, line 25, but not on line 1:				
	•	included on Form 990, Part VIII, line 7b				
	,	(III.)				
					4 c	
5	5 Total expenses. Add line	s 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	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

BAA Schedule **D** (Form 990) 2016

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number							
United Way of Pueblo Cour	nty, Color	ado, I	nc.		84-040491	.7	
Part I Fundraising Activities. Comp	lete if the organ	ization ans	wered 'Ye	s' on Form 990, Part IV,	line 17.		
1 Indicate whether the organization ra				ng activities. Check all th	at apply.		
a Mail solicitations			е	Solicitation of non-g	jovernment grants		
b Internet and email solicitations			f	Solicitation of gover	nment grants		
c Phone solicitations			g	H	•		
d In-person solicitations			J				
2a Did the organization have a written of	or oral agreeme	nt with any	individual	(including officers direct	tore trustees or key		
employees listed in Form 990, Part	VII) or entity in o	connection	with profes	ssional fundraising services	ces?	Yes No	
b If 'Yes,' list the 10 highest paid indiving compensated at least \$5,000 by the	duals or entities organization.	s (fundraise	ers) pursua	nt to agreements under	which the fundraiser is to	o be	
		(iii) Did f	undraicar		(v) Amount paid to	(vi) Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	undraiser dy or control	(iv) Gross receipts from activity	`(or retained by) fundraiser listed in	(or retained by)	
		of contr	ibutions?		column (i)	organization	
		Yes	No				
1							
2							
3							
4							
7							
_							
5							
6							
7							
0							
8							
						1	
9							
9							
10							
-							
	1	•	•				
Total	<u>.</u>	<u></u> .	•				
3 List all states in which the organizati	on is registered	or license	d to solicit	contributions or has been	n notified it is exempt fro	m 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.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			FLAVOR	LIBERTY POINT 5K	KICKOFF AUCTION	(add column (a) through column (c))			
R E			(event type)	(event type)	(total number)				
R E > E N U	1	Gross receipts	19,684.	14,415.	7,535.	41,634.			
Ē	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	19,684.	14,415.	7,535.	41,634.			
	4	Cash prizes							
D	5	Noncash prizes							
DIRECT	6	Rent/facility costs							
	7	Food and beverages							
EXPENSES	8	Entertainment							
N S E	9	Other direct expenses	2,334.	4,991.	0.	7,325.			
3	10	Direct expense summary. Add lines 4 through				7,325.			
D	11	Net income summary. Subtract line 10 from				34,309.			
Par	ווו ז	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered Yes	on Form 990, Part I	v, line 19, or reporte	ed more than			
		+		(b) Pull tabs/instant		(d) Total gaming			
REVERU			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c)			
Ü	1	Gross revenue							
E	2	Cash prizes							
D I R E C T	3	Noncash prizes							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes %	Yes %	Yes %				
	7	Direct expense summary. Add lines 2 through	gh 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?								

Sch	edule G (Form 990 or 990-E2) 2016 United Way of Pueblo County, Colorado, Inc. 84-0404917	Page 3
11		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?	No
13	Indicate the percentage of gaming activity conducted in:	
	a The organization's facility	%
ı	b An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name •	
	Address •	
I	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
	Name •	
	Address •	j
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?	s No
ı	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 \$	
Pa	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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

United Way of Pueblo County, Colorado, Inc. 84-0404917							
Part I General Information on G	rants and Assis	stance					
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?							
2 Describe in Part IV the organization's p	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 Assista	nce to Domesti	c Organizations	and Domestic Gov	ernments. Comple	ete if the organizat	ion answered 'Ye	s' on
Form 990, Part IV, line 21,							
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							
4104_OUTLOOK_BLVD							
PUEBLO CO 81008	84-0437753	501C3	14,796.				VARIOUS CHAR
(2) BOY SCOUTS ROCKY MIN COUN 411 S PUEBLO BLVD							
PUEBLO CO 81005	22-1576300	501C3	37,495.				BOYS ACTIVITIE
(3) BOYS AND GIRLS CLUB OF PU 2601 SPRAGUE AVE							
PUEBLO CO 81003	23-7307508	501C3	59,583.				CHILDREN ACTIV
(4) CATHOLIC CHARITIES OF THE 429 W 10TH ST #101 PUEBLO CO 81003	84-0471001	501C3	22,077.				MADIOUS GUAD
(5) COOPERATIVE CARE CENTER	04-04/1001	501C3	22,011.				VARIOUS CHAR
325 W 10TH ST PUEBLO CO 81003	84-0913793	501C3	31,077.				FREE CARE OF C
(6) EASTSIDE CHILDCARE CENTER PO BOX 11266	84-0709410	501C3	46,900.				CHILD CARE
PUEBLO CO 81001		50103	46,900.				CHILD CARE
(7) PUEBLO CHILD ADVOCACY CEN301 E 13TH ST							
	84-1071784	84-1071784	24,492.				CHILD ADVOCACY
(8) YWCA							
PUEBLO CO 81003	84-0404925	501C3	50,522.				AID TO WOMEN
					13		
3 Enter total number of other organizations listed in the line 1 table							

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.

BAA Schedule I (Form 990) (2016)

(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
EMERGENCY SPECIAL FUNDING	350	3,000.			
WITTELS DISTRIBUTION	32	470.			
MENTORING PROGRAM	112	41,854.			
MENTAL HEALTH AND SENIOR GRANT	10,437	27,000.			
EPIC	400,000	18,993.			
Beulah Fires	4	4,153.			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Name of the organization

Internal Revenue Service

United Way of Pueblo County, Colorado, Inc.

Employer identification number 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 NONPROFIT TRAINING AND impacted by this program. 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

United Way of Pueblo County, Colorado, Inc.

Employer identification number

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

Pt VI, Line 12c ENFORCED.

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

Pt VI, Line 15a FOR THEIR TIME.

Pt VI, Line 15b As above.

Pt XI

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 official of the Organization will meet to discuss.

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

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

For calendar year 2016, or fiscal year beginning $\underline{\mathtt{Jul}}$ $\underline{\mathtt{1}}$ _ _ , 2016, and ending $\underline{\mathtt{Jun}}$ $\underline{\mathtt{30}}$ _ , 20 $\underline{\mathtt{2017}}$ _

OMB No. 1545-1878

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.

2016

Name of exempt organization	Employer identification number
United Way of Pueblo County, Colorado, Inc.	84-0404917
Name and title of officer	10 - 0 - 0 - 0 - 0
Andrea Aragon Presiden	nt/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 check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return be leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you ent the applicable line below. Do not complete more than 1 line in Part I.	ing filed with this form was blank, then
1 a Form 990 check here . 🗓 b Total revenue, if any (Form 990, Part VIII, column	
2 a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) .	
3 a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4 a Form 990-PF check here b Tax based on investment income (Form 990	
5 a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c	5b
Dest III Destauration and Dismostrate Authorization of Officers	
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	
electronic return and accompanying schedules and statements and to the best of my knowledg. I further declare that the amount in Part I above is the amount shown on the copy of the organize intermediate service provider, transmitter, or electronic return originator (ERO) to send the orgathe IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its design funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparameters organization's federal taxes owed on this return, and the financial institution to debit the entry to contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days pricauthorize the financial institutions involved in the processing of the electronic payment of taxes answer inquiries and resolve issues related to the payment. I have selected a personal identific organization's electronic return and, if applicable, the organization's consent to electronic funds	e and belief, they are true, correct, and complete. zation's electronic return. I consent to allow my anization's return to the IRS and to receive from eason for any delay in processing the return or nated Financial Agent to initiate an electronic aration software for payment of the othis account. To revoke a payment, I must or to the payment (settlement) date. I also to receive confidential information necessary to aation number (PIN) as my signature for the
Officer's PIN: check one box only	
X lauthorize Artesian CPA, LLC to en	iter my PIN 04917 as my signature
X authorize	Enter five numbers, but
on the organization's tax year 2016 electronically filed return. If I have indicated within this ra state agency(ies) regulating charities as part of the IRS Fed/State program, I also authoristhe return's disclosure consent screen.	do not enter all zeros return that a copy of the return is being filed with ze the aforementioned ERO to enter my PIN on
As an officer of the organization, I will enter my PIN as my signature on the organization's to indicated within this return that a copy of the return is being filed with a state agency(ies) re program, I will enter my PIN on the return's disclosure consent screen.	ax year 2016 electronically filed return. If I have gulating charities as part of the IRS Fed/State
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	
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronicall above. I confirm that I am submitting this return in accordance with the requirements of Pub. 41 Authorized IRS <i>e-file</i> Providers for Business Returns.	ly filed return for the organization indicated 163, Modernized e-File (MeF) Information for
ERO's signature Date	·
ERO Must Retain This Form — See Instruc Do Not Submit This Form To the IRS Unless Requ	

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:	See Schedule U
Expenses	258,259.	
Grants Of	0.	
Revenue.	0.	
	·	

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2015

► Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning Jul 1 2015, and ending Jun Check if applicable: C Name of organization United Way of Pueblo County, Colorado, D Employer Identification number Inc. Address change Doing business es 84-0404917 Number and street (or P.O. box if mell is not delivered to street address) Nama change Room/suite E Telephone number Initial return PO Box 11566 (719) 583-4455 City or town, state or province, country, and ZIP or foreign postal code Final returnAerminated Amended return CO 81001 **G** Gross receipts \$1,230,091 Application pending F Name and address of principal officer: H(a) is this a group return for subordinates? H(b) Are all subordinates included?
If 'No,' atlach a list. (see instructions) Andrea Aragon PO Box 11566 Pueblo CO 81001 Tax-exempt status X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 Website: ► www.pueblounitedway.com H(c) Group exemption number ĸ X Corporation Form of organization: Trust L Year of formation: M State of legal domicile: 1969 CO Part I Summary Briefly describe the organization's mission or most significant activities: 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 Governance to enhance the quality of life for the people of Pueblo County. Well over 167k units of service were provided in PY16. In addition, United Way creates community partnerships to address needs in our community and works to ensure the greatest impact from donor dollars. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets, Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 20 5 5 6 620 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a ٥. 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h)...... 1,216,442. 1,104,239. Program service revenue (Part VIII, line 2g) 51;274. 76,380. 10 9,038. 9,398. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,360. 40,074. Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,314,114. 230,091. 13 797,862 784,027. 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 270,041 273,638. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 17 162,935. 163,401. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . 1,230,838. 1,221,066. 19 83,276. 9,025. 'n Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,159,198. 2,148,142. 21 580,772. 588,594. Net assets or fund balances. Subtract line 21 from line 20 1,567,370. 1,570,604. Part II Signature Block Under penalties of perjury, reclare that 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 that officer) is based on all information of which preparer has any knowledge. Sign 1/31/2017 Here Print/Type preparer's name PTIN Craig Denlinger, CPA Paid self-employed P01063062 Preparer Firm's name Artesian CPA, LLC **Use Only** Firm's address 1624 Market Street, Firm's EIN CO 80202 Phone no

reconstruction in	m 990 (2015) United Way of Pueblo County, Colorado, Inc. 84-040	149 1 7 Pa	ige 2
	Statement of Program Service Accomplishments	<u> </u>	90 2
	Check if Schedule O contains a response or note to any line in this Part III		. Х
,	The United Way of Pueblo County, Colorado, Inc.	# 40 T	
	raises funds to be distributed to various programs and charitable organizations to benefit the community. Our mission is to		
	See Form 990, Page 2, Part III, Line 1 (continued)	develop donor resourd	ces
2	Did the organization undertake any significant program services during the year which were not listed on the prior		
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O.	X Yes 1	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If 'Yes,' describe these changes on Schedule O.	Yes X N	No
4	Describe the organization's program service accomplishments for each of its three largest program services as measured	by evenes	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot and revenue, if any, for each program service reported.	al expenses,	
4 a	a (Code:) (Expenses \$ 282,740. including grants of \$ 0.) (Revenue \$		
	Family Strengthening: Over 12,631 units of service were provided. Specifically over 7,000 hours and	ainle vere .) <u>.</u>)
	2) Statistical decodering and scouting in the school programs. Over 700 youth received hopeful	-i-1 1.	•
	betwices including decision making, tutoring, recreation, and leadership obtains	227 -1-11	
	and ramifies received daycare on a stiding ree scale. Approximately 3.585 senior citizens received have	and march and a	
	on a sliding fee scale, chronic disease management and access to wellness clinics and products. 86 middle school students received money	personal hygi	ene
	products. 86 middle school students received mentor support via a pilot mentoring r Middle School. Over 400 child abuse victims and their families received counseling the school students are supported by the school scho		
	600 pregnant women and their babies received financial stability, parenting, and life skills to stop t	ig and service	e <u>s.</u>
		ie-cycle of pover	cy.
4 b	(Code:) (Expenses \$ 145,291, including grants of \$ 0 \/Pourpus \$		
	(Code:)(Expenses \$ 145,291. Including grants of \$ 0.)(Revenue \$ Crisis Services: Over 22,663 units of service were provided. Specifically, over 707 people	. 0	<u>.</u>)
	Solution destructed and services to the Armed Forces Over 9 250 ments		
	with suitifue prevention assistance, education, and montal boolth assistance.		 - 1 iz
	3/303 Victims of domestic viotence (women and children) received shelter food downsoling and downsoling		
	Provencion services. Over 10,000 individuals will be directly impacted by public as	F = 4	
	including gang/drug prevention, graffiti removal, Neighborhood Watch Program, and police outr	<u>each to childre</u>	n <u>.</u> _
		<u>-</u>	
40	(Code:) (Expenses \$ 355.517. including grapts of \$ 0. \/Percents \$		
		0	<u>.</u>)
	Poverty: Over 237,000 units of service were provided. Specifically, United Way of Puebl assisted those individuals living in poverty by providing approximately 9,000 units of service were provided.	<u>o County fundir</u>	n <u>g</u> _
	and nometess (rene/moreque) prevention and intility aggistance and governition	_ 1111 -	
	bould, united may runds provided over 150,000 maits of setuice including world food and	c - 1	
	modified property and emergency clansportation. Over 900 families received water will	Santa Contraction	
			ee
-	tax refund assistance, and of those, leveraged 772,800 in tax credits al	one.	
	ر سال با		
		,,	
4 d (Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$		
	TALL (Revenue 5)	
BAA	7007010.		
-	TEEA0102 10/12/15	Form 990 (201	15)

Pert IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 2 3 Χ Section 501(c)(3) organizations. 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 4 Х 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 . . 5 Х Did the organization maintain any donor advised funds or any similar funds or eccounts 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, 6 Х 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part III. 8 Х 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 Х Χ 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 Χ 11 a 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. Χ 11 b 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' 11 c Х 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 11 d e Did the organization report an amount for other liabilities in Part X, line 257 if 'Yes,' complete Schedule D, Part X.... 11e Х 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. 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. 12a Х 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. Χ 12 h is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х 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 14b 15 Х 16 Х 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) 17 Х 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 Χ̈́ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, 19

Participation of the state of t

complete Schedule G, Part III.

X

	one of the state o		Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	Х	
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	22	Х	
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	23		Х
24	a 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	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I	25b		х
20		230		
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	26		Х
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	27		х
28	on in the control of	21		
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	THE ROCKS	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>	28b		Х
	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Schedule N. Part II	32		Х
33	301.7701-2 and 301.7701-3? If 'Yes.' complete Schedule R. Part I	33		х
34	and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R; Part V, line 2	36		х
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	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015) United Way of Pueblo County, Colorado, Inc. 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			
Check in Controlled Co	· · · · ·	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ,		200	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		Λ	
ments, filed for the calendar year ending with or within the year covered by this return 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	BAARION .	X X
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)?	4 a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		30.5	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	erren unxag	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
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?	6 a		х
b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			- 237
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?	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 82827	7с		X
d if 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		x
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.		100	
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		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:		# 7	
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12a	Access.	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			Y. H.
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		prostentini il
Note. See the instructions for additional information the organization must report on Schedule O.			12
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			
	_5.5		
c Enter the amount of reserves on hand			X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14a		┼^
and cooking a country to to tobout most balancies it into bioning an exhibiting opining of the contract of the	140		1

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. 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 If there are material differences in voting rights among members 20 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members. 7 b Did the organization contemporaneously document the meetings held of written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? X 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a 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? 11 a Х 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....... 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Х X 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 15a X Х 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 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶ 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. Another's website Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 United Way of Pueblo County PO Box 11566 Pueblo (719) 583-4455

Form 990 (2015)	United Way	of Pueblo	County,	Colorado, Inc.		84-0404917	Page 7
Fan VIII Cor	npensation of	Officers, Dir	ectors, Tru	ıstees, Key Employees	, Highest Co	mpensated Employee	s, 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 fisted. 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 relat	:			(C))					
(A) Name and Title	(B) Average hours per	director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other		
	week (list any hours for related organiza- tions below dotted Jine)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MATT SMITH PAST CHAIR	1:00	X	1.1	X	:			0.	0.	
(2) BONNIE DICKERSON TREASURER	1:00	Х	. 10	x		1:17	5.	0.	0.	0
(3) MICHELLE PEULEN SECRETARY	1.00	х		х		7 %	i: .	0.	0.	0
(4) RICK HOLMES CHAIR ELECT	1.00	Х		х				0.	0.	
(5) DOUG HAYES CHAIR	1.00	х		х				0.	0.	0
(6) JIM DUFF BOARD MEMBER	1.00	Х					,	0.	0.	0
(7) JOHN KEILBACH BOARD MEMBER	1.00	Х		1.2.1 1.1.1	- : . - :			141 THE SECTION OF	0.	. 0
(8) PAULA CHOSTNER BOARD MEMBER	1.00	х					-	0.	0.	0
(9) RICK SCHOLTES BOARD MEMBER	1.00	Х			1. 1	: :: :		0.	0.	. 0
10) DOMINIC GALLINA BOARD MEMBER	1.00	Х	100					0.	0.	0
11) JEFF TUCKER BOARD MEMBER	1.00	X	100					0.	0.	0
12) TED ORTIVIZ BOARD MEMBER	1.00	Х			`			0.	0.	0
13) KAREN TRUJILIO BOARD MEMBER	_1.00	Х		÷ .			• •	0:	0.	0
(14) RUBEN ROMAN BOARD MEMBER	1.00	X						0.	0.	0

Form 990 (2015) United Way of Pueblo Cou	inty, C	olo	rac	<u>. o</u>	Ir	ıc.		110 1 4 5	84-040491	7 Page 8
Part VII Section A. Officers, Directors, Tr	ustees, I	Key	En	npie))		es,	an	d Highest Con	pensated Emp	oloyees (continued)
(A) Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					en se)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1096-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) JOHN TOUPAL BOARD MEMBER	1.00_	х						0.	0.	0.
16) BRET JONES BOARD MEMBER	1.00_	х						0.	0,	0.
17) KIM FOWLER BOARD MEMBER	1.00_	х						0.	0.	0.
18) SCOTT LEE BOARD MEMBER	1.00_	Х	_					0.	0.	0.
19) RENEE RICHARDSON BOARD MEMBER 20) SAUL ALVIDREZ	1.00	х				_		0.	0.	0.
BOARD MEMBER 21) STEVE BARON	1.00	Х		1 - 4				0.	0.	0.
BOARD MEMBER 22) ANDREA ARAGON	40.00	Х		_				0.	0.	0
PRESIDENT/CEO				• • •		Х		72,641.	0.	2,906
24)										
25)						-				
1 b Sub-total		<u>.</u>	•		· · · · · · · · · · · · · · · · · · ·		>	72,641.	0.	2,906
d Total (add lines 1b and 1c)							>	72,641.	0.	
2 Total number of individuals (including but not limite from the organization ►	ed to those	listed	i abo	ove)	Who	rece	eive	d more than \$100,	000 of reportable co	repensation Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	ndividual	• • •	. • •	•	٠.		•	• • • • • • • • • •	nployee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	than \$150.	0007)- Jf '\	/es'	com	olete	Sci	mpensation from hedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compensat	ion fr	om :	anv	unre	: elated	ord	ianization or individ	dual	
Section B. Independent Contractors 1 Complete this table for your five highest compensation.	ted indene	nder	t co	ntra	ctors	that	rec	elved more than \$	100 000 of	
compensation from the organization. Report comp	ensation fo	r the	cale	nda	r ye	ar en	ding	with or within the	organization's tax y	ear.
(A) Name and business add	ress				,	•		Description of		(C) Compensation
		·	·							
		•	•							
Total number of independent contractors (including \$100,000 of compensation from the organization.)	but not lir	nited	to th	iose	e list	ed ab	ove) who received mo	re than	organikantska Nastalisa

	···	Check if Schedule O contains a respo	rise or note to any li	ne in this Part VIII	er (f. 1919) en	Naje ma kale e e e e	
6 4	4		The second secon	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants lar Amounts	1 1	a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d					
Contributions, Gifts, Grants and Other Similar Amounts	1	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$					
<u>ම ව</u>	ŀ	n Total. Add lines 1a-1f	Business Code	1,104,239.			district conserva-
Program Service Revenue	2 8	SERVICE FEE REVENUES	900099	5,791.	5,791.		
Be	ŀ	OFFICIAL FUNCTIONS	900099	17,895.	17,895.	<u>0.</u> 0.	0.
<u>,5</u>	•	OTHER PROGRAM	900099	32,329.	32,329.	0.	0.
8	e	VITA_PROGRAM	900099	20,365.	20,365.	0.	0.
Ē	€	,		207303.	20,303.	<u>_</u>	0.
뼔	f	All other program service revenue					
P	ç	Total. Add lines 2a-2f		76,380.			
	3	Investment income (including dividends, other similar amounts)	interest and		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_	
	4	Income from investment of tax-exempt be	ond proceeds ➤	9,398.	9,398.	0.	0,
	5	Royalties			***		
		(I) Real	(ii) Personal	1270			
- 1	6 a	Gross rents					
- 1		Less: rental expenses					Section 1
	c	Rental income or (loss)			0.4 (0.00) (0.00)	F 1980 (1584)	
		Net rental income or (loss)			·		
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
		Less: cost or other basis and sales expenses		and the second case global and the second days and the second			in the designation of the control of
		Net gain or (loss)		Allow With Toward and S		en e	Control of the second
enne		Gross income from fundraising events (not including\$					
Other Revenu		of contributions reported on line 1c). See Part IV, line 18.	a 37,053.				nika kacamatan Propinsi
힐	b	Less: direct expenses	b				
ਲੋਂ		Net income or (loss) from fundraising even	ents	37, 053.	An and the second	Section of Market Control	22.052
	9 a	Gross income from gaming activities. See Part IV, line 19.	a				37,053.
		•	b	and comparing o	2.3 (SPORT) 5.6	article and the	运搬的 医皮肤
	C	Net income or (loss) from gaming activition	es				
		Gross sales of inventory, less returns and allowances	a	aran Berg	an age all constructs ends attacked a con-		
		Net income or (loss) from sales of inventor	on.			N. G. C. S. G. L. C. Surf.	all Constants
ŀ	· ·	Miscellaneous Revenue	Business Code				
ŀ	11 a			2 2 2 2			SHOW EST.
	b		900099	3,021,	3,021.	<u> </u>	0.
1	~ C						
	d	All other revenue					
		Total. Add lines 11a-11d		2 2 2 2			
		Total revenue. See instructions		3,021.			4 . 2. 2. 2. 4. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
<u> </u>			a se a caración de la	1,230,091.	88,799.	0.	37,053.

Do I 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	409,165.	409,165.	Control (Section)	er en
2	Grants and other assistance to domestic individuals. See Part IV, line 22	374,862.	374,862.	an Charles (1972), Albert (1974) Charles (1974)	alled Control of the
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	37170021	3717002.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				<u> </u>
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):				
	Management				
	Legal	,			
	Accounting				
	1 Lobbying				
	Investment management fees				
	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.	<u>0.</u>
	Advertising and promotion	5,456.	4.529.	0.	927.
13 14	Office expenses	11,680.	8,643.	701.	2,336.
15	Royalties				
16	Occupancy	12,982.	9,607.	779.	2,596.
17	Travel	4,160.	3,007.	250.	2,396. 832.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,2001	2,070.	230.	0,52.
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 24	Insurance	4,290.	3,175.	257.	858.
	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.)				
i	a Campaign Supplies	13,037.	8,453.	973.	3,611.
_	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		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 fundralsing solicitation.			**************************************	
	campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)			•	

Part X Balance Sheet

Form 990 (2015)

(A) (B) Beginning of year End of year 1 100 100. 2 678,220 1,698,836. 3 Pledges and grants receivable, net 3 454,131. 448,433. Accounts receivable, net 1 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 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 Notes and loans receivable, net 7 В Prepaid expenses and deferred charges 8,861 9 6.865 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D h Less: accumulated depreciation 10 b 35,265 10 c 6,402 4,469 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments -- program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 428 495. Total assets. Add lines 1 through 15 (must equal line 34) 16 2,148,142 16 2,159,198. 17 Accounts payable and accrued expenses 564,772 17 578,594 18 Grants payable 16,000 18 10,000 Deferred revenue 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D $\,\ldots\,\ldots\,$ Liabilities 21 21 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 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 26 Total liabilities. Add lines 17 through 25 ~580.772 26 588,594 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 884,279 930,162. Temporarily restricted net assets 28 28 83,091 40,442. 29 600,000 29 600,000 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 .567.370 570,604 34 34 2,159,198 BAA

Forn	n 990 (2015) United Way of Pueblo County, Colorado, Inc.	84-040491	7 Page 12
Pa	it XIII 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	<u> </u>
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,		J_{IJ}
e en en	Coldina (B))	· · 10	1,570,604.
	* XIII 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: Cash X Accrual 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?		2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a	
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2 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:		20 1
	Separate basis Consolidated basis Both consolidated and separate basis		
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit.	2c 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 Si Audit Act and OMB Circular A-133?	igle	3 a X
b	lf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	• • • • • • • •	3 b
BAA			Form 000 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treesury Internal Revenue Service Name of the organization

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.

OMB No. 1545-0047



	f the organization					Employer identificat	tion number				
	ed Way of Pueblo Cou					84-0404917					
Part	Reason for Public Cha	rity Status (All or	ganizations must co	mplete thi	s part.) S	ee instruction	S.				
The o	ganization is not a private foundati	on because it is: (For	lines 1 through 11, check	only one bo	x.)						
1	A church, convention of church	nes, or association of o	churches described in se	ction 170(b)	(1)(A)(i).						
· 2	A school described in section										
3	A hospital or a cooperative hos										
4	A medical research organization					1\/A\(iii) Enter th	a boonital's				
•	name, city, and state:	sporazou in conjunc	aon wan a noopital acco	1000 111 3000	On trouble	ry(A)(m). Enter u	ie nospital s				
5	An organization operated for the	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 govern	nment or governmenta	ıl unit described in sec tlo	n 170(b)(1)(A)(v).						
7	X An organization that normally r in section 170(b)(1)(A)(vi). (0	Ħ									
8	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II.)								
9	An organization that normally refrom activities related to its exemples investment income and unrelated June 30, 1975. See section 56	empt functions — subje ted business taxable ir 09(a)(2). (Complete Pa	ect to certain exceptions, scome (less section 511 art III.)	and (2) no m tax) from bus	ore than 33 inesses ac	L1/3% of the cupe	ort from anoso				
10	An organization organized and										
11	An organization organized and or more publicly supported org	anizations described i	n section 509(a)(1) or se	ection 509(a)	1/21. See se	ection 5/19/a)/3\	rposes of one Check the box in				
а	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.										
ь	management of the supporting must complete Part IV, Secti	tion supervised or con organization vested in ons A and C.	trolled in connection with the same persons that	nts supporte control or ma	d organizat inage the s	ion(s), by having upported organiza	control or ation(s). You				
C	Type III functionally integrate organization(s) (see instruction	ed. A supporting organis). You must comple	ization operated in conn	ection with, a	and function	ally integrated w	ith, its supported				
		-		D, and E.							
d	Type III non-functionally inte functionally integrated. The orginstructions). You must comp	grated. A supporting of particular and an incidental and a support of the part IV. Sections	organization operated in	D, and E. connection v	ith its eunn	orted organizatio	n(c) that is not				
d e	instructions). You must comp Check this box if the organizat	lanization generally m lete Part IV, Sections lon received a written	organization operated in ust satisfy a distribution to A and D, and Part V.	D, and E. connection v equirement :	ith its supp and an atte	orted organizatio ntiveness require	n(s) that is not ment (see				
е	instructions). You must comp Check this box if the organizat integrated, or Type III non-fund	panization generally m lete Part IV, Sections lon received a written ctionally integrated sup	organization operated in ust satisfy a distribution a A and D, and Part V. determination from the In oporting organization.	D, and E. connection v equirement :	ith its supp and an atte	orted organizatio ntiveness require	n(s) that is not ment (see				
e f	instructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported organizations.	panization generally malete Part IV, Sections ion received a written ctionally integrated sup-	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization.	D, and E. connection v equirement :	ith its supp and an atte	orted organizatio ntiveness require	n(s) that is not ment (see				
e f	instructions). You must comp Check this box if the organizat integrated, or Type III non-fund	panization generally malete Part IV, Sections ion received a written ctionally integrated sup-	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization.	D, and E. connection v equirement :	Type I, Type (v) Ar suppong	orted organizatio ntiveness require	n(s) that is not ment (see				
e f	instructionally integrated. The organizations instructions). You must comp Check this box if the organization integrated, or Type III non-fund Enter the number of supported organization and the following information are	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its supp and an atter Type I, Typ (v) Ar suppo	orted organizationtiveness require	m(s) that is not ment (see ctionally				
e f	instructionally integrated. The organizations instructions). You must comp Check this box if the organization integrated, or Type III non-fund Enter the number of supported organization and the following information are	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	D, and E. connection we equirement. RS that it is a (iv) to the organization list in your governi	rith its supp and an atter Type I, Typ (v) Ar suppo	orted organizationtiveness require	m(s) that is not ment (see ctionally				
e f	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its supp and an atter Type I, Typ (v) Ar suppo	orted organizationtiveness require	m(s) that is not ment (see ctionally				
e f g	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its suppand an atter	orted organizationtiveness require	m(s) that is not ment (see ctionally				
e f g	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its suppand an atter	orted organizationtiveness require	m(s) that is not ment (see ctionally				
e f g	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its suppand an atter	orted organizationtiveness require	m(s) that is not ment (see ctionally				
e f g (A)	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its suppand an atter	orted organizationtiveness require	m(s) that is not ment (see ctionally				
e f g	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its suppand an atter	orted organizationtiveness require	m(s) that is not ment (see ctionally				
e f g (A) (B)	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its suppand an atter	orted organizationtiveness require	m(s) that is not ment (see ctionally				
e f g (A)	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its suppand an atter	orted organizationtiveness require	m(s) that is not ment (see ctionally				
(A) (B) (C)	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its suppand an atter	orted organizationtiveness require	m(s) that is not ment (see ctionally				
e f g (A) (B)	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its suppand an atter	orted organizationtiveness require	m(s) that is not ment (see ctionally				
(A) (B) (C)	instructionally integrated. The orginstructions). You must comp Check this box if the organizat integrated, or Type III non-fund Enter the number of supported orgenoide the following information as	panization generally malete Part IV, Sections ion received a written stionally integrated surganizations	organization operated in ust satisfy a distribution is A and D, and Part V. determination from the Inporting organization. (III) Type of organization (described on lines 1-9	Connection we equirement as that it is a (iv) is the organization list in your governed document?	rith its suppand an atter	orted organizationtiveness require	m(s) that is not ment (see ctionally				

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.)

Se	ction A. Public Support							
Cale beg	endar year (or flscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Glfts, 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	Total. 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	Public support. Subtract line 5 from line 4				antigen i describe Program di di Espera Santago di Santago	en de de la proposición de la companya de la compan	5,733,408.	
Sec	tion B. Total Support							
beg	endar year (or fiscal year inning 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		· · · · · · · · · · · · · · · · · · ·	The second control of the second				
	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			.,	, 3,,550.	37330.	33,092.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10		euris film der seit. Hall seit eine seit		ine of Europe Europ Substitution (Substitution)	in in Albert and a second of the second of	5,768,500.	
12	Gross receipts from related activition	es, etc. (see instru	ctions)			12	75,002.	
13	First five years. If the Form 990 is organization, check this box and st	s for the organization top here.	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)		
Sec	tion C. Computation of Pul							
14	Public support percentage for 2015	5 (line 6, column (f) divided by line 11	, column (f))		14	99.39%	
15	Public support percentage from 20	14 Schedule A, Pa	art II, line 14			15	99.25 %	
16:	16a 33-1/3% support test — 2015. 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							
1	b 33-1/3% support test — 2014. 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.							
	a 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	nd-circumstances	test. The organiza	t, check this box a tion qualifies as a	ind stop here. Exp publicly supported	olain in Part VI how organization	▶ 🔲	
	5 10%-facts-and-circumstances te or more, and if the organization me organization meets the facts-and-c	eets the Tacts-and- circumstances' tesi	circumstances' tes t. The organization	it, check this box a qualifies as a pub	ind stop here. Exp licly supported org	plain in Part VI how anization	the ▶ □	
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see Instruction	ns , , ▶ 🛅	
BAA	\				S.a.	edula A /Form 000) or 000 EZ\ 0045	

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Part III Support Sched		

(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	s faile
(Complete only if you checked the box of file 5 of Fair For if the organization failed to dominy under that it in the organization	
	LIGHT
to qualify under the tests listed below, please complete Part II.)	

54	ion A. Dublio Cupport						
	ion A. Public Support	() 0044	(1) 0040	(c) 2013	/-D 0044	(a) 00dE	(A) T_+_1
1	ar year (or fiscal year beginning in) Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.').	(a) 2011	(b) 2012	(6) 2013	(d) 2014	(e) 2015	(f) Total
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						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a gevernmental unit to the organization without charge.				.		
6	Total. Add lines 1 through 5				,		
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons					Ì	
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.)					and a second	
Sec	tion B. Total Support						· · · · · · · · · · · · · · · · · · ·
Calar	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
caien	dat test (of tiacal test beginning in)	(~, ~~.	(2) 2012	(4) 40 10	(4) 2011	(4) - 6 : 6	(1) 10021
	Amounts from line 6	(4) 23 1	(0) 2512	(0) 2010	(4)2511	(0) = 0.0	(1) 1000
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from		(4) 2512	(5) 200			(1) 1002
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		(0) 2012	(0) 2000			(1) 1001
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is		(0) 2012				
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securitles loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . Add lines 10a and 10b		(4) 25 12				
9 10 a b	Amounts from line 6						
9 10 a b	Amounts from line 6	is for the organizati	ion's first, second,	third, fourth, or fift	h tax year as a sec	stion 501(c)(3)	
9 10 a b 11 12 13 14 Sec	Amounts from line 6	is for the organizati	ion's first, second,	third, fourth, or fift	h tax year as a sec	ation 501(c)(3)	
9 10 a b 11 12 13 14 Sec 15	Amounts from line 6	is for the organizatistop here	ion's first, second, Percentage f) divided by line 1	third, fourth, or fifth	h tax year as a sec	ation 501(c)(3)	
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and section C. Computation of Pupublic support percentage for 20 Public support percentage from 2	is for the organizatistop here	ion's first, second, Percentage f) divided by line 1	third, fourth, or fift	h tax year as a sec	ation 501(c)(3)	
9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organizati stop here	ion's first, second, Percentage f) divided by line 1 art III, line 15	third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organization here Iblic Support I 15 (line 8, column (014 Schedule A, P vestment Inco or 2015 (line 10c, co	ion's first, second, Percentage f) divided by line 1 Part III, line 15 me Percentag olumn (f) divided b	third, fourth, or fift 3, column (f)) e y line 13, column (h tax year as a sec	ation 501(c)(3)	
9 10 a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organization here Iblic Support I 15 (line 8, column (014 Schedule A, P vestment Inco or 2015 (line 10c, co	ion's first, second, Percentage f) divided by line 1 Part III, line 15 me Percentag olumn (f) divided b	third, fourth, or fift 3, column (f)) e y line 13, column (h tax year as a sec	tion 501(c)(3)	
9 10 a 5 11 12 13 14 Sec 15 16 Sec 17 18 19:	Amounts from line 6	is for the organization of the organization of the second of the second of the organization of this box and stop is second of the organization of this box and stop is second of the organization of this box and stop is second of the organization of the organization of the organization of this box and stop is second of the organization of the org	ion's first, second, Percentage f) divided by line 1 Part III, line 15. Ime Percentag olumn (f) divided b A, Part III, line 17 did not check the b here. The organiza	third, fourth, or fift 3, column (f)) e y line 13, column (ox on line 14, and tion qualifies as a	h tax year as a sec	15 16 17 18 an 33-1/3%, and lid organization	% % % ne 17
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19:	Amounts from line 6	is for the organization of	percentage f) divided by line 1 Part III, line 15. Percentag olumn (f) divided b A, Part III, line 17 did not check the b here. The organization of the check a bood stop here. The co	third, fourth, or fift 3, column (f)) • y line 13, column (ox on line 14, and ation qualifies as a xon line 14 or line organization qualifier the column (column)	(f)) Iline 15 is more the publicly supported 19a, and line 16 is as a publicly su	15 16 17 18 an 33-1/3%, and lid organization s more than 33-1/3 lipported organization	% % % % % % % % % % % % % % % % % % %

Part V 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	1		
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)	2		
. 3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' enswer (b) and (c) below.	3a	14 E	
	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	21		
1	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	3b 3c		
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	4a		
:	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	4b		
(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	4c		-
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 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)	5a		
ì	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?	.5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	6		
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)	7		
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)	8	1002	
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))?			
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>	9a 9b		
Q	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	9c		
10 a	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	10a	7	
	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.)	10a 10b		T i
АΛ			- 1	

Yes No Page		id IV. Supporting Organizations (continued)	.7	Page 5
a A person who chardy or inflority controls, either calmor or begether with persons described in (b) and (c) below, the governing body of a supported organization? A Amily member of a person described in (a) above? A Amily member of a person described in (b) or (b) above? If Yes' to a, b, or c, provide detail in Part W 11c Section B. Type I Supporting Organizations I bit the directors, trutices, or membership or one or more supported organizations have the power to regularly appoint or effect at least a majority of the organizations of the capanization and more than one supported organization, describe how the powers to appoint anticor remove directors or treated and more than one supported organization, describe how the powers to appoint anticor remove directors or treated away at the supported organization, describe how the powers to appoint anticor remove directors or treated away at the supported organization and what conclusions or restrictions, it any, applied to such powers during the tax year. Did the organization operated for the benefit of any supported organization or the power to appoint anticor remove directors or treated away at the supported organization or described in the supported organization or the supported organization organization or the supported organization organization or the supported organization organization organization organization organization organization organization organizati		Supporting Organizations (continued)		
a A person wino directly or Indirectly controls, either alone or togsher with persons desurbed in (p) and (p) below, the growning body of a supported organization of the person desurbed in (a) above? b A family member of a person described in (a) above? c A 35% controlled entitly of a person described in (a) above? c A 35% controlled entitly of a person described in (a) above? It bld the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or size at least a majority of the organization's directors or trustees at all time during the tax year? If No.' describe in it is a supported organization have been accomplished to the organization and the organization had more accomplished to supported organizations and what conditions or matrices in the organization had more place to the benefit of any supported organization and what conditions or matrices in the organization of the supported organizations and what conditions or matrices and the organization of the fact that the organization of the fact is not a supported organization of the fact is not a supported organization of the fact is not accomplished to supported organizations and what conditions or matrices is a supported organization of the fact is not accomplished to propose of the supported organizations of the fact is not accomplished to propose of the supported organizations and the fact is majority of the director or matrices of each of the organizations is supported organizations. 1 Were a majority of the organization's supported organizations is proposed organization was vested in the same persons that controlled or managed the supported during the prior tax year, (i) a copy of the form 300 that was most recently till et also the fact by the supported organization was vested in the same persons that controlled or managed the supported organization for the organization such to such as officially and accomplishing the supported organization is the person to the organization is such as a supported	11	Has the organization accepted a gift or contribution from any of the following persons?	Y	/es No
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 Section B. Type I Supporting Organizations 1 Did the finature, trustees, or membership of one or more supported organizations have the power to regularly appoint or a common supported organizations are supported organizations and the common supported organizations are supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year or the upgender organization, describe how the powers to appoint and/or renove directors or trustees were abloated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year or the supported organization other than the susported organization(s) that operated, supervised, or controlled the supporting organization of organization of the than the susported organization of the powers of the supported organization of the powers of the supported organization of the powers of the supported organization of the powers of the organization of the powers of the supported organization or powers of the supported organization or trustees during the tax year also a majority of the directors or trustees of each of the organization of the organization or trustees during the tax year also a majority of the directors or trustees of each of the organization organizat		a A person who directly or indirectly controls, either alone or together with nomine described in (5) and (6) below the	11a	
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 Section B. Type I Supporting Organizations 1 Did the finature, trustees, or membership of one or more supported organizations have the power to regularly appoint or a common supported organizations are supported organizations and the common supported organizations are supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year or the upgender organization, describe how the powers to appoint and/or renove directors or trustees were abloated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year or the supported organization other than the susported organization(s) that operated, supervised, or controlled the supporting organization of organization of the than the susported organization of the powers of the supported organization of the powers of the supported organization of the powers of the supported organization of the powers of the organization of the powers of the supported organization or powers of the supported organization or trustees during the tax year also a majority of the directors or trustees of each of the organization of the organization or trustees during the tax year also a majority of the directors or trustees of each of the organization organizat		b A family member of a person described in (a) above?	11b	
Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly expected or elect at less 4 mainty of the organizations directors or trustees at ell times during the tax veer? If No. (describe in Part VI how this supported organizations) electively operated, supervised, or controlled the organization is enhanced. If the organization had more than one supported organizations and what conditions or restrictions, if any, applies to a such powers during the tax year or supported organization or restrictions, if any, applies to a such powers or controlled the supported organization or restrictions, if any, applies to a such powers or controlled the supported organization of the than the supported organization of the three thr				
Did the directors, furtheres, or membership of one or more supported organization in the tax year? If No, describe in a did to the organization of the organization is entered to extracted a supported organization in the property of the difference of the did not a supported organization and the property of the did not be a supported organization and the property of the did not be a supported organization and the property of the did not be a supported organization and the property of the did not be a supported organization and the property of the prope	Se	ction B. Type I Supporting Organizations		
Did the directors, futuless, or membership of noed more supported organizations have the power to regularly appoint or elect at less is inspirity of the organizations directors or trustees at all times during the tax year? If No. decambe in the organization had more than one supported organization, or controlled the organization's activities. If the organization had more than one supported organization and what conditions or restrictions. If you decambe in the organization than the supported organizations and what conditions or restrictions. If you applied to such powers during the tax year. If you provided the supported organization clins than the supported organization of the than the supported organization of the them than the supported organization of the power organization of the supported organization of the supported organization of the supported organization of the supporting organization. If Yes, explain in Fert VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization organization. 1 Were a majority of the organization's directors or trustates during the tax year also a majority of the directors or trustates of each of the organization was vested in the same persons that controlled or managed the supported organization (s). 2 Were a my of the organization or supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 390 that was most recently filed as of the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of noti	_		Y	es No
the operated, supervise, or controlled the supported organization? If Yes, explain in Part VI how providing such benefit careful out the purposes of the supported organization (s) that operated, supervised, or controlled the 2 supporting organizations. 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's supporting organizations was vested in the same parsons that controlled or managed the supported organization(s). 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. (i) a copy of the Form 990 that was most recently filed as of the date of rotification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Wers any of the organization's efficient, directors, or trustees either (i) appointed or elected by the supported organization's supported organization's supported organization maintained a close and continuous working residentially with the supported organization maintained a close and continuous working residentially with the supported organization maintained a close and continuous working residentially with the supported organization played in this regard. 3 By rasson of the relationship described in (2), did the organization's supported organization played in this regard. 4 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 is supported and provide a governmental entity. Describe in Part VI how you supported a government entity (see instructions): 1 Check the box next to the method that the organization used to satisfy the	1	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	1	
1 Were a majority of the organization's directors or inustees during the tax year also a majority of the directors or inustees 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 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) coples of the organization's spowning documents in affect on the date of notification, and (iii) coples of the organization's investment policies and in directing the use of the organizations have a significant voice in the organization investment policies and in directing the use of the organizations have a significant voice in the organization is investment policies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organization's number of years or years years or years years or years years or years y	2	benefit carried out the purposes of the supported organization? If 'Yes,' explain in Part VI how providing such	2	
1 Were a micinity 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 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. (I) a written notice describing the type and amount of support provided during the prior tax year. (I) a cony of the Form 990 that was most recently filed as of the date of notification, to the extent not previously provided? 2 Were any of the organization's efficier, directors, or trustees either (I) appointed or elected by the supported organization melintelined a close and continuous working relationship with the supported organization in Part VI how the organization melintalined a close and continuous working relationship with the supported organizations played in this regard. 3 By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization investment policies and in disecting the use of the organization's have a significant voice in the organization investment policies and in disecting the use of the organization's have a significant voice in the organization investment policies and in disecting the use of the organization's have a significant voice in the organization in the supported organization in the supported organization in the supported organization in the regard of the organization in the regard of the organization supported organization in the province organization in the parent of each of its supported organization is activities during the tax year directly further the exempt purposes of the supported organization's province organiza	Sec			
Section D. All Type III Supporting Organizations but controlled or managed the supported organization(s) 1 Did the organization provide to each of its supported organizations, by the list 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 of the relationship described in (2), did the organization's hip with the supported organization in Part VI how, the organization maintained a close and continuous working relationship with the supported organization's income or assets at all times during the tax year? If Yes, 'describe in Part VI the role the organization's income or assets at all times during the tax year? If Yes, 'describe in Part VI the role the organization's income or assets at all times during the tax year? If Yes, 'describe in Part VI the role the organization's income or assets at all times during the tax year? If Yes, 'describe in Part VI the role the organization's income or assets at all times during the tax year? If Yes, 'describe in Part VI the role the organization's income or assets at all times during the tax year directly further the exempt purposes of the supported organization supported agovernmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization's supported organization's work organization was responsive? If Yes, 'then in Part VI identify those support			Y	es No
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b Did the organization exercise a substantial degree of direction ever the policies, programs and anti-time of our street and anti-time our stree	3			
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		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		

Sch	edule A (Form 990 or 990-EZ) 2015 United Way of Pueblo County, Col	Orac	do Ena 94-04.	04017 Page 4
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniza	do, Inc. 84-04	04917 Page (
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on the other Type III non-functionally integrated supporting organizations must complete Section 1.	Noven tions	nber 20, 1970. See instru A through E.	ctions. All
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1	7	
· 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 peid 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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount	<u> </u>	(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	77.0004.000.0004.0004.0004.0004.0004.00	A THE COMMENT AND A TOTAL PARTY OF THE COMMENT AND A TOTAL PARTY.
Ŀ	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in datail in Part VI):		gant Comment of Publishing St. 2 And Spall Property and Spall of Spall	
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount	. 4.	and a subject of the con- control of the control of the control	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	Care of Constitution	
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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	t (Alexandra) i eterate a esta Compatible Cartino e esta	
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	Тур	III supporting organization	in
BAA			Schedule A (For	m 990 or 990-E7) 2015

Sche	edule A (Form 990 or 990-EZ) 2015 United Way of Pueblo	County, Colorac	lo, Inc. 84-040	04917 Page 7
/ 21	Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
	tion D — Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purpose Amounts paid to perform activity that directly furthers exempt purposes	ses		
2	ns,			
3_	Administrative expenses paid to accomplish exempt purposes of support	orted 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 organiza in Part VI). See instructions.	tion is responsive (provide	le dateile	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(III) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	THE PERSON NAMED IN COLUMN		
	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)	Property and the Property of t		
3	Excess distributions carryover, if any, to 2015:			Office and the Control
a				
b			A ser digas and residence in the	a de la companya de l
С	。 [1] 在1900年1月1日 - 1900年1月1日 - 1900年1日 - 1900年1月1日 - 1900年1月1日 - 1900年1月1日 - 1900年1月1日 - 1900年1月1日 - 1900年1日 - 19			
d	From 2013		en e	Company of the Company
	From 2014	BEAT OF STREET		
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount	Administration of the		
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f		TOWN TOWNS CO. T. CO. CO.	To page not one provide
4	Distributions for 2015 from Section D,		200	PART OF BUILDING
	line 7:			
а	Applied to underdistributions of prior years	44.00 (40.00 kg kg		
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			Control of the Control
	Remaining underdistributions for years prior to 2015, If any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			CANTELL TOTAL
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)	alientalises et le les estados. O como sobretidos estados estados		
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b			Property of the second	
	Excess from 2013			
•	Excess from 2014			CATCHER CONTRACTOR
	Excess from 2015			TO HEAD THE TOWN

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)

OF 990-PF) Dengdment of the Treesury **Schedule of Contributors**

2045

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.

2015

OMB No. 1545-0047

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	X 501(c)(3) (enter number)	organization	
	4947(a)(1) nonexempt charitable	trust not treated as a priv	vate foundation
	527 political organization		
	ozv pomozi o gamzadovi		
Form 990-PF	501(c)(3) exempt private foundate	tion	
	4947(a)(1) nonexempt charitable	trust treated as a private	foundation
	501(c)(3) taxable private foundate	-	Johnaton
	cor(c)(c) taxable private roundar	1104.	
Check if your organization is covered by the Gen	eral Rule or a Special Rule.	,	
Note. Only a section 501(c)(7), (8), or (10) organ	ization can check boxes for both the G	eneral Rule and a Special	Rule. See instructions.
General Rule			
X For an organization filing Form 990, 990-EZ, property) from any one contributor. Complete	or 990-PF that received, during the yea Parts I and II. See instructions for det	ar, contributions totaling \$ ermining a contributor's to	5,000 or more (in money or tal contributions.
:	til og er og gartiskerede.	20 73 B	·
Special Rules			. •
For an organization described in section 501 under sections 509(a)(1) and 170(b)(1)(A)(vi) received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990-), that checked Schedule A (Form 990 e year, total contributions of the greater	or 990-FZ). Part II. line 13	1 16s or 16h and that
For an organization described in section 501 during the year, total contributions of more the purposes, or for the prevention of cruelty to contributions.	(c)(7), (8), or (10) filing Form 990 or 99 ian \$1,000 exclusively for religious, cha hildren or animals. Complete Parts I, II	0-EZ that received from an aritable, scientific, literary, , and III,	ny one contributor, or educational
	(-)(T) (0) (40) E! E 000 00		
For an organization described in section 501 during the year, contributions exclusively for	(C)(7), (8), or (10) filing Form 990 or 99 religious, charitable, etc., purposes, bu	0-EZ that received from au it no such contributions tot	ny one contributor, taled more than
\$1,000. If this box is checked, enter here the	total contributions that were received of	during the year for an exclu	usively religious
charitable, etc., purpose. Do not complete an it received nonexclusively religious, charitable	y of the parts unless the General Rule	applies to this organization	on because
it received nonexclusively religious, challable	a, etc., contributions totaling \$5,000 or	more during the year	Y
	ng Basa i magi kalawa ika		·
		· · · · · · · · · · · · · · · · · · ·	
Caution. An organization that is not account by	the Conord But and the the Conord I D	dee deed to the second	B /F
Caution. An organization that is not covered by t 990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it does not meet the fil	2. Of its Form 990; or check the box on	line H of its Form 990-F7	or on its Form 000 DE

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

Name of organization

7 of Part I

United Way of Pueblo County, Colorado, Inc.

Page 1 of Employer Identification number

مدا		^		^		^	_	_
84	-	0	4	0	4	9	1	7

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	XCEL 2005 LIME ROAD PUEBLO CO 81006	\$17 <u>9,245.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PARKVIEW MEDICAL CENTER 400 W 16TH STREET PUEBLO CO 81003	\$ <u>88.816.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PCAPP (Bechtel & U.R.S.) Army Depot PUEBLO CO 81006	\$49,992.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Trane Company 101 William White Blvd. PUEBLO CO 81001	\$ <u>36,241.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Black Hills Energy 105 S. Victoria Avenue PUEBLO CO 81003	\$2 <u>7,217.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
i	Pueblo Water aka Board of Water Works P.O. Box 400	\$2 <u>5</u> _890.	Person X Payroll X Noncash
BAA	PUEBLO CO _ 81002		(Complete Part II for noncash contributions.)

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7 of Part I

United Way of Pueblo County, Colorado, Inc.

Employer identification number

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	_	-	•	_	J. 1	

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FLAVOR OF PUEBLO PO BOX 11566 PUEBLO CO 81001	\$22.675.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>	TARGET DISTRIBUTION CENTER 34800 UNITED AVENUE PUEBLO CO 81001	\$ <u>18.857.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Rampart Supply 320 E 4TH STREET PUEBLO CO 81001	\$18,394.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10.	Express Scripts 1045 W. 6th Street PUEBLO CO 81003	\$ <u>15,000</u> .	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4.	(c) Total contributions	(d) Type of contribution
11.	County of Pueblo Master 215 W. 10th Street PUEBLO CO 81003	\$14.418.	Person X Payroil X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	Liberty Point Fun Run PO Box 11566	\$14,149.	Person X Payroll X Noncash
BAA	PUEBLO CO 81001	Pal-July Prin	(Complete Part II for noncash contributions.)

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

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3 of

of Part I

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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	GCC Rio Grande 3372 Lime Road PUEBLO CO 81004	\$ <u>13,142.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	United Parcel Service 2900 Granada PUEBLO CO 81005	\$ <u>13.095</u> .	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15.	UTC AEROSPACE SYSTEMS 50 William White Blvd. PUEBLO CO 81001	\$ <u>11.998</u> .	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_	EVRAZ 1612 East Abriendo Avenue PUEBLO CO 81004	\$ <u>11,484.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17.	VESTAS 100 Tower Road PUEBLO CO 81004	\$ <u>11,380.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18.	District 60 315 W. 11th Street PUEBLO CO 81003	\$ <u>10.598</u> .	Person X Payroli X Noncash (Complete Part II for noncash contributions.)

Name of organization

United Way of Pueblo County, Colorado, Inc.

Page 4 of Employer Identification number

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Rart Contributors (see instructions)	. Use duplicate coples of Part I if ad	ditional space is needed.
•		

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19.	Chamberlain Foundation PO Box 1432 PUEBLO CO 81002	\$ <u>_10,343.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	US Bank 503 N. Main Street PUEBLO CO 81003	\$ <u>_9_338</u> .	Person X Payroli X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	City of Pueblo 230 S. Mechanic Street PUEBLO CO 81003	\$8_811.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4 WELLS FARGO 90 South 7th Street MINNEAPOLIS MN 55479	(c) Total contributions	(d) Type of contribution Person X Payroll X Noncash (Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4 WELLS FARGO 90 South 7th Street	contributions	Person X Payroll X Noncash (Complete Part II for
22	Name, address, and ZIP + 4 WELLS FARGO 90 South 7th Street MINNEAPOLIS MN 55479	\$8,555.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
22 (a) Number	Name, address, and ZIP + 4 WELLS FARGO 90 South 7th Street MINNEAPOLIS MN 55479 Name, address, and ZIP + 4 BLAZER ELECTRIC PO BOX 636	\$ 8,555. (c) Total contributions	Type of contribution Person X Payroll X Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll X Noncash (Complete Part II for
(a) Number	Name, address, and ZIP + 4 WELLS_FARGO 90 South 7th Street MINNEAPOLIS MN 55479 Name, address, and ZIP + 4 BLAZER ELECTRIC PO BOX 636 PUEBLO CO 81002	\$	Type of contribution Person X Payroll X Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Schedule	В	(Form	990.	990-EZ	or 990-PF)	(2015)

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.7 of Part I

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.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TR Toppers 320 Fairchild PUEBLO CO 81001	\$7 <u>.706.</u>	Person X Payroli X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 26</u> _	AT&T Wireless 100 South Main PUEBLO CO 81003	\$7 , 63 <u>5</u> .	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27.	Atlas Pacific 1 Atlas Avenue PUEBLO CO 81001	\$ <u>7.</u> 52 <u>8</u> .	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	United Way of Pueblo County 2631 E. 4th Street PUEBLO CO 81001	\$6 <u>.</u> 832.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>29</u> _	Ent Federal Credit Union P.O. Box 15819 COLORADO SPRINGS CO 80935	\$6,813.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>30</u> _	Housing Authority of Pueblo 1414 N. Santa Fe Avenue	\$6,550.	Person X Payroll X Noncash
	PUEBLO CO 81003		(Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)	Pi	ade		of		7	of Part I
Name of organization	Ť	Employer i	dentific	ation r	umber		OII GILL
United Way of Pueblo County, Colorado, Inc.	;	34-04(0491	.7			

Part	Contributors	(see	instructions).	. Use duplicate	copies of Part Li	f additional	space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Transportation Technology Center PO Box 11130 PUEBLO CO 81001	\$6_266.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32_	Centura Health 1008 Minnequa Avenue PUEBLO CO 81004	\$ <u>6,180.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Pueblo Community Health Center	\$6,016.	Person X Payroll X Noncash (Complete Part If for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>34</u> _	United Way Kick-Off Auction PO Box 11566 PUEBLO CO 81001	\$5_381.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Namo, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Southern Colorado Community Foundation P.O. Box 4202 PUEBLO CO 81002	\$5,00 <u>0</u> .	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	El Pomar 10 LAKE CIRCLE	\$5.000.	Person X Payroll X Noncash
BAA	COLORADO SPRINGS CO 80906		(Complete Part II for noncash contributions.)

Name of org			ployer identification number
United	Way of Pueblo County, Colorado, Inc.		1-0404917
Partil	Contributors (see Instructions). Use duplicate copies of Part Life additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37.	Temple Hoyne Buell Foundation	•	Person X Payroli
	1666 S. University Blvd., Ste. B	\$5.00	
	DENVER CO 80210	•	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>38</u> .	Community First Foundation	•	Person X Payroll
	5855 Wadsworth Bypass, Unit A	\$ <u>5</u> _0	
	ARVADA CO 80003	•	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>39</u> _	AECOM 45825 HWY 96 E PSB	\$5_0	Person X Payroll OO Noncash
	PUEBLO CO 81006		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
D.A.A.		O. L. July D. CE	arm 000 000 E7 at 000 DE) (2015

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

7 of 7 of Part I

Page

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

OMB No.,1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

(Open to Public Inspection

	United Way of Pueblo County	. Colorado. Inc	
		or Advised Funds or Other Similar Fu	184-0404917
&.HK5.3	Complete if the organization answer	ered 'Yes' on Form 990, Part IV, line 6.	nds or accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(7) 2010 10100 10100	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		<u> </u>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor are the organization's property, subject to the org	advisors in writing that the assets held in donor a	advised funds
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing that grant funds car	n be used only
Pa	Conservation Easements. Complete if the organization answer	ered 'Yes' on Form 990, Part IV, line 7.	·
1		ne organization (check all that apply).	
	Preservation of land for public use (e.g., recr	<u></u> .	of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contribution in the fo	orm of a conservation easement on the
	•	to the second of	Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easeme	ents	2 b
	Number of conservation easements on a certified	historic structure included in (a)	2c
	Number of conservation easements included in (structure listed in the National Register	c) acquired after 8/17/06, and not on a historic	
3	Number of conservation easements modified, tratax year ►		
4	Number of states where property subject to cons-	ervation easement is located ►	en e
5	Does the organization have a written policy regar and enforcement of the conservation easements	ding the periodic monitoring, inspection, handling	g of violations,
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations, and enforcing cons	ervation easements during the year
8	Does each conservation easement reported on II and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of section	170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in its revenue and exp ne organization's financial statements that describ	ense statement, and balance sheet, and ses the organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historical Treasures, o ered 'Yes' on Form 990, Part IV, line 8.	r Other Similar Assets.
1	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	PICTO FOLDIC EXPIDITION Education or receased in	tatement and balance sheet works of furtherance of public service, provide,
	o if the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or research in furt	herance of public service, provide the
	following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, lin	e1	· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, amounts required to be reported under SFAS 110	historical treasures, or other similar assets for fina	ancial dain, provide the following
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X	 A transfer of the second of the	

Schedule D (Form 990) 2015 Unit	ed Way of Puebl	lo County, Col	orado, Inc.	84-04.04	1917 Page 2
Part III Organizations Maint	aining Collections	of Art, Historica	l Treasures, or C	Other Similar Ass	ets (continued)
 Using the organization's acquisiting terms (check all that apply): 					
a Public exhibition		d Loan or exc	hange programs		name a
b Scholarly research	en e la come de la seguina de la companya de la co	e Other		v s	
c Preservation for future gener		<u> </u>			
4 Provide a description of the organ Part XIII.				•	
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or receive dor	nations of art, historica	l treasures, or other si	imilar assets	-
Part IV Escrow and Custodi	an to be maintained as ;	Complete if the or	s collection?	, <u>.</u>	Yes No
line 9, or reported an	amount on Form 99	0, Part X, line 21.	ganization answe	ered Yes on Form	990, Part IV,
1 a is the organization an agent, trust on Form 990, Part X?			utions or other assets	not included	Yes No
b If 'Yes,' explain the arrangement in	n 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				1f	
2 a Did the organization include an a	mount on Form 990, Par	t X, line 21, for escrow	or custodial account	liability?	Yes No
b If 'Yes,' explain the arrangement i	n Part XIII. Check here i	if the explanation has I	been provided on Part	t XIII	ī [
	2				
Part V Endowment Funds.	Complete if the orga	anization answere	d 'Yes' on Form 9	90, Part IV, line 10	D
	(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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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 Eпd of year balance	611,278.	610,947.	616,561.	628,102.	641,291.
Provide the estimated percentage	of the current year end	balance (line 1g, colu	mn (a)) held as:		The second
a Board designated or quasi-endow	ment ►	% 1			
b Permanent endowment 🕨	<u></u> 용		•	•	
c Temporarily restricted endowmen		_ ቄ			
The percentages on lines 2a, 2b,	and 2c should equal 10	0%.		·	
3 a Are there endowment funds not in organization by:	the possession of the o	organization that are h	eld and administered	for the	Yes No
(i) unrelated organizations					3a(i) X
(ii) related organizations					3a(ii) X
b If 'Yes' on line 3a(ii), are the relate	ed organizations listed a	s required on Schedul	e Ř?		3b
4 Describe in Part XIII the intended					00
Part VI Land, Buildings, and		the thirt is a second of the property of the			
Complete if the organi		es' on Form 990.	Part IV. line 11a	See Form 990, Pa	rt X line 10
Description of property	(a) Cost	or other basis (b	Cost or other	(c) Accumulated	(d) Book value
1a Land			basis (other)	depreciation	-14.1.4.4
b Buildings					
c Leasehold improvements			7		
d Equipment					
e Other			39,734.	35,265.	4,469.
Total, Add lines 1a through 1e. (Colum		00 Port V calcium (D)) Who MOS')		
BAA	r (a) must equal rorm 9	ου, Γαιι Χ, column (Β,	, une 10C.)	, , , , , , , , , , , ▶	4,469.
			4 1 1	Schedu	ile D (Form 990) 2015

Part VIII Investments - Other Securities. Complete if the organization answered '	the state of the s	Part IV, line 11b. See Form 990, Part X, line 12.	Page
(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.	
(1) Financial derivatives	(4) 330 72 93	(c) Method of valuation: Cost or end-of-year market value	
(2) Closely-held equity interests			·
(3) Other	The second second		
(A)			
(B)			
(C)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >		Pagante the state of the state	
Definition Investments Program Poleted	/oc' on Form 000 I		
(a) Description of investment	(b) Book value	Part IV, line 11c. See Form 990, Part X, line 13.	
(1)	(A) BOOK TOIGO	(c) Method of valuation: Cost or end-of-year market valu	ue
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
Part IX Other Assets.			100
Complete if the organization answered 'V	Opion Form COO F)	
Complete if the organization answered 'Y (a) Des	es' on Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.	
Complete if the organization answered 'Y (a) Des	es' on Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.	<u> </u>
Complete if the organization answered 'Y (a) Des (2)	es' on Form 990, Foription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value	
Complete if the organization answered 'Y (1) (2) (3)	es' on Form 990, F cription	Part IV, line 11d. See Form 990, Part X, line 15.	
Complete if the organization answered 'Y (a) Des (2)	es' on Form 990, Foription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value	
Complete if the organization answered 'Y (1) (2) (3) (4) (5) (6)	es' on Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value	
Complete if the organization answered 'Y (1) (2) (3) (4) (5) (6) (7)	'es' on Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value	
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	es' on Form 990, Foription	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value	
Complete if the organization answered 'Y (1) (2) (3) (4) (5) (6) (7)	es' on Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value	
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	STPHOT!	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value	
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Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form	e 15.)	e or 11f. See Form 990. Part X line 25	
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) lime Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	9 15.)	e or 11f. See Form 990. Part X line 25	
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Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990; Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	e 15.)	e or 11f. See Form 990. Part X line 25	
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Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (R) line 25.)	e 15.) rm 990, Part IV, Ilne-11 (b) Book value	e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	e 15.) rm 990, Part IV, line-11 (b) Book value	e or 11f. See Form 990, Part X, line 25	

Paconciliation of Poyonus per Audited Financial Statements With D	1491/ Page 4
Pari XII 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	1,201,724.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1,201,724.
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	-28,367.
3 Subtract line 2e from line 1	1,230,091.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1,230,031.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,230,091.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	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	
b Prior year adjustments	
c Other losses	•
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	-22,575.
3 Subtract line 2e from line 1	1,221,066.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1,221,000.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
C Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1,221,066.

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

Name of the organization

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.

OMB No. 1545-0047 **2015**

Open to Public

Employer identification number

a Ma b Inte c Pho d In-F 2 a Did the employe b If 'Yes.'	whether the organization il solicitations emet and email solicitation one solicitations person solicitations organization have a writte ees listed in Form 990, Pa ilst the ten highest paid in sated at least \$5,000 by t	en or oral agreemer nt VII) or entity in c	nt with any onnection	e f g indi v idual with profes	Solicitation of non-operation of gove Solicitation of gove Special fundraising (including officers, directional fundraising services)	povernment grants rnment grants events tors, trustees or key	∏Yes ∏Nd
(i) Name a	nd address of Individual entity (fundraiser)	(ii) Activity	have custoe	undraiser dy or control butlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount pald to (or retained by) organization
1			Yes	No			
2			•				
3							
4							
5							
6							
7						## - P -	
8	•						:
9					· · · · · · · · · · · · · · · · · · ·		
0	. , .						
3 List all s or licens	tates in which the organiz	ation is registered of		I to solicit o	contributions or has been	notified it is exempt from	n registration

Sch	edule	G (Form 990 or 990-EZ) 2015. United. Fundraising Events. Complete if	INA Alashizatian and	ewarad 'Vac' on Ear	~ 000 Daw 11/ Usa	40
		more than \$15,000 of fundraising e List events with gross receipts grea	event contributions a	and gross income or	Form 990-EZ, lines	s 1 and 6b.
REV			(a) Event #1 FLAVOR (event type)	(b) Event #2 LIBERTY POINT 5K (event type)	(c) Other events KICKOFF AUCTION (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	19,979.	11,693.	5,381.	37,053.
E	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	19,979.	11,693.	5,381.	37,053.
	4	Cash prizes				
n	5	Noncash prizes				
D I RECT	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPERSE	9	Other direct expenses	1,937.	6,460.		8,397.
S	10	Direct expense summary. Add lines 4 throu	gh 9 in column (d)	Geografie en engele en en en		8,397.
Pa	11 11	Net income summary. Subtract line 10 from Gaming. Complete if the organizat	ion answered 'Ves'	on Form 990 Port IV	/ line 10 or reports	28,656.
		\$15,000 on Form 990-EZ, line 6a.	ion disweted tes	on on sec rait i	v, line 19, or reporte	a more than
R E V E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U E	1	Gross revenue				
	2	Cash prizes				
D X I P R E	3	Noncash prizes	-			7,11
R N E N C S T E S	4	Rent/facility costs	** * **********************************			
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes	The Market Special Control of the Co
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)	ewoner en		
	8	Net gaming income summary. Subtract line	7 from line 1, column (d	<u>) </u>	· · · · · · · · · · · · · · · · · · ·	
9 1	a is the	er the state(s) in which the organization cond e organization licensed to conduct gaming a o,' explain:	ucts gaming activities: ctivities in each of these	states?		Yes No
10 a	a Were	e any of the organization's gaming licenses res,' explain:		erminated during the tax y	year?	Yes No
BAA			TEEA3702 06	y/02/15	Schedule G (For	m 990 or 990-EZ) 2015

Sch	Does the organization conduct coming artifly with	Dogo 3
11	Does the organization conduct gaming activities with nonmembers? Yes	Page 3
12		□No
40		□.,,
13	The same personal growing doubtry confidence in.	
	a The organization's facility	용
14	b An outside facility	alo
	Name	
	Address •	
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes	
ı	b if 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount	No
	of gaming revenue retained by the third party \$ and the amount	
(c If 'Yes,' enter name and address of the third party:	
	Name ►	
	Name •	
	Address •]
		'
16	Gaming manager information:	
	Name • +	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
4 111		
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?	—
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	∐No
	organization's own exempt activities during the tax year 🕒 Ś	
Par	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).	
	and the state of t	
	 A control of the contro	
BAA		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2015

OMB No. 1545-0047

Employer identification number

<u>2</u>

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

XYes 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? Partil General Information on Grants and Assistance Colorado, United Way of Pueblo County,

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. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

	•						••
(a) Name and address of organization or government	(b) EIN	(e) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appralsal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN RED CROSS 4104 OUTLOOK BIVD							
PUEBLO CO 81008	84-0437753	501C3	15,800:				VARIOUS CHAR
(2) BOY_SCOUTS_ROCKY MIN COUN							THE CONTROL
411_S_PUEBLO_BLVD							
PUEBLO CO 81005	22-1576300	501C3	39,500.				ROYS ACTIVITATE
(3) BOYS AND GIRLS CLUB OF PU	10-10-10-10-10-10-10-10-10-10-10-10-10-1	-					1
2601 SPRAGUE_AVE		-					
PUEBLO CO 81003	23-7307508	501C3	60,000.				CHILDREN ACTIV
(4) CATHOLIC CHARITIES OF THE			~				4 + 1011
429_W 10TH ST #101					-		
PUEBLO CO 81003	84-0471001	501C3	29,000.				VARTOHS CHAP
(5) COOPERATIVE CARE CENTER	-				and a management of the state o		1
325_W_10TH_ST		•	-				
PUEBLO CO 81003	84-0913793	501C3	34,000.				FREE CARE OF C
(6) EASTSIDE CHILDCARE CENTER							
<u>PO_BOX_11266</u>							•
PUEBLO CO 81001	84-0709410	501C3	47,600:				CHIID CARE
(7) PUBBLO CHILD ADVOCACY CEN	-						
301_E 13TH ST				•			•
	84-1071784	84-1071784	26,000.				CHIID ADVOCACY
(8) <u>YWCA</u>							TOUCONOT THE
801 N SANTA FE	•						•
3	84-0404925	50103	51,000,		-		ATD TO MOMEN
2 Enter total number of section 501(c)(3) and government organizations listed	and government orga		in the line 1 table			A	13
3 Enter total number of other organizations listed in the line 1 table	is listed in the line 1.1	able					
							n

Schedule I (Form 990) (2015)

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

1. 1000 A 2000 A 2000

Schedule I (Form 990) (2015) United Way of Pueblo County, Colorado, Inc.

Partitic 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.

	Uation (book, (f) Description of non-cash assistance sal, other)								other additional information
	(e) Method of valuation (book, PMV, apparisal, other)			:					ne pae (4) ami
	(d) Amount of non-cash assistance								na 9 Part III nol
i	(c) Amount of cash grant	32,000.	19,187.	50,324.	10,000.	27,704.	444.	120,000.	amired in Part I
is liceaca.	(b) Number of reciplents	21,000	23	76	697	1,123	2	606	e the information re
סמיו אם מחלים וומתחומוים אומים אים וופסמסתי	(a) Type of grant or assistance	1 Community Impact Grants	2 CCC Disbursement	3 DESIGNATIONS TO NONMEMBER AGENCIES	4 CPS DISBURSEMENT	5 VITA PROGRAM	6 IBEW ER PROGRAM	7 BOARD OF WATER WORKS CATHOLIC CHARITLES	Part 1. Sundemental Information Provide the information required in Part 1 line 2. Part 11 column (h) and any other additional information

TEEA3902 11/04/15

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Schedule I (Form 990) (2015)

Continuation Page 1 of 1 84-0404917 Schedule | Cont (Form 990) 2015 United Way of Pueblo County, Colorado, Inc.

Fartifical Continuation of Grants and Other Assistance to Domestic Individuals (Schedule (Form 990), Part III.)	er Assistance to	Domestic Individua	ils (Schedule I (Form	n 990), Part III.)	
(a) type of grant of 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
EMERGENCY SPECIAL FUNDING	655	3,000.			
WITTELS DISTRIBUTION	32	215.		5 5 5 5 5 5	
MENTORING PROGRAM	86	33,241.			
MENTAL HEALTH AND SENIOR GRANT	1,500	53,000.			
EPIC	400,000	25,748.			
		111111111111111111111111111111111111111			
-					
1		TEEA4002 10/11/15	11/15		Schedule I Cont (Form 990) 2015

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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

United Way of Pueblo County, Colorado, Inc.

84-0404917

Employer identification number

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,

Employer identification number

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

Pt VI, Line 11b

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

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.

Part III, line 4d:

Pt XI

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

General Explanation Attachment:

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

Pt XI

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.

Form **990**

OMB No. 1545-0047 2014

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.

Dep Inte	ariment of t	he Treasury le Service		Do not eInformation	nter social secu on about Form 9	rity numbers o	n this form as i	it may be	made public.	ia.		Open to Pu	
A			dar year, or ta	x vear begi	nning Jul	7						Inspection	on
В	Check if a		C Name of organ					and en		n 30		, 2015	····
	Addre	ess change	Doing busines		ited Way o	r ruebio	country,	Colora	ado, Inc			tification number	
	Name	e change			ox if mail is not del	vered to street ar	Idrass)	Por	om/sulte		0404		
	 - 1	return	PO Box 11				,01033)	, Kuk	omrsune	E Teleph			
	Final re	eturn/lerminated			e, country, and ZIP	or foreign poetal	code			(71	9) 5	83-4455	
		nded return	Pueblo	,	,,	or localgit postal							
	\vdash	cation pending	F Name and add	lress of princips	al officer:		CO	8100		G Gross	receipts	\$1,314,11	
		on on portaing								s a group retur			s X No
ī	Tax-exe	empt status	Andrea Arag X 501(c)(3)	501(c) (Pueblo		8100	1 In(D) Are a	all subordinates o, attach a list.	included (see instr	l? Ye	s No
J	Webs					rsert no.)	4947(a)(1) or	527					
ĸ		organization:	W.pueblou X Corporation	1 1						p exemption n	ımber 🕨		
Talk March	·			Trust	Association	Other	<u> L</u> Y	ear of form	nation: 19	69 M	State of I	egal domicile: C	0
			y ne the organizat	ion's missis		150			··				
٠.	ra	iene funde te	e the organizat	ion s missio	on or most sign	ilficant activit	ies: <u>Th</u> e	e_Unite	ed Way of	f Pueblo	Count	y, Colorad	o, Inc.
2	±0	enhance the	be distributed	to various p	programs and cha	<u>iritable_organ</u>	17atione to boi	nafit tha	community	Ann wheeler		1 1 1	
Та		ormoreo one	Annarch of TITE 1	ror ris headl	le or Lifeoro con	DIV. WELL OUG	ir likke imito a	t commino	HATA Provid	lad in PV10	7 11	13 J	
Activities & Governance	2 Č	neck this ho	artnerships t	o address	_needs_in_ou	ir communit	y_and_works	<u>to_ens</u>	ure the q	<u>reatest</u> i	mpact	from donor	dollars.
ၓ		TO OIL BILLO BOX	if the if the ing members of	OLUGINZANO	u uiscamiililec	i its angratiar	ic or dionooo	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	- 4L OCD/	P 14	ssets.		
જ	4 Nu	ımber of ind	ependent voting	a members	of the governi	ı vi, ime ia). na body (Por	fVI line th			• • • • •	3		18
ţį	5 To	tal number	of individuals er	nploved in	calendar vear	2014 (Dart V	lino 2e)				4		1.8
ţi		ter nampor		Sumate II M	ecessarvi						5		5
Ac	14 10	nai uni cialei	a publiless (eve	nue irom P	arı VIII. colum	n.(C.) line 12					6		620
	b Ne	et unrelated	business taxabl	le income fr	om Form 990	T. line 34				* * * * *	7a		0.
											7b		0.
ا ۵	8 Cc	ntributions a	and grants (Par	t VIII, line 1	h)					Prior Year		Current	
Revenue	9 Pro	ogram servi	ce revenue (Pai	rt VIII, line 2	2a)				<u> </u>	1,059,7			5,442.
e Ve	10 Inv	estment inc	ome (Part VIII,	column (A),	. lines 3, 4, an	d 7d)		<i>.</i>	'	46,5	05.		L,274.
ř	11 Ot	her revenue	(Part VIII, colui	mn (A), line	s 5, 6d, 8c, 9c	. 10c. and 11	e)		· ·		16.		0,038.
	12 To	tal revenue	- add lines 8 th	hrough 11 (i	must equal Pa	rt VIII. colum	n (A) line 12	 1		27,7			7,360.
]	13 Gr	ants and sin	nilar amounts pa	aid (Part IX.	. column (A). I	ines 1-3\	(17, 11.10 12	<u>,</u>	- 	1,141,3			1,114.
l	14 Be	nefits paid t	o or for membe	rs (Part IX.	column (A) lin	ne 41			` `	751,1		797	,862.
	15 Sa	laries, other	compensation,	employee I	henefits (Part	IX column /	\		•		0.		
Expenses	16a Pro	ofessional fu	indraising fees	(Part IX col	lump (A) line	17, COIDITH (F	v), lines o- lu)		·	259,5	46.	270	0,041.
<u>_</u>	b To	fal firmdustst		(Fair IX, CO	iumin (A), ime	пе)							
ă			ng expenses (P				78	8,921	. 655				
ŀ	17 Oth	ner expense	s (Part IX, colu	mn (A), line	s 11a-11d, 11	f-24e)				132,7	67 -	162	935.
ı	18 To	tal expenses	s. Add lines 13-	17 (must eq	qual Part IX, co	oluma (A), line	e 25)			1,143,4			,838.
	19 Re	venue less e	expenses. Subt	ract line 18	from line 12	<i></i> .				-2,1		1,230	,276.
Net Assets or Fund Balances										ing of Curren		End of Y	
Sala Sala	20 Tot	tal assets (P	art X, line 16) .			<i></i> ,				2,071,7			,142.
충필			(Part X, line 26)						. —	583,5			,772.
	22 Ne	t assets or fo	and balances. S	Subtract line	21 from line 2	20			-				
Pai	rt -	Signature	Block						<u>. 1</u>	L,488,1	09.	1,56/	,370.
Under	penalties o	f perjury, I decla	re that I have examl (other-than officer) is	ned this return,	Including accompa	invina schedules	and statements of	and to the h	oot of an in a				
JUNDI	ete, Declara	tton of preparer	(other-than officer) is	s based on all-i	pformation of which	preparer has an	y knowledge.	and to the b	est of my know	rieage and beli	et, It is tru	ie, correct, and	
			Don	ue L	D' //	on			·				
Sig		Signature	of officer	_	. \				Da	ate (a	<i>,</i>		
Her	e		Bonni	(e 1)	ickers	00 1	reasur	-a F		124	m-1.	015	
		Type or p	rint name and title,				- non	<u> </u>			<u>5 / </u>	073	
		Print/Type pre	parer's name	· · · · · · · · · · · · · · · · · · ·	Preparer's elgnat	ture ₂ ()		Date	 -		T. T-	T/A)	
Paid	d	Craig T	enlinger,	CPA		\mathcal{C}	~ I		/a =	Check	J"	PTIN	
	parer	Firm's name		an CPA,	I T T C	-		11/16	/15	self-employer	E	01063062	· · · · · · · · · · · · · · · · · · ·
Jse	Only	Firm's address		Datura						1			
	•	0 4001555	0.00 8		ા	··				Firm's EIN ►	47-	2370837	
/lav	the IRS	lienues this	<u>Little</u>	ton		C	0 80120			Phone no.			
VIEIY	"IG IL/O (nacuss Inis i	return with the p	preparer sh	own above? (s	ee instruction	ns)					X Yes	No

FOIT	1990 (2014) United Way of Pueblo County, Colorado, Inc.	84-0404917	Page 2
Fai	till 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 distrib	uted to various pro	ograms 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	ne 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 service	non2	
	If 'Yes,' describe these changes on Schedule O.	ces? Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported.	s, as measured by expens o others, the total expense	es. s,
4 a	(Code:) (Expenses \$ 286,225 including grants of \$		······································
) (Revenue \$	0.)
	Family Strengthening: Over 13,400 units of service were provided. Speifically, over 10	.000 boys and girls we	re enriched
	by craditional scouting and scouting in the school programs. Over 700 youth rec	eived beneficial aft	er echool
	<u>services including decision making</u> , tutoring, recreation, and leadership s	kills. Nearly 300	children
	and lamilies received daycare on a sliding fee scale. Approximately 35,000 senior citizens	received home and ward	maintenance
	on a sliding ree scale, chronic disease management and access to wellness	clinics and nersons	1 hygiono
	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 \$	
	Crisis Services: Over 17,800 units of service were provided. Specifically, over	(Nevenue 5	0.)
	service assistance and services to the Armed Person Whited May funding	7/0 beobte received	d_disaster_
	service assistance and services to the Armed Forces. United Way funding provided services	co approximately 760 ch	ildren and
	their families facing physical and sexual abuse. Over 13,600 people were provided with	<u>_suicide_prevention_as</u>	s <u>sistance,</u>
	education, and mental health counseling. Approximately 3,600 victims of domestic	<u>violence (women and</u>	<u>children</u>)
	received shelter, food, counseling, and daycare and homelessness preven	<u>tion services. Ove</u>	<u>r 10,000</u>
	bed nights were provided to homeless families.		
4 c	(Code:) (Expenses \$ 335, 131. including grants of \$ 0.)	(Revenue \$	
	Poverty: Over 81,000 units of service were provided. Specifically, United W	(Nevenue p	0.)
	assisted those individuals living in poverty by providing approximately 6,400	av or Luepro ConutA	_inuarua _
	and homeless (rent/mortgage) prevention and wtility approximately 6,400	_units_or_service_i	<u>n housing</u>
	and homeless (rent/mortgage) prevention and utility assistance and co	unseling on a sli	ding fee
	scale. United Way funds provided over 100,000 units of service including medical processing including medical processing in the service in th	<u>als, food sacks, e</u> r	mergency_
	medical prescriptions and emergency transportation. Approximately 3,50	<u>O children receive</u>	<u>d dental</u>
	assistance that otherwise would have gone without. Over 1,000 families receive	ed water utility as	eietando
	150 children were provided with holiday gifts. 1,123 individuals and families received	ved free tax refund a	ssistance.
	·		
4 đ	Other program services. (Describe in Schedule O.)		<u> </u>
	(Expenses \$ including grants of \$) (Revenue	\$	Y
4 e	Total program service expenses ► 788,531.		J

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 2 X, 3 Section 501(c)(3) organizations. 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 4 Х 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 5 X 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, Χ 6 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' R X 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 Χ X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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 X 11 a Χ 11 b Χ 11 c 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 X 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. Х 11 e 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. Χ 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a Х 12 b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States?......... 14a Х 14h Χ 15 Χ 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 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х 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, Pert II Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 X 20

Part V Checklist of Required Schedules (continued)

0.4	Didd		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	21	Х	
22	Did the organization report more than \$5,000 of grants or other projetance to a few decreases in the contract of the contract	21	_^	
	osanii (vi) iiio 2 t ii 103, complete schedule I, Parts I and III	22	Х	<u> </u>
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.,	20		
24	a Did the organization have a tay-exempt hand issue with an outstanding principal and the second of	23		X
	complete Schedule K. If 'No, 'go to line 25a	24a		Х
١	b Dld the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
1	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?	0.4-		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24c 24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the experiently as a	240		
	annuation with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I	25a		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 1. Part 1.			
00	School C. J. art. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	25b		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 !!			17
27	Did the organization provide a grant or other assistance to an officer director trustee have sent up as a	26		X
	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	27		Х
28	Was the organization a party to a business transaction with one of the following a city to a C. I.	21	7 7	
	included to applicable ming thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
i	3 A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schadule N, Part I	30		_ <u>X</u>
32	Did the organization sell, exchange, dispose of or transfer more than 35% of its and according to the contract of the contract	31		X
	Concedit 14, 1 dit in 1	32		Х
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	33		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			
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	of Yes' to line 35a, did the organization receive any powerent from a second in the organization received any powerent from a second in the organization received any powerent from a second in the organization received any powerent from a second in the organization received any powerent from a second in the organization received any powerent from a second in the organization received any powerent from a second in the organization received any powerent from a second in the organization received any powerent from a second in the organization received any powerent from a second in the organization received any powerent from a second in the organization received and the organization received	35a		X
	Tes, complete scrieding of decida of 12(0); in Tes, complete scriedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		Х
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			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37		<u> X</u>
BAA	are required to complete schedule O	38	Х	

Form 990 (2014)

Form 990 (2014) United Way of Pueblo County, Colorado, Inc. 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		. ,		. Г
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	. 1a	2		
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 (gambling) winnings to prize winners?	and reportable gaming	1 // 5		
2a Enter the number of employees reported on Form W.3. Transmittal at Warrant T	* · · · · · · · · · · · · · · · · · · ·	. 1c	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	. 2a	5		
b If at least one is reported on line 2a, did the organization file all required federal employment ta	x returns?	2 b	Х	4.55
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instri	ictions)			3-T-
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		. 3a		Х
b if 'Yes' has it filed a Form 990-T for Ihls 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 financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account.	other authority over, a			
b If 'Yes,' enter the name of the foreign country: ►	ncial account)?	4 a		X
See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Final		_ :-		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	ncial Accounts. (FBAR)			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to	arraction?	5 a		X
c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?	ansacuon, , , , , , ,	5 b		Х
6 a Does the organization have annual gross receipts that are normally gross than the city of the control of the city of the control of the city of th		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions?	did the organization	6 a		х
b If 'Yes,' did the organization include with every solicitation an express efetement that analyses	ibutions or diffe wore	U a	\dashv	
		6 b	ł	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?	y for goods and			- A -
to ricoo provided to the payort.		7 a	Х	
 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which form 8282? 		7 b	Х	
		7 c		Х
d If Yes, indicate the number of Forms 8282 filed during the year	. 7a			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber	efit contract?	7 e		X
r Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	contract?	7 f	_	X
g If the organization received a contribution of qualified intellectual property, did the organization f as required?	ile Form 8899			
h If the organization received a contribution of care, boats, piralegon, or otherwalders, all the		7 g		_X
		7 h]	х
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mai	ntained by the sponsoring			
organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.		8		
a Did the sponsoring organization make only toyoble distributions and the sponsoring organization make only toyoble distributions are sponsoring organization make only toyoble distributions and the sponsoring organization make only toyoble distributions are sponsoring organization.				
 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person 		9 a		
10 Section 501(c)(7) organizations. Enter:	7	9 b		
a Initiation fees and capital contributions included on Part VIII, line 12	10 a	0.5		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11 Section 501(c)(12) organizations. Enter:	[100]	-144	100	47
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	11b			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	Form 1041?	12a		turanium.
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	12 b	451		
a is the organization licensed to issue qualified health plans in more than one state?		42 -		
Note. See the instructions for additional information the organization must report on Schedule O	· · · · · · · · · · · · · · · · · · ·	13 a		
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				
which the organization is licensed to issue qualified health plans	13 Ь			
c Enter the amount of reserves on hand	13 c			
14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes.' has it filed a Form 720 to report these payments? If the darweit is a service of the ser		14 a		Χ
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in School	dule O	14 b		

Form 990 (2014) United Way of Pueblo County, Colorado, Inc. 84-0404917 Page 6 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 1a 18 b Enter the number of voting members included in line 1a, above, who are independent 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 У Did the organization make any significant changes to its governing documents Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?............... 8 a Χ b Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Χ h 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? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 h X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c X X 13 14 Did the organization have a written document retention and destruction policy?...., Χ 14 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 15a X 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a 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 > 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. Another's website Upon request Other (explain in Schedule O) 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. 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

81001

Form 990 (2014) United Way of Pueblo County, Colorado, Inc.	84-0404917 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employee Independent Contractors	s, Highest Compensated Employees, and
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 calend	ar year ending with or within the

- 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. (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) Name and Title (B) (D) (F) Reportable compensation from Averége hours Reportable Estimated compensation from related organizations (W-2/1099-MISC) amount of other compensation from the per week the organization (W-2/1099-MISC) Officer Individual frustee emplayee Highest Institutional trustee (ey employee ormer (list eny hours for related nd related . compensated organiza-tions below dotted (1) MATT SMITH 1,00 CHAIR X 0. 0. 0. (2) BONNIE DICKERSON 1.00 Х Х TREASURER 0. 0. 0. 1.00 (3) MICHELLE PEULEN Х X SECRETARY 0 0. 0. 1.00 BOARD MEMBER Х 0. 0. 0. (5) JIM DUFF 1.00 BOARD MEMBER Х 0. 0. Ο. DOUG HAYES 1.00 Х BOARD MEMBER 0. 0. 0. <u>_(7)</u>_ <u>JOHN_KEILBACH</u> _ 1.00 Х BOARD MEMBER 0. 0. 0. (8) TRACY MARTINEZ 1.00 Х BOARD MEMBER 0 0. 0. (9) RICK SCHOLTES 1.00 X BOARD MEMBER 0. 0. 0. (10) DOMINIC GALLINA 1.00 Х BOARD MEMBER 0. 0. 0, (11) JOHN BATEY 1.00 Х BOARD MEMBER 0 0. 0. (12) TED ORTIVIZ 1.00 BOARD MEMBER Х 0._ 0. 0. KAREN TRUJILLO 1.00 X BOARD MEMBER 0. 0. 0. (14) RUBEN ROMAN 1.00 X BOARD MEMBER 0. 0. 0. BAA TEEA0107 02/27/14

Form 990 (2014)

Form 990 (2014) United Way of Pueb Part VII Section A. Officers, Direct	ors, Trustees,	Key	En	ıple	oye	es, a	ınc	d Highest Con	84-0404917 opensated Empl	Page I oyees (continue
	(B)			(0	2)					
(A) Name and title	Average hours per week	box	, unle: cer ar	ss pe id a c	rson i firecto	than one s both a or/trustee	n e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15) DAVE GALLI PAST CHAIR	1.00_	x						0		
16) BRET JONES BOARD MEMBER	1.00_	X						0.	0.	(
17) PAULA CHOSTNER BOARD MEMBER	1.00	х						0.	0.	(
18) SCOTT LEE BOARD MEMBER	1.00	Х						0.	0.	C
19)										
20)										
21)										
22)		-								
23)							1			
24)		 					7			
25)		 								
1 b Sub-total					٠	<u>' </u>	-	0.	0.	(

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

0.

0.

0.

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) Name and business address	(B) Description of services	(C) Compensation

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

c Total from continuation sheets to Part VII, Section A . .

from the organization

d Total (add lines 1b and 1c)

		Check if Schedule O c	ontains a r	espor	nse or note to any lir	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1 a	Federated campaigns .		1 a			(0.00000 (0.000000000000000000000000000	110	012-014
듄	b	Membership dues		1 b					7.46
چ چ	C	Fundraising events	[1 c		4000	2001 5 26 56		
# E	d	Related organizations .	[1 d		3 2 3 2 2 1 3 2			William Co.
S, E	e	Government grants (contribution	ons)	1 e		100		and the second second	
<u>8</u>	f	All other contributions oils or	ants and			1,040		有情况的 医电流	直接的 医电路线
a pr	•	All other contributions, gifts, gr similar amounts not included a	bove	1f	1,216,442.				
Contributions, Giffs, Grants and Other Similar Amounts	_	Noncash contributions include					Settle and		1500 226
	h	Total. Add lines 1a-1f .			,	1,216,442.			
ᇐ				ļ	Business Code			Transfer to the second	
e¥e		SERVICE FEE REV		r	900099	4,078.	4,078.	0.	0.
<u>ئ</u>		OFFICIAL FUNCT			900099	13,464.	13,464.	0.	0,
<u>چ</u>		GIL PADILLA MEMO				8,400.	8,400.	0,	0.
ၾ		OTHER DESIGNAT	<u> </u>		900099	658.	658.	0.	0,
<u> </u>		VITA_PROGRAM_			900099	24,674.	24,674.	0.	0.
Program Service Revenue		All other program service • Total. Add lines 2a-2f							
	_					51,274.	Acceptation from	A salaton and salaton	
	3	Investment income (incluother similar amounts).	aing aivide	nds,	interest and	9,038.	9,038.	0.	_
	4	Income from investment				9,030.	9,030.	<u> </u>	0.
	5	Royalties		•	•				
		·	(i) Rea	ıl	(ii) Personal				
	6 a	Gross rents				and compared to	250000000	S. C. Alexander	
	b	Less: rental expenses							
	C	Rental income or (loss)				S. Maria Ballata		3.25	1.500
	d	Net rental income or (los	<u> </u>						
	7 a	Gross amount from sales of	(i) Securit	lies	(if) Other	A Section Co.	and the state of	There is a	
		assets other than inventory							SOLE PROPERTY
	b	Less: cost or other basis							
	_	and sales expenses Gain or (loss)					assert a bed to	erena Na	
		Net gain or (loss)							
4)		Gross income from fundr							
Other Revenue	οa	(not including \$				and the book of the second of			
ď		See Part IV, line 18			a 37,008.				and the second
卢	b	Less: direct expenses .			b	A CONTRACTOR OF THE SECOND			
ō	C	: Net income or (loss) from	ı fundraisir	g eve	ents ►	37,008.	100 250 00	0,	37,008.
		Gross income from gami See Part IV, line 19			a	il de la companya de La companya de la co			Property and the
		Less: direct expenses .			b	100000000000000000000000000000000000000			November of Alexander
	C	: Net income or (loss) from	n gaming a	ctivitie	es				
		Gross sales of inventory, and allowances			a	ing play in a graph of the Contract of the play of the		ar in the second of the second	
		Less: cost of goods sold			b				
	С	Net income or (loss) from Miscellaneous Revenu		rvent					
	11 ^				Business Code				
	ııa b	MISC_REVENUE			900099	352,	352.	0,	0.
							1		
	d	All other revenue							
		Total. Add lines 11a-11d		ı		352.		,	3.5
,	12	Total revenue. See instr				1,314,114.	60,664.	0.	37,008.
BAA							1 00,004.	U .	<u> </u>

Part IX Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	_ (D)
1			expenses	general expenses	Fundralsing expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	462,167.	462,167.		rijeni i Palkovij Ara. Prakovij prezimenta
2	Grants and other assistance to domestic individuals. See Part IV, line 22	335,695.	335,695.	And the second	and the state of t
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				per control (1900) and the control (1900) and
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):				***************************************
ā	Management				
	Legal				
•	Accounting				
(Lobbying				W
•	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
_	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	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.)			ACRES OF THE SECOND	
	Campaign Supplies	13,260.	8,377.	1,025.	3,858.
	Paid Direct	44,905.	44,905.	0.	0.
,	Postage and Shipping	7,544.	5,582.	453.	1,509.
	Official Functions	17,518.	12,123.	841.	4,554.
	All other expenses	15,328.	13,737.	367.	1,224.
25		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 ► if following SOP 98-2 (ASC 958-720)		į		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	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,	and the second		tian juga jara jarah
		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	
S.	7	Notes and loans receivable, net	-	7	
Assets	8	Inventories for sale or use	P#5"	8	
AS	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		_	
	ь.		0.000	40	
	11	Less: accumulated depreciation	8,359.	10 c	6,402.
	12	Investments — other securities. See Part IV, line 11	···	11	
	13	Investments – program-related. See Part IV, line 11		12 13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.41		100
j	16		241.	15	428.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	2,071,735.	16 17	2,148,142.
	18	Grants payable	549,974. 16,000.	18	564,772.
	19	Deferred revenue	10,000.	19	16,000.
1	20	Tax-exempt bond liabilities	, , , , , , , , , , , , , , , , , , ,	20	
(y)	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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		583,566.	26	580,772.
		Total liabilities. Add lines 17 through 25	- 335,300.	50.00	500,772.
8		lines 27 through 29, and lines 33 and 34.		10.5	
띭	27	Unrestricted net assets	829,547.	27	884,279.
ğ	28	Temporarily restricted net assets	58,622.	28	83,091.
핗	29	Permanently restricted net assets	600,000.	29	600,000.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
g	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	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.
BA	Ą		2,011,100.		Form 990 (2014)

		4-0404917		Page	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · · · ·			X
	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,31		4.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,23	0,83	8.
3	Revenue less expenses. Subtract line 2 from line 1	. 3		3,27	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,48		
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		4,07	15.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			2,0,	
	column (B)).	. 10	1,56	7,37	0.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<i>.</i>		
·					No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		200		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or				
	separate basis, consolidated basis, or both:	ліа			
	Separate basis Consolidated basis Both consolidated and separate basis	:	en/averotimo and	November 19 c (1995)	in and sometimes
b	Were the organization's financial statements audited by an independent accountant?		2 b	х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				11.00
	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 review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	Х	
	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 Sin Audit Act and OMB Circular A-133?	gle	3 a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	· · · · · · · · · · · · · · · · · · ·			990 (20	1141

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer Identification number

Schedule A (Form 990 or 990-EZ) 2014

UNI	te	d way of Pueblo Co	unty, Colorad	o, Inc.			84-040491	7 :
Par	l I	Reason for Public Ch	arity Status (All c	organizations must c	omplet	te this	part.) See instruction	ns.
	rga	nization is not a private founda	tion because it is: (For	r lines 1 through 11, ched	k only o	ne box.)		
1	_	A church, convention of church	thes, or association of	churches described in se	ection 1	70(b)(1)	(A)(i).	
2	-	A school described in section						
3	<u> </u>	A hospital or a cooperative ho	ospital service organiza	ation described in sectio	n 170(b)	(1)(A)(ii	i).	
4		A medical research organizati name, city, and state:	ion operated in conjun	ction with a hospital desc	ribed in	section	170(b)(1)(A)(iii). Enter t	he hospital's
5		An organization operated for t	the benefit of a college	or university owned or o	perated	by a gov	vernmental unit describe	d in section
6		A federal, state, or local gover	rnment or government	al unit described in secti	on 170(I	b)(1)(A)(v).	
7	X	An organization that normally in section 170(b)(1)(A)(vi), (receives a substantial Complete Part II.)	i part of its support from a	a govern	mental u	init or from the general p	ublic described
8		A community trust described i						
9		An organization that normally from activities related to its ex investment income and unrela June 30, 1975. See section 5	ated business taxable 109(a)(2). (Complete P	income (less section 511 Part III.)	tax) fror	no more n busine	e than 33-1/3% of its sup esses acquired by the org	
10	Н	An organization organized and	d operated exclusively	to test for public safety.	See sec	tion 509)(a)(4).	
11		An organization organized and or more publicly supported org lines 11a through 11d that des	scribes the type of sup	in section 509(a)(1) or section and	ection 5 complet	09(a)(2) e lines 1). See section 509(a)(3). 1e. 11f. and 11g	Check the box in
a	Ш	Type I. A supporting organiza: organization(s) the power to re complete Part IV, Sections A	tion operated, supervi equiarly appoint or ele	sed or controlled by ite a	unnortoe	d organi-	ration/o) temically by alvi	ng the supported tion. You must
b		Type II. A supporting organiza management of the supporting must complete Part IV, Sect	ation supervised or co g organization vested	ntrolled in connection with in the same persons that	n its sup control (ported or or manag	rganization(s), by having ge the supported organiz	control or ation(s). You
С		Type III functionally integrat organization(s) (see instruction	ted. A supporting organs). You must compl	nization operated in con ete Part IV, Sections A.	nection v	vith, and E.	functionally integrated w	ith, its supported
d		Type ill non-functionally inte functionally integrated. The orginstructions). You must comp	egrated A supporting	organization operated in	connoct	ion with	its supported organization an attentiveness require	n(s) that is not ment (see
е	Ш	Check this box if the organizate integrated, or Type III non-fund	tion received a written ctionally integrated su	determination from the I	RS that i	s a Type	e I, Type II, Type III functi	onail y
f	Ent	ter the number of supported or	gan i zations					
g	Pro	ovide the following information	about the supported o	rganization(s).				
		(i) Name of supported organization	(II) EIN	(lii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organizati in your g docur	on listed	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)		1						
(2)								
(C)								
(D)								P-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
(E)								
<u>* / , , , , , , , , , , , , , , , , , , </u>						DE 255 50-7		
Total						100		
	For	Paperwork Reduction Act No	otice, see the Instruc	tions for Form 990 or 9	90.F7	L	Schodulo A /Farm	1 990 or 990-FZ) 2014
			, and module		~~~ ~~.		SCHEQUIE A TEOIN	1 990 OF 990-E712014

84-0404917 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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Glfts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,085,839.	1,133,494.	1,196,958.	1.059.792.	7.216.442	5,692,525.
. 2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				70007,132,	270107.112.	3,032,323.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. 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)						0,002,023,
	Public support. Subtract line 5 from line 4	Apples de la Secologica		or appropriately Light Section 1			5,692,525.
<u>Sec</u>	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning 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	0.020	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	11/204.	3,003.	3,031.	7,216.	9,038.	42,898.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			, <u>,</u>			
11	Total support. Add lines 7 through 10					one constant to the constant of the constant o	5,735,423.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	365,436.
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage		****		
14	Public support percentage for 2014	4 (line 6, column (f) divided by line 11	, column (f))		14	99.25%
15	Public support percentage from 20	13 Schedule A, Pa	art II, line 14			15	91.24 %
16 a	33-1/3% support test $-$ 2014. If the and stop here. The organization ${\bf q}$	the organization di jualifies as a public	d not check the box ly supported organ	x on line 13, and th	ne line 14 is 33-1/3	% or more, check t	
b	33-1/3% support test — 2013. If the and stop here. The organization of	he organization did	I not check a boy o	n line 12 or 16 c	nd 0 45 !- 00 46		
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a						
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-c	circumstances' test	circumstances tes i. The organization	t, check this box at qualifles as a publ	nd stop here. Exp licly supported orga	lain in Part VI how	the▶ □
10	Private foundation. If the organiza	ation did not check	a box on line 13, 1	16a , 1 6b , 17 a, or 1	7 b, check this box	and see instruction	າຣ ▶ 🗍

84-0404917

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.)

_	tion A. Public Support						
Calen	ndar 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				(1) 10	(0) 2311	(i) Total
	any 'unusual grants.')			'			
2	Gross receipts from admis-					†	
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose , . Gross receipts from activities						
3	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the					 	1
	organization's benefit and	1					
	either paid to or expended on its behalf					j	
5	The value of services or		····	<u></u>	 		
	facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			,			
	Amounts included on lines 1,		•				
	2, and 3 received from						
	disqualified persons					L 1	
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or			l			
	1% of the amount on line 13 for the year			İ			
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		ng tighting to head	in a little	former and a second		
Sec	tion B. Total Support					Harris of the second	
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(=) 00(0	(4) 0040		(5.50)
	Amounts from line 6 , ,	(a) 2010	(B) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gross income from interest, dividends,						
iva	payments received on securitles loans.						
	rents, royalties and Income from						
ь	similar sources Unrelated business taxable			,			
N	income (less section 511]					
						1	
	taxes) from businesses	1				i	
	taxes) from businesses acquired after June 30, 19 7 5						
	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business						
	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
11	taxes) from businesses acquired after June 30, 1975		1-2				
11	taxes) from businesses acquired after June 30, 1975						
11	taxes) from businesses acquired after June 30, 1975						
11	taxes) from businesses acquired after June 30, 1975						
11	taxes) from businesses acquired after June 30, 1975						
11 12 13	taxes) from businesses acquired after June 30, 1975						
11 12 13	taxes) from businesses acquired after June 30, 1975	s for the organizatio	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
11 12 13 14	taxes) from businesses acquired after June 30, 1975	stop nere	· · · · · · · · · · ·	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975	blic Support P	ercentage				
11 12 13 14 Sec 15	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pu	blic Support P 4 (line 8, column (f)	ercentage divided by line 13	3, column (f))			કુ
11 12 13 14 Sec 15 16	taxes) from businesses acquired after June 30, 1975	blic Support P 4 (line 8, column (f) 013 Schedule A, Pa	ercentage divided by line 13 art III, line 15	3, column (f))			
11 12 13 14 Sec 15 16	taxes) from businesses acquired after June 30, 1975	blic Support P 4 (line 8, column (f) 013 Schedule A, Pa restment Incon	ercentage divided by line 13 int III, line 15 ne Percentag	3, column (f))			\&\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
11 12 13 14 Sec 15 16 Sec 17	taxes) from businesses acquired after June 30, 1975	blic Support P 4 (line 8, column (f) 013 Schedule A, Pa restment Incon 2014 (line 10c, col	ercentage divided by line 13 art III, line 15 ne Percentag umn (f) divided by	3, column (f))))		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
11 12 13 14 Sec 15 16 Sec 17 18	taxes) from businesses acquired after June 30, 1975	blic Support P 4 (line 8, column (f) 013 Schedule A, Pa restment Incon 2014 (line 10c, column 2013 Schedule A	ercentage divided by line 13 art III, line 15 ne Percentag umn (f) divided by A, Part III, line 17	3, column (f))))		90 90 90
11 12 13 14 Sec 15 16 Sec 17 18	taxes) from businesses acquired after June 30, 1975	blic Support P 4 (line 8, column (f) 013 Schedule A, Pa restment Incon 2014 (line 10c, column 2013 Schedule A the organization di	ercentage divided by line 13 art III, line 15 are Percentag umn (f) divided by A, Part III, line 17 d not check the by	e viine 13, column (f)))i)e 15 is more tha	15 16	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
11 12 13 14 Sec 15 16 Sec 17 18 19 a	taxes) from businesses acquired after June 30, 1975	blic Support P 4 (line 8, column (f) 013 Schedule A, Pa restment Incon 2014 (line 10c, column 2013 Schedule A the organization di the organization di	ercentage divided by line 13 art III, line 15. ne Percentag umn (f) divided by A, Part III, line 17 d not check the beere. The organizated not check a box	e vilne 13, column (f)	ine 15 is more that	15 17 18 n 33-1/3%, and line organization	% % % %
11 12 13 14 Sec 15 16 Sec 17 18 19a b	taxes) from businesses acquired after June 30, 1975	blic Support P 4 (line 8, column (f, old 3 Schedule A, Parestment Incomo 2014 (line 10c, column 2013 Schedule A the organization dinis box and stop he the organization dicheck this box and	ercentage divided by line 13 art III, line 15 ne Percentag umn (f) divided by A, Part III, line 17 d not check the beare. The organizad d not check a box stop here. The o	ey line 13, column (f)	ine 15 is more that sublicly supported 9a, and line 16 is s as a publicly sup	15 16 17 18 n 33-1/3%, and line organization more than 33-1/3%, ported organization	% % % 17 ▶ [] and
11 12 13 14 Sec 15 16 Sec 17 18 19 a	taxes) from businesses acquired after June 30, 1975	blic Support P 4 (line 8, column (f, old 3 Schedule A, Parestment Incomo 2014 (line 10c, column 2013 Schedule A the organization dinis box and stop he the organization dicheck this box and	ercentage divided by line 13 art III, line 15 ne Percentag umn (f) divided by A, Part III, line 17 d not check the beare. The organizad d not check a box stop here. The o	ey line 13, column (f)	ine 15 is more that sublicly supported 9a, and line 16 is s as a publicly sup	15 16 17 18 n 33-1/3%, and line organization more than 33-1/3%, ported organization	% % % 17 ▶ [] and

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.)

	Sections A and D, and complete Pa	irt v.)		
<u> 260</u>	tion 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	1		
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)		1715	
		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	3a		
ı	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	3b		1,35
(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	3c		
4 8	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	4a		
t	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 end discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(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	4c	1	
5 8	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 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).	5a		
ŀ	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?	5b		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 Part VI	6		
7	Did the organization provide a grant, ioan, 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)	7) (1) (1) (1) (1) (1)	
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).	8	-1	
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 Part VI	9a		3.4
ŀ	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 Part VI	9b		
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 Part VI	9c	į	
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.	10a		
t	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.)	10b		2000

Sch	edule A (Form 990 or 990-EZ) 2014 United Way of Pueblo County, Colorado, Inc. 84-040491	7	F	age 5
Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accounted a gift or contribution from any of the fall of the same of the fall of the same of	100000	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	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		area (ipe d
	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		
Sec	ction 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			4.00
	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	11.00		
	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(a)			
	that operated, supervised, or controlled the supporting organization? If 'Yes' explain in Part VI how providing such		100	
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		<u> </u>	
		-	Yes	No
1	Were a majority of the organization's directors or trustoes during the tay year also a majority of the directors of the direc	rior in		
•	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	<u> </u>	<u> </u>
Sec	tion 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, (1) a written notice describing the type and amount of support provided during the prior tax		100	4
	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?	1		
2				
	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		15		
	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	10.7	155	
	in this regard	3		
Sec	ction 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)			
	The organization satisfied the Activities Test. Complete line 2 below.	•		
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
,	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ions).		
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	and or the state of the state of	#. Ht
				10 mg/m
	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		11	
	organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			10.7
	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	and the same	are of puriod
	h Did the organization evergise a substantial dogree of direction over the policies	2		6.72.1
•	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		

Sche	dule A (Form 990 or 990-EZ) 2014 United Way of Pueblo County, Col	orad	lo, Inc. 84-04	04917 Page 6
Par	tV Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Norther Type III non-functionally integrated supporting organizations must complete Sec	lovem tions	nber 20, 1970. See instru A through E.	ctions. All
Sec	tion 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		7.1
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	77.	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount	<u> </u>	(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):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b	***************************************	
	Fair market value of other non-exempt-use assets	1 c		· · · · · · · · · · · · · · · · · · ·
d	Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			grand ogskiller Pargaritation og 1
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C – Distributable Amount	1		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	te La Seguita de Seguita	
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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	on our land of the second of t	,
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Type	e III supporting organization	on
BAA		-	Schedule A (For	m 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ion D — Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpose							
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of support							
4	Amounts paid to acquire exempt-use assets			1				
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 Part VI). See instructions.	tion is responsive (provid	le details	### ### ### ### ### ### ### ### ### ##				
9	Distributable amount for 2014 from Section C, line 6	<u> </u>						
10	Line 8 amount divided by Line 9 amount							
Sect	tion E — Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)	The state of the s		75 205 H				
3	Excess distributions carryover, if any, to 2014:		56 700 57					
a				23.84 may 2.8 mg/s				
b		To the first of the	Calculation (Calculation)	market and the				
С			BOOK BUREAU AND	SUSSECTION OF SUSPEN				
d			a second and the second					
е	From 2013	aratis in provincial						
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount							
j	Carryover from 2009 not applied (see instructions)			ACCIDENTAL				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			10.100				
4	Distributions for 2014 from Section D,		eparate de la companya					
	line 7: \$	and the second		12.0				
	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
			1					
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	Excess distributions carryover to 2015. Add lines 3j and 4c							
8	Breakdown of line 7:		The second of th	carrier square et et in et a				
a								
Ь				and the second				
C		CERTAIN STATES	Security and property					
d	Excess from 2013							
	Excess from 2014		Company of the second	\$4.500 PG \$30 S.4.600				

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Schedule A (Form 990 or 990-EZ) 2014

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.

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. 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 X 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, or 990-PF.

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

Page

1 of

Employer Identification number

1 of Part 1

Name of organization

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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Xcel Energy 2005 Lime Road Pueblo CO 81006	\$177 <u>.</u> 760.	Person X Payroll X Noncash (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	noncash contributions.) (d) Type of contribution
	Parkview Medical Center 400 W 16th Street Pueblo CO 81003	contributions \$ 90,223.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Trane Company 101 William White Blvd Pueblo CO 81001	\$64,868.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	Name, address, and ZIP + 4 PCAPP (Bechtel and URS) Army Depot Pueblo CO 81006	(c) Total contributions	(d) Type of contribution Person X Payroll X Noncash (Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4 PCAPP (Bechtel and URS) Army Depot	contributions	Person X Payroll X Noncash (Complete Part II for
<u>4</u>	Name, address, and ZIP + 4 PCAPP (Bechtel and URS) Army Depot Pueblo CO 81006 (b)	\$ 44,868.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
4 (a) Number	Name, address, and ZIP + 4 PCAPP (Bechtel and URS) Army Depot Pueblo CO 81006 Name, address, and ZIP + 4 Target Distribution Center 34800 United Avenue	\$ 44,868. (c) Total contributions	Type of contribution Person X Payroll X Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll X Noncash (Complete Part II for

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

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

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury internal Revenue Service Name of the organization

	United Way of Pueblo County, Colorad	lo, Inc.		84-0404917	
Pai	Organizations Maintaining Donor Advised F	unds or Other	Similar Funds		
Andrew Control	Complete if the organization answered 'Yes' to	Form 990, Part	IV, line 6.		
	(a)	Donor advised fund	s	(b) Funds and other acco	unts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)		F.'. 16 L.		
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year			. ,	
5	Did the organization inform all donors and donor advisors in writt are the organization's property, subject to the organization's excl	ing that the assets h	neld in donor advis	sed funds	———
6	Did the organization inform all grantees, donors, and donor advis for charitable purposes and not for the benefit of the donor or do impermissible private benefit?	nor advisor, or for a	nv other purpose	conferring	□ No
Pal	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	/).		
	Preservation of land for public use (e.g., recreation or educa	ition)	Preservation of a	historically important land area	
	Protection of natural habitat		Preservation of a	certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	conservation contri	bution in the form	of a conservation easement or	the
	last day of the tax year.		i		
	Taket a comban of a company of the			Held at the End of the	e Tax Year
	Total number of conservation easements			2 a	
	Total acreage restricted by conservation easements			2 b	
	Number of conservation easements on a certified historic structu	. ,		2 c	
•	I Number of conservation easements included in (c) acquired afte structure listed in the National Register			2 d	
3	Number of conservation easements modified, transferred, releas tax year ►	sed, extinguished, o	r terminated by the	e organization during the	
4	Number of states where property subject to conservation easem	ent is located 🟲			
5	Does the organization have a written policy regarding the period	ic monitoring, inspe	ction, handling of	violations,	_
	and enforcement of the conservation easements it holds?				∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing conserva	ation easements d	uring the year	₹ ₄ .
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation	easements during	the year	
8	Does each conservation easement reported on line 2(d) above s and section 170(h)(4)(B)(ii)?	satisfy the requireme	ents of section 170	O(h)(4)(B)(i)	No
9	in Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements.	easements in its rev	enue and expens	e statement, and balance shee	t, and or
Pa	Organizations Maintaining Collections of Ar Complete if the organization answered 'Yes' to	rt, Historical Tr	easures, or O	ther Similar Assets.	
13	a If the organization elected, as permitted under SFAS 116 (ASC sart, historical treasures, or other similar assets held for public ex in Part XIII, the text of the footnote to its financial statements that	thibition, education,	or research in furt	ment and balance sheet works herance of public service, prov	of ide,
ا	o If the organization elected, as permitted under SFAS 116 (ASC shistorical treasures, or other similar assets held for public exhibit following amounts relating to these Items:	tion, education, or re	esearch in furthera	ance of public service, provide f	art, the
	(i) Revenue 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 treasu amounts required to be reported under SFAS 116 (ASC 958) rel	res, or other similar lating to these items	assets for financi	al gain, provide the following	
	a Revenue included in Form 990, Part VIII, line 1			▶\$	
	Assets included in Form 990, Part X				

Schedule D (Form 990) 2014 Unite Part II Organizations Mainta	d Way of Puebl			84-0404 Other Similar Ass	
Using the organization's acquisition items (check all that apply):					
a Public exhibition		d Loan or exc	hange programs		
b Scholarly research		e Other	and programe		
c Preservation for future general	ions		**************************************	7- do-10-mars	
Provide a description of the organizer XIII.		explain how they furt	ther the organization	's exempt purpose in	1
5 During the year, did the organization to be sold to raise funds rather than	on solicit or receive don. In to be maintained as p	ations of art, historica art of the organization	al treasures, or other	similar assets	Yes No
Part IV Escrow and Custodia line 9, or reported an a	l Arrangements, (Complete if the o	rganization answ		
1 a is the organization an agent, truste on Form 990, Part X?	e, custodian, or other ir	ntermediary for contri	butions or other asse	ets not included	Yes No
b If 'Yes,' explain the arrangement in				<u></u>	<u> </u>
a De visada e Late.					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an am				- 1	Yes No
b If 'Yes,' explain t he arrangement in	Part XIII. Check here it	the explanation has	been provided in Pa	ırt XIII	
Part V Endowment Funds. C	omplete if the orga	<u>inization answere</u>	ed '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, colu			
a Board designated or quasi-endowr	nent ►	96			
b Permanent endowment ►	98.20 %				
c Temporarily restricted endowment		1 8			
The percentages in lines 2a, 2b, ar					
3 a Are there endowment funds not in			neld and administere	d for the	
organization by:					Yes No
(i) unrelated organizations					3a(i) X
(ii) related organizations					3a(ii) X
b If 'Yes' to 3a(ii), are the related org					3b
4 Describe in Part XIII the intended u		's endowment funds.			
Part VI Land, Buildings, and	Equipment.				
Complete if the organiz	ation answered 'Yo	es' to Form 990,	Part IV, line 11a	. See Form 990, Par	rt X, line 10.
Description of property	(a) Cost		o) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			,y		
b Buildings					
c Leasehold improvements					
d Equipment	ļ		20.000	00 505	
e Other.			38,989.	32,587.	6,402.
		1 (20.71-42)	1 5 40 5		
Total. Add lines 1a through 1e. (Column	(u) must equal Form 9	эо, Рап X, соштп (E	9), IIne 10c.)		6,402.
BAA				Schedu	ile D (Form 990) 2014

(3)(4)(5)(6)(7)(8)(9)(10)Total. (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) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) 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)Total. (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

	-040491/	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
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		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2500milim-editing	-33,997.
3 Subtract line 2e from line 1		314,114.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Ξ,	<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII.)		
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 I		<u> </u>
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:	17	200,017.
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	20 021
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		-29,921. 230,838.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	J 11	<u> 230,030.</u>
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
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.)		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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization					E	mployer identific	ation number
United Way of Pueblo Cour	nty, Color	ado, I	nc.		8	4-040491	.7
Part Fundraising Activities. Comp	lete if the organ uired to complet	ization ans e this part.	wered 'Yes				
1 Indicate whether the organization ra	ised funds throu	igh any of t	he following	g activities. Check all th	nat apply.		
a Mail solicitations			e	Solicitation of non-	government	grants	
b Internet and email solicitations			f	Solicitation of gove	-	-	
c Phone solicitations			g g	Special fundraising	=		
d In-person solicitations			9	opedial fundialising	events		
<u> </u>							
 2a Did the organization have a written of employees listed in Form 990, Part of the big Yes,' list the ten highest paid individuals. 							
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fi have custod of contri	undraiser dy or control ibutions?	(iv) Gross receipts from activity	(or reta	unt paid to ained by) er listed in umn (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
1							
2							
3							
4							
5							
6				THE WAS THE WORLD AND AND AND AND AND AND AND AND AND AN			
7							
8						· · · · · · · · · · · · · · · · · · ·	
9							
10							
Total	<u> </u>		 				
List all states in which the organization licensing.	ion is registered	or license	d to solicit o	contributions or has bee	en notified it	is exempt fro	m registration
				· 	 -		
			· -	. 	_		
							
							·
					· · · · · · · · · · ·		

	t II	Fundraising Events. Complete if the more than \$15,000 of fundraising extents events with gross receipts great	ne organization ans vent contributions a	wered 'Yes' to Form	990. Part IV. line 1	8. or reported
R			(a) Event #1 Flavor (event type)	(b) Event #2 Fun Run (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
R 世 > 世 Z U E	1	Gross receipts	20,165.	12,128.	,	32,293.
Ĕ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	20,165.	12,128.		32,293.
	4	Cash prizes		7/14/16/8/14/		
n	5	Noncash prizes	······································			
DIRECT	6	Rent/facility costs				
	7	Food and beverages			n in de de de l'imbrer en relevative de mais de la contractive de l'indicative	
EXPENSES	8	Entertainment			77788	
N S E	9	Other direct expenses				
S	10 11	Direct expense summary. Add lines 4 through				
Par	tIII	Net income summary. Subtract line 10 from Gaming. Complete if the organization	on answered 'Yes'	to Form 990, Part IV	/, line 19, or reporte	32,293. d more than
	Γ	\$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))
E	1	Gross revenue				
E	2	Cash prizes				
DIRECT	3	Noncash prizes				
CS TE S	4	Rent/facility costs				
	5	Other direct expenses		100-0-0-0-0-0	_	
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		
	alsth	er the state(s) in which the organization conduce organization licensed to conduct gaming aco,' explain:	ctivities in each of these	states?		· Yes No
		re any of the organization's gaming licenses re		erminated during the tax		· Yes No

scne	dule G (Form 990 or 990-E2) 2014 United Way of Pueblo County, Colorado, Inc. 84-0404917	Page 3
	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?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
	An outside facility	ક
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 contact with a third party from whom the organization receives gaming revenue?	No
b	of Yes,' enter the amount of gaming revenue received by the organization • \$ and the amount	L.J
	of gaming revenue retained by the third party \$	
d	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?	No
t	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 \$	
Pal	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

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

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.

OMB No. 1545-0047

Name of the ornanization	Employer identification number
United Way of Pueblo County, Colorado, Inc.	84-0404917
Part II General Information on Grants and Assistance	

X Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Form 990, Part IV, line 21 for any recipient that received	for any recipient t		more than \$5,000. Part II can be duplicated if additional space is needed	can be duplicated	if additional space	is needed.	
† (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 4104_QUTLOOK_BLVD PHERIO CO 81008	84-0437753	٦ 103	12.125				VARIOUS CHAR
(2) BOY_SCOUTS_ROCKY_MIN_COUN 411_S_PVEBIO_BI_VD PUEBLO_CO_81005		50 TO3					Н
LUB OE PU E	1	50103	.000,09				
(4) CATHOLIC CHARITIES OF THE 429 W 10TH ST #101 PUEBLO CO 81003	84-0471001	50103	28,000.				VARIOUS CHAR
(5) COOPERATIVE_CARE_CENTER	84-0913793	50103	29, 659.				FREE CARE OF C
111.DCARE CENTER 56	84-0709410	50103	45,000.				CHILD CARE
(7) GIRL SCOUTS COLUMNBINE CO -21 MONTBELLO PUEBLO CO 81003	84-0410630	501C3					GIRLS ACTIVITI
(8) XWCA	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 3 Enter total number of other organizations listed in the line 1 table	and government organs is listed in the line 11	anizations listed in the able	line 1 table				13

Schedule I (Form 990) (2014)

TEEA3901 06/19/14

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

Continuation Sheet for Schedule I (Form 990)

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

2014

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Continuation Page

SUICIDE PREVEN VARIOUS CHAR CHILD ADVOCACY SENIOR CARE (h) Purpose of grant or assistance CHILD CARE Employer identification number Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 84-0404917 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 29,000. 25,000 46,000 39,500. (d) Amount of cash grant 34,000 (c) IRC section if applicable 501C3 501C3 501C3 501C3 501C3 Inc. Colorado, 84-1071784 84-0755888 84-0593609 94-1156347 84-0645787 (b) EIN United Way of Pueblo County, PUEBLO CHILD ADVOCACY CEN __SUICIDE_PREVENTION_CENTER SOUTHSIDE CHILDRENS CENTE (a) Name and address of organization or government 1925 E_ORMAN GIE 25 2601 SPRAGUE AVE PUEBLO CO 81003 PUEBLO CO 81004 PUEBLO CO 81003 PUEBLO CO 81003 PUEBLO CO 8103 SALVATION ARMY 326 W 8TH AVE 301 E 13TH ST 230 N UNION Name of the organization 1 1 1 SRDA

Schedule I Cont (Form 990) 2014

TEEA4001 06/19/14

84-0404917

United Way of Pueblo County, Colorado,

Schedule I (Form 990) (2014)

Partill 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 NONVEMBER AGENCIES	69	49,482.			
4 CPS DISBURSEMENT	800	16,000.		,	
5 VITA PROGRAM	1,123	25,234.			
6 IBEW ER PROGRAM	9	1,477.			
7 BOARD OF WATER WORKS CATHOLIC CHARITIES	820	105,000.			
Part IV Supplemental Information. Provide the information	le the information r	equired in Part I, lin	ne 2, Part III, columr	required in Part I, line 2, Part III, column (b), and any other additional information.	itional information.

BAA

Schedule I (Form 990) (2014)

Schedule I Cont (Form 990) 2014 United Way of Pueblo County, Colorado, Inc.

Continuation Page 1 of 1

84-0404917

Part III Continuation of Grants and Other Assistance to	er Assistance to	Domestic Individuals (Schedule I (Form 990), Part III.)	als (Schedule I (For	m 990), Part III.)	
(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, PMV, appraisal, other)	(f) Description of non-cash assistance
EMERGENCY SPECIAL FUNDING	160	4,000.			
WITTELS DISTRIBUTION	1	467.			
MENTORING PROGRAM	140	30,686.			
MENTAL HEALTH AND SENIOR GRANT	2,680				
		,			
		TEEA4002 06/19/14	5/19/14		Schedule I Cont (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

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.

at www.irs.gov/form990.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is

2014
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

United Way of Pueblo County, Colorado, Inc.

Employer identification number 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

United Way of Pueblo County, Colorado, Inc.

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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 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

Pt VI, Line 12c ENFORCED.

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 official of the Organization will meet to discuss.

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

Pt XI donor designations passed through.

Patrt 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.

BAA

Name of the organization
United Way of Pueblo County, Colorado, Inc.

Employer identification number 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.

990

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.

Open to Public Inspection

2013

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service . 2014 , 2013, and ending 06-30 07-01 For the 2013 calendar year, or tax year beginning D Employer identification no. C Name of organization UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. Check if applicable 84-0404917 Doing Business As Address change E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) Name chance (719) 583-4455 PO BOX 11566 Initial return 1,141,303 City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts S PUEBLO, CO 81001 Amended return F Name and address of principal officer Application pending Is this a group return for subordinates? Yes X No Are all subordinates included? Yes H(b) 4947(a)(1) or 501(c)((insert no.) X 501(c)(3) If "No," attach a list. (see instructions) Group exemption number Tax-exempt status WWW.PUEBLOUNITEDWAY.ORG Website: > M State of legal domicile: L Year of formation: Corporation Trust Association X Form of organization: Part I Summary THE UNITED WAY OF PUEBLO COUNTY, COLORADO INC Briefly describe the organization's mission or most significant activities: 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 Activities & Governance PEOPLE OF PUEBLO COUNTY. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 Number of voting members of the governing body (Part VI, line 1a) 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 500 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 Current Year 1,059,792 1,196,958 Contributions and grants (Part VIII, line 1h) 46,505 Program service revenue (Part VIII, line 2g) 26,079 Revenue 7,216 5,831 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 27,790 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 36,979 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,141,303 1,265,847 751,175 835,241 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 259,546 253,961 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Expenses Total fundraising expenses (Part IX, column (D), line 25) 132,767 142,035 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,143,488 1,231,237 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) (2, 185)34,610 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year Net Assets or Fund Balances 2,071,735 2,096,763 Total assets (Part X, line 16) 20 583,566 602,681 21 1,488,169 1,494,082 Net assets or fund balances. Subtract line 21 from line 20 22 Signature Block Part II 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 Signature of officer JIM DUFF, TREASURER Here Type or print name and title Date Print/Type preparer's name P00944467 10-23-2014 self-employed Paid Rebecca Farrells Firm's EIN Rebecca E Farrells Firm's name Preparer 311 W 24th Street Use Only Firm's address 719-545-7999 Pueblo CO 81003 X No Yes May the IRS discuss this return with the preparer shown above? (see instructions)

	0 (2013) UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. 84-0404917 Pa	
rt I	III Statement of Program Service Accomplishments	V
	Check if Schedule O contains a response or note to any line in this Part III	M
В	riefly describe the organization's mission:	
T	HE UNITED WAY OF PUEBLO COUNTY, COLORADO INC RAISES FUNDS TO BE DISTRIBUTED TO VARIOUS	20.7
C	HARITABLE ORGANIZATIONS TO BENEFIT THE COMMUNITY. OUR MISSION IS TO DEVELOP DONOR RESOURCES	3
T	O ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF PUEBLO COUNTY.	_
D	oid the organization undertake any significant program services during the year which were not listed on the	
pr	rior Form 990 or 990-EZ?	
D	old the organization cease conducting, or make significant changes in how it conducts, any program	
Si	ervices? · · · · · · · · · · · · · · · · · · ·	
15	"Yes," describe these changes on Schedule O.	
D	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
е	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
tř	he total expenses, and revenue, if any, for each program service reported.	
i	Code:) (Expenses \$1,035,651 including grants of \$) (Revenue \$)
H	PAMILY STRENGTHENING-\$298,585. IN 2013/2014: OVER 18,500 UNITS OF SERVICE WERE PROVIDED.	_
0	PECIFICALLY: OVER 17,000 BOYS AND GIRLS WERE ENRICHED BY TRADITIONAL SCOUTING AND SCOUTING	2
2	IN THE SCHOOL PROGRAMS. OVER 650 YOUTH RECEIVED BENEFICIAL AFTER SCHOOL SERVICES INCLUDING	
=	DECISION MAKING, TUTORING, RECREATION AND LEADERSHIP SKILLS, NEARLY 300 CHILDREN AND FAMILI	ES
D	RECEIVED DAYCARE ON A SLIDING FEE SCALE. APPROXIMATELY 440 SENIOR CITIZENS RECEIVED HOME AN	D
R	RECEIVED DAYCARE ON A SLIDING FEE SCALE, ATTROMITED TO CONTROL AND ACCESS TO WELLNESS	
Y	MARD MAINTENANCE ON A SLIDING FEE SCALE, CHRONIC DISEASE MANAGEMENT THE TRANSPORTATION FOR PURPLE SENTOR CITIZENS TO	
0	CLINICS AND FITNESS PROGRAMS, AS WELL AS TRANSPORTATION FOR RURAL SENIOR CITIZENS TO	
1	IMPORTANT APPOINTMENTS AND DOCOR VISITS. 50 MIDDLE SCHOOL STUDENTS RECEIVED MENTOR SUPPORT	
V	VIA A PILOT MENTORING PROGRAM AT HEATON MIDDLE SCHOOL.	
4	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 ARM FORCES. UNITIED WAY FUNDING PROVIDED SERVICES TO APPROXIMATELY 260 CHILDREN FACING PHYSICA OR SEXUAL ABUSE, AS WELL AS SUPPORT SERVICES TO FAMILY MEMBERS OF THOSE CHILDREN. OVER 14, PEOPLE WERE PROVIDED WITH SUICIDE PREVENTION ASSISTANCE, EDUCATION AND COUNSELING. APPROXIMATELY 2,900 VICTIMS OF DOMESTIC VIOLENCE (WOMEN AND CHILDREN) RECEIVED SHELTER, FO	L 400
	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 MEN HEALTH COUNSELING ON A SLIDING FEE SCALE. OVER 20 HOMELESS INDIVIDUALS WERE PROVIDED WITH	TA
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	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 MEN 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. (Code:) (Expenses \$ including grants of \$) (Revenue \$ POVERTY-\$310,937 IN 2013/2014: UNITED WAY OF PUEBLO COUNTY FUNDING ASSISTED THOSE INDIVIDUAL LIVING IN POVERTY BY PROVIDING APPROXIMATELY 7,200 UNITS OF SERVICE IN HOUSING AND HOMELES (PENT/MORTGAGE) PREVENTION AND UTILITY ASSISTANCE AND COUNSELING ON A SLIDING FEE SCALE.	JAL
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	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 MEN 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. (Code:) (Expenses \$ including grants of \$) (Revenue \$) POVERTY-\$310,937 IN 2013/2014: UNITED WAY OF PUEBLO COUNTY FUNDING ASSISTED THOSE INDIVIDUALIZATION 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 CHILDRESS RECEIVED DENTAL ASSISTANCE THAT OTHERWISE WOULD HAVE GONE WITHOUT. OVER 1,000 FAMILITES PECEIVED WATER UTILITY ASSISTANCE. 166 CHILDREN WERE PROVIDED WITH HOLIDAY GIFTS AND SCHOOL.	UAL SSS

Statement of Program Service Accomplishments

2013 01

Your Social Security Number

Name(s) as shown on return

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

FORM 990, PART III (A)

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

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 ORGANIZTIONS, 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

Your Social Security Number

Name(s) as shown on return

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

FORM 990, PART III (B)

PROGRAM SERVICE CODE PROGRAM SERVICE EXPENSES GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE 50 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.

84-0404917

	CITY Officialist of risquires contains		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)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
=	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			-
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.			
	전 전문장 전 시간 (C.) 전에 (C.) (C.) 전 전 (C.)	5		
	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
_	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	complete Schedule D. Part III	8		X
	complete Schedule D, Part III			
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	9		X
	debt negotiation services? If "Yes," complete Schedule D, Part IV	-	-	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10	Х	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	24	1
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.		21	-
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	55.	10	
	complete Schedule D, Part VI	11a	X	-
t	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			0
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	115	1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
(Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	100		201
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	1
	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
148	55to as appete suitaide of the United States?	14a	1	X
1	than \$10,000 from grantmaking			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	141	0	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		1	
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Bid the experiention report on Part IX, column (A) line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16	5	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17		X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
18	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	. 18	3 2	
20	the cas and afference income from garming activities on Part VIII line 9a?			
19	If "Yes," complete Schedule G, Part III	. 1	9	X
-	has it is a second facilities? If "Yes " complete Schedule H	. 20)a	X
20	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20)b	

Form 990 (2013)

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. 84-0404917

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 government on Part IX, column (A), line 17 If "Yes," complete Scheudle I, Parts I and II X Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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? X 25h 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 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 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 28c X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N. Part II X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 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. X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X

Form 990 (2013)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 X 4a If "Yes," enter the name of the foreign country: See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 66 gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? X If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 X Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 20 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. 1b 20 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 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.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? 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? 10h Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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 X The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation irr 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 List the states with which a copy of this Form 990 is required to be filed 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. Other (explain in Schedule O) ☑ Upon request Another's website Own website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

FUNITED WAY OF PUEBLO COUNTY (719) 583-4455, PO BOX 11566, PUEBLO, CO 81001

Form 990 (2013)	UNITED	WAY	OF	PUEBLO	COUNTY,	COLORADO,	INC.	
FORM 990 (2013)	- unation of C	office	YC.	Director	s Truste	es Key Emi	lovees.	Highest Compen

84-0404917 Compensated Employees, and Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A. 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	(B)			(C)	ř.			(D) Reportable	(E) Reportable		F	(F) stimated
Name and Title	Average hours per week (list any hours for related	(do no box, un officer	chec	perso	e tha	oth an		compensation from the organization	comp	related rganizations (/1099-MISC)	con	nount of other npensation from the
A	organizations below dotted (ine)	Individual Inustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			á	ganization nd related panizations
) JOHN KLOMP BOARD MEMBER	1.00_	Х							0	0		0
2) BARBARA HODGSON BOARD MEMBER	1.00	Х							0	0		0
3) RUDY KRASOVEC BOARD MEMBER	1.00_	X							0	Ò		0
4) MITCH MEMINGER BOARD MEMBER	1.00_	X							0	0	1	0
5) BONNIE DICKERSON BOARD MEMBER	1.00_	X							0	0		0
6) DOUG_HAYESBOARD_MEMBER	1.00	X							0	0	1	0
(7) JOHN KEILBACH BOARD MEMBER	1.00_	X							0	c	4	0
(8) TRACY MARTINEZ BOARD MEMBER	1.00	X							0)	0
(9) CHRIS RILEY BOARD MEMBER	1.00	X							0	0		0
(10)RICK_SCHOLTESBOARD_MEMBER	1.00	X		1			1		0		0	0
(11)MATT_SMITHBOARD_MEMBER	1.00	X			1		1		0		0	
(12)DAVID ATWOOD BOARD MEMBER	1.00	X		1			1		0		0	- (
(13)DOMINIC GALLINA BOARD MEMBER	1.00	X							0		0	
(14)JOHN BATEYBOARD MEMBER	1.00	- X			1				0		0	Form 990 (20

Part VII Section A. Officers, Directors, Trustees, (A) Name and title	(B) Average hours per week (list any hours for	(do no box, u officer	nless	(C) Positi ck mai perso	on e tha n is b	n one		(D) Reportable compensation from the	Reportable compensation from related organizations	Estimate amount other compensions from the	ed of r ation
	related organizations below dotted line)	Individual Irustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organiza and rela organiza	ation ated
5)TED_ORTIVIZ BOARD_MEMBER	1.00	X						C	0		0
6)MICHELLE PUELEN	1.00_	X							0		0
BOARD MEMBER 7)RUBEN ROMAN BOARD MEMBER	1.00	X							0		0
8)DAVE_GALLI	1.00_			X				-1	0		0
CHAIR 19)JIM DUFF TREASURER	1.00			Х					0		0
20)SANDY ROMERO SECRETARY	1.00			X		Ù.			0		0
21)											
22)									y		
23)											
(24)											
(25)											
1b Sub-total	tion A								0 0		(
Total number of individuals (including but not limit reportable compensation from the organization	ed to those lis	ited ab	ove)) who	rec	eived	mo	re than \$100,000 o	f O		
		15-16			el a t	C. C. S.	. 12.	atod			Yes N
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule	J for such in	dividu	al							3	
For any individual listed on line 1a, is the sum of organization and related organizations greater the sum of the su	an \$150,000?	If "Yes	s," C	lamo	ete	Sched	ule	J for such			
individual										4	
for services rendered to the organization? If "Yes	" complete S	chedu	le J	for s	uch	perso	n			5	
Section B. Independent Contractors 1 Complete this table for your five highest compen compensation from the organization. Report compensation from the organization.	sated indeper	ndent of	contr	acto dar y	rs th	nat rec	eive g wit	ed more than \$100 th or within the org	,000 of anization's tax		
year. (A)									(B) on of services		(C) pensation
Name and business add	ress							Descripti	all of services	Guil	- 0. 221101
Total number of independent contractors (include received more than \$100,000 of compensation)	ling but not lin	nited to	tho	se li	sted	abov	e) w	ho			W -

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenue excluded from tax Unrelated Total revenue Related or exempt function business under sections 512-514 revenue revenue Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) · · 1e f All other contributions, gifts, grants, and similar amounts not included above 1,059,792 1f g Noncash contributions included in lines 1a-1f: \$ 1,059,792 **Business Code** 3,727 3,727 Revenue 900099 2a SERVICE FEE REVENUE 12,480 12,480 900099 b OFFICIAL FUNCTIONS 1,641 1,641 900099 Service c ADMIN FEES 2,675 900099 2,675 d OTHER DESIGNATIONS 24,232 24.232 900099 e VITA PROGRAM Program 1,750 1,750 f All other program service revenue 900099 g Total. Add lines 2a-2f · · · · · · · · · · · · · ▶ 46,505 3 Investment income (including dividends, interest, 7,216 7,216 and other similar amounts) Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . 7a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c). See Part IV, line 18 · · · · · · a 27,564 b Less: direct expenses b c Net income or (loss) from fundraising events ▶ 27,564 27,564 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 226 226 900099 11a MISC REVENUE d All other revenue 226 e Total. Add lines 11a-11d 27,564 1,141,303 53,947 Form 990 (2013)

Statement of Functional Expenses Part IX

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 (C) (B) (A) Do not include amounts reported on lines 6b, 7b, Fundraising Program service Management and Total expenses general expenses expenses expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and 446,125 organizations in the United States. See Part IV, line 21 . 446,125 Grants and other assistance to individuals in 305,050 the United States. See Part IV, line 22 305,050 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 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) 45,227 12,965 161,096 219,288 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,699 1,410 17,386 23,495 3,353 12,404 1,006 16,763 10 Fees for services (non-employees): Legal h 9,200 9,200 Professional fundraising services. See Part IV, line 17 . e Other. (If line 11g amount exceeds 10% of line 25, column 703 (A) amount, list line 11g expenses on Schedule O.) . . 703 1,398 6,368 Advertising and promotion 7,766 12 1,922 577 7,114 9,613 13 Information technology 14 15 440 132 1,628 2,200 16 903 271 3,340 4,514 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,147 614 10,597 Conferences, conventions, and meetings 15,358 19 20 10,454 10,454 21 705 212 Depreciation, depletion, and amortization 2,610 3,527 22 678 203 2,510 3,391 Insurance 23 Other expenses. Itemize expenses not covered 24 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.) 5,604 1,450 10,389 17,443 a CAMPAIGN SUPPLIES 20,764 20,764 b PAID DIRECT 1,091 327 4,038 5,456 POSTAGE AND SHIPPING 297 1,100 89 1,486 d EQUIP MAINTENANCE 7,968 246 12,678 20,892 e All other expenses 78,432 29,405 Total functional expenses. Add lines 1 through 24e 1,143,488 1,035,651 25 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 🕨 🗌 if

following SOP 98-2 (ASC 958-720)

Form 990 (2013)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 100 100 Cash - non-interest-bearing 2 1,625,127 1,687,448 Savings and temporary cash investments 2 3 430,510 Pledges and grants receivable, net 390,959 3 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 7 8 8 7,398 7,938 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 38,007 9,979 8,359 Less: accumulated depreciation 10b 29,648 b 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 241 339 15 16 2,071,735 2.096.763 16 17 549,974 577,451 17 16,000 18 16,000 18 Deferred revenue 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 17,592 9,230 26 583,566 602,681 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets of Fund Balances 27 829,547 779,872 27 28 58,622 114,210 600,000 600,000 Organizations that do not follow SFAS 117 (ASC 958), check here 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 1,494,082 1,488,169 33 2,071,735 2,096,763

orm 990 (20	united way of pueblo county, colorado, inc. 84	1-0404917		Pagi	6 17
art XI	The state of Not Accets			1	=7
	CL 1. (Cabadula O centains a response or note to any line in this Part XI		YE KEAL	1	AI.
Total re	/ Level agual Bact VIII column (A) line 12)		1114	1,50	-
40.00	(and a supplementally column (A) line 25)	2	1,14	7.7	
	Cubtract line 2 from line 1	3		2,18	_
Neven	ests or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,49	4,08	32
	"" a fined ening (larges) on investments				
	ealized galactic of foolisies	6		_	_
Invest	nent expenses	7			_
6	and administration of the contract of the cont	0			
Prior p	changes in net assets or fund balances (explain in Schedule O)	9		(3,7)	28
C. Clare	este of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
) Net as	umn (B))	. 10	1,4	88,1	6
art XII	Financial Statements and Reporting				é
altvii	Check if Schedule O contains a response or note to any line in this Part XII		6.5-19.5		٠
	Check it Schedule of Contains a responde to the			Yes	
0.555	nting method used to prepare the Form 990: Cash Accrual Other		2	1	
Accou	organization changed its method of accounting from a prior year or checked "Other," explain in				
				-	
Sche	ule O. the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
2a Were	the organization's financial statements complied in reviewed by alternation's financial statements for the year were compiled or			1	
If "Ye	," check a box below to indicate whether the information state."				
	ved on a separate basis, consolidated basis, or both: eparate basis		-	1	
	eparate basis	0.000.000	2b	X	1
			20		
b Were	the organizations interior structure that the figure is statements for the year were audited on a		25		
If "Ye	s," check a box below to indicate whether the financial statements for the year were audited on a		20		
If "Ye sepa	s," check a box below to indicate whether the financial statements for the year were audited on a ate basis, consolidated basis, or both:		20		1
lf "Ye sepa ਦਾ	s," check a box below to indicate whether the financial statements for the year were audited on a ate basis, consolidated basis, or both: Consolidated basis		20		100
If "Ye sepa	s," check a box below to indicate whether the financial statements for the year were audited on a ate basis, consolidated basis, or both: eparate basis		. 2c	X	
If "Ye sepa	s," check a box below to indicate whether the financial statements for the year were audited on a ate basis, consolidated basis, or both: eparate basis			X	
If "Ye sepa	s," check a box below to indicate whether the financial statements for the year were audited on a ate basis, consolidated basis, or both: eparate basis	48 mm e.		X	
If "Ye sepa So If "Ye of the If the	s," check a box below to indicate whether the financial statements for the year were audited on a ate basis, consolidated basis, or both: eparate basis	e a an a a a		X	
If "Ye sepa S c If "Ye of the Sche 3a As a	s," check a box below to indicate whether the financial statements for the year were audited on a late basis, consolidated basis, or both: eparate basis		20		Little 1
If "Ye sepa S C If "Ye of the If the Sche 3a As a	s," check a box below to indicate whether the financial statements for the year were audited on a ate basis, consolidated basis, or both: eparate basis				
If "Ye sepa S c If "Ye of the If the Sche 3a As a the S	s," check a box below to indicate whether the financial statements for the year were audited on a late basis, consolidated basis, or both: eparate basis		2c 3a		=

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

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 Employer identification number Name of the organization 84-0404917 UNITED WAY OF PUEBLO COUNTY, COLORADO, INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 3 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. d Type III-Non-funtionally integrated c Type III-Functionally integrated b Type II a Type! 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). 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 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 No Yes 11g(i) (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (vii) Amount of monetary (vi) is the (v) Did you notify (iii) Type of organization (iv) Is the organization (ii) EIN (i) Name of supported organization in col. support the organization in (described on lines 1-9 in col. (i) listed in your organization (i) organized in the governing document? col. (i) of your above or IRC section (see instructions)) Yes No Yes No No Yes (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2013 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Part II

	on A. Public Support				/ II 2012	(e) 2013	(f) Total
alend	ar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(i) rota.
ī	Gifts, grants, contributions, and membership fees received. (Do not not not not not grants.")	1,058,349	1,085,839	1,133,494	1,196,958	1,059,792	5,534,432
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge					7 050 700	5,534,432
4	Total. Add lines 1 through 3	1,058,349	1,085,839	1,133,494	1,196,958	1,059,792	3,334,432
5	The portion of total contributions by						
	each person (other than a	- 1			* - ' A		
	governmental unit or publicly						
	supported organization) included on	- 1					
	line 1 that exceeds 2% of the amount				A	10	427,321
	shown on line 11, column (f)					200	5,107,111
6	Public support. Subtract line 5 from line 4 · · ·				311		5,101,111
	tion B. Total Support		(h) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	1,133,494	1,196,958	1,059,792	5,534,432
7	Amounts from line 4	1,058,349	1,085,839	1,133,494	1,190,950	270007.02	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,855	17,204	3,609	5,831	7,216	62,715
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.)						5 507 147
11	Total support. Add lines 7 through 10 .				V	1.0	5,597,147
12	Gross receipts from related activities, etc. (see instructions)			********	12	276,802
13	First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public S	organization's first,		h, or fifth tax year a	s a section 501(c)	(3)	▶□
-		column (f) divided	by line 11 column	(f) · · · · · ·		14	91.24 %
14	Public support percentage for 2013 (line 6, Public support percentage from 2012 Sche	dule A Part II line	14			15	95.85 %
15	A PLANT OF THE PARTY OF THE PAR	ention did not chack	the how on line 1:	and line 14 is 33	1/3% of 111016, Cite	CK UIIS	2
16a	33 1/3% support test - 2013. If the organization quality box and stop here. The organization quality	fies as a publicly su	pported organization	on			▶ ☒
	and the letter annual.	mation did not chack	a how on line 130	or Tha and line to	IS 33 1/370 UI IIIUIE	,	
	the have and atom horo. The organiz	ration qualifies as a	publicly supported	organization			
17a	10%-facts-and-circumstances test - 201 10% or more, and if the organization meet	s the "facts-and-cire	cumstances" test,	check this box and	stop nere. Expiair	1 10.1	
	100	t and alternation	and" toot The oras	anization dualities a	as a minimiciv subbo	Iteu	
	contract and alcoumstances test - 201	If the organization	on did not check a	box on line 13, 168	1, 100, of 17a, and	line	
b	if the organization	meets the "facts-a	nd-circumstances"	test, check this bo	x and stop nere.		
		I II - HE-sta and	airoumetanege to	et i ne organization	I middlines as a but	licly	
	t to a single of the single of					404 W. W. W. D. C. C.	لل ۾ جيوبو
18	and the second s	deat shoot a have	in line 13 The Thi	1. 1/a. or 1/b. cne	K IIIIS DUX allu see		
10	Private foundation. If the organization di instructions					1.000	
-	man donone					Schedule A (F	orm 990 or 990-EZ) 201:

Schedule A (Form 990 or 990-EZ) 2013 UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2) 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.
(Complete only II you checked the box of the tests listed below places complete Part II)
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
calendar year (or fiscal year beginning in)	(a) 2003	(0) = 3 (0)				
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 bus under sec 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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.)		1				
Section B. Total Support		12 22 1.00	10 00 200	40.0040	(e) 2013	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(1) 10151
9 Amounts from line 6 · · · · · · · · · · · ·						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·		-		-		
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization, check this box and stop here			urth, or fifth tax yea	er as a section 501	c)(3)	
Section C. Computation of Public S	Support Per	centage				
15 Public support percentage for 2013 (line 8	column (f) divid	ed by line 13, colun				
16 Public support percentage from 2012 Scho	equie A, Part III,	Percentage	27.7.2.2.2.2.2.2.2			
Section D. Computation of Investm	ine 10c column	(f) divided by line 1:	3, column (f))		17	
2012	Schedule A Pa	rt III, line 17	01 00.00.00			
	the street wild make	shock the hay an lin	e 14 and line 15 is	more than 33 1/3	%, and line	
17 is not more than 33 1/3%, check this b	ox and stop ner	e. The organization	14 or line 19a and	l line 16 is more th	an 33 1/3%, and	, , • <u> </u>
 b 33 1/3% support tests - 2012. If the orgaline 18 is not more than 33 1/3%, check the organization of the organization of the organization of the organization. 						
				OV and see institute		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

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

Internal Revenue Service Name of the organization Employer identification number

Name of the organization	BLO COUNTY, COLORADO, INC.	84-0404917
Organization type (check		
Filers of:	Section:	
	X 501(c)(3) (enter number) organization	
Form 990 or 990-EZ		V. W. S. W. S. W. F.
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pri	ivate foundation
	501(c)(3) taxable private foundation	
Check if your organization	n 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	al Rule and a Special Rule. See
instructions.	1-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
General Rule		
For an organizat	ion filing Form 990, 990-EZ, or 990-PF that received, during the yearny one contributor. Complete Parts I and II.	ar, \$5,000 or more (in money or
Special Rules		
under coctions F	(1(c)(3)) organization filing Form 990 or 990-EZ that met the 33 1/3% $(509(a)(1))$ and $(509(a)(1))$ and $(509(a)(1))$ and $(509(a)(1))$ and $(509(a)(1))$ or $(609(a)(1))$ of the amount on $(609(a)(1))$ and	or, during the year, a contribution of
during the year	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received total contributions of more than \$1,000 for use exclusively for religious purposes, or the prevention of cruelty to children or animals. Comple	ous, charitable, scientific, merary,
during the year, not total to more	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that reconcurrence for use exclusively for religious, charitable, etc., purpose than \$1,000. If this box is checked, enter here the total contribution dusively religious, charitable, etc., purpose. Do not complete any of the organization because it received nonexclusively religious, charitable, expert	oses, but these community and the the parts unless the General Rule

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

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number

84-0404917

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (c) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person X BOARD OF WATER WORKS Payroll X Noncash 27,821 PO BOX 400 (Complete Part II for noncash contributions.) PUEBLO, CO 81002 (d) (c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person X PARKVIEW MEDICAL 3 Payroll X Noncash 85,303 400 W 16TH ST (Complete Part II for noncash contributions.) PUEBLO, CO 81003 (d) (c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person BLACK HILLS ENERGY 5 Payroll X Noncash 27,196 105 S VICTORIA AVE (Complete Part II for noncash contributions.) PUEBLO, CO 81003 (d) (c) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person XCEL ENERGY 10 Payroll X Noncash 166,469 2005 LIME ROAD (Complete Part II for noncash contributions.) PUEBLO, CO 81006 (d) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person EXPRESS SCRIPTS 18 Payroll X Noncash 25,145 1045 W 6TH ST (Complete Part II for noncash contributions.) PUEBLO, CO 81003 (d) (c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person 28 PCAPP X Payrol! Noncash 35,693 ARMY DEPOT (Complete Part II for noncash contributions.) PUEBLO, CO 81006

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number

84-0404917

(a)	ributors (see instructions). Use duplicate copies (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and	\$	Person
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, audress, and En	\$	Person
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		\$	Person
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	Hume, autres,	s	Person
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	nume, dadiese, and a	s	Person
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, audiess, and zii.		Person

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

2013

Open to Public

m 990) and its instructions is at www.irs.gov/form990.

Inspection

► Information about Schedule D (Po	Am 2007 and no men a second	Employer identification number
ne of the organization	OPADO INC	84-0404917
e of the organization ITED WAY OF PUEBLO COUNTY, COL art I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts.
		Z-44-74 - 24-7
Complete if the organization answered "Yes"	(a) Donor advised funds	(b) Funds and other accounts
	(a) Donor advised funds	
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
		in a
informall donors and donor advisors if	n writing that the assets held in donor adv	Yes No
a subject to the organization	Allon's exclusive legal condon	
Onon and anather donors and donors	advisors in writing that grant lands	e used
only for charitable purposes and not for the benefit of the d	onor or donor advisor, or for any other pu	rpose
only for charitable purposes and not for the benefit of the d conferring impermissible private benefit?		**************************************
Conconvation Fasements		
Complete if the organization answered "Ye	s" to Form 990, Part IV, line 7.	
Purpose(s) of conservation easements held by the organiz	ration (check all trial apply).	A STATE OF THE STA
Preservation of land for public use (e.g., recreation or	EUICSHOTH LIESCHARTON OF CH	n historically important land area
= 17 COL	Preservation of a	certified historic structure
Preservation of open space Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in the for	m of a conservation
the first test upon		
easement on the last day of the tax year. a Total number of conservation easements		2a
a Total number of conservation easements b Total acreage restricted by conservation easements		2b
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic	structure included in (a)	
c Number of conservation easements on a certified historic	and after 8/17/06, and not on a	
d Number of conservation easements included in (c) acquir	ed alter of frico, dire her on a	, 2d
d Number of conservation easements included in (6) added historic structure listed in the National Register		v the organization during the
historic structure listed in the National Register Number of conservation easements modified, transferred	I, released, extinguished, or terminates 2	, , , , , , , , , , , , , , , , , , , ,
tax year 🕨	s assess to toggtod	
4 Number of states where property subject to conservation	easement is located	of
These the organization have a written policy regarding the	periodic monitoring, inspection, nations	Yes
emeans and an annual state of the state of t	nis ii noids:	
violations, and enforcement of the conservation easemed. Staff and volunteer hours devoted to monitoring, inspect	ing, and entorcing conservation easemen	its during the year
7 Amount of expenses incurred in monitoring, inspecting,	and enforcing conservation easements du	uning the year
 S Does each conservation easement reported on line 2(d) 	above satisfy the requirements of section	n 1/U(n)(4)(6)
		50 점점 TIP 2 이 10 10 10 10 10 10 10 10 10 10 10 10 10
9 In Part XIII, describe how the organization reports conscibilities balance sheet, and include, if applicable, the text of the	footnote to the organization's financial sta	atements that describes the
organization's accounting for conservation easements.		ar Other Similar Assets
Organizations Maintaining Collect	tions of Art, Historical Treasu	res, or Other Sillina Assets.
in the annual contract of	"Vac" to Form 990 Pair IV. line o.	
	is /ASC 458) not to report in its revenue	statement and balance sneet
allege aimi ar accent	s half for billing exhibition, education, or .	
ne J. Lake CENC 1	TE (ASI: 955) III TEDUIT III III TO TO TOO STO	COLUMN TO ANY
 If the organization elected, as permitted under STAS I works of art, historical treasures, or other similar asset 	s held for public exhibition, education, or	research in furtherance of
works of art, historical treasures, or other similal asset	o these items:	
public service, provide the following amounts relating t (i) Revenues included in Form 990, Part VIII, line 1	o meas name.	
(i) Revenues included in Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
2 If the organization received or held works of art, histor	ical (leasures, or other similar assistance)	
2 If the organization received of field works of all the following amounts required to be reported under SFAS	S 116 (ASC 958) relating to these items.	
a Revenues included in Form 990, Part VIII, line 1		Schedule D (Form 99

	BLO COUNTY, C	Historical Trea	Sules, of Othe	84-0404917 er Similar Assets	(continued)
united (Form 990) 2013 UNITED WAY OF PUB- irt III Organizations Maintaining Col Using the organization's acquisition, accession, and	other records, check	any of the following	that are a significar	nt use of its	
Using the organization's acquisition, accession, and	CUICH TOUR SEED				
collection items (check all that apply):	d 🗌 Loan or	exchange program	S		
Public exhibition	e Other	- 10 1			-
Scholarly research Preservation for future generations					
Preservation for future generations Provide a description of the organization's collection	ns and explain how th	ey further the organ	ization's exempt pu	rpose in Part	
XIII. During the year, did the organization solicit or recei	ve donations of art, hi	storical treasures, o	r other similar		□ Yes □ No
assets to be sold to raise funds rather than to be in	aintained as part of the	ne organization's co	lection?		Yes No
				ated an amount o	n Form
art IV Escrow and Custodial Arrange Complete if the organization ans	wered "Yes" to F	orm 990, Part I	v, line 9, or repo	orted an amount o	ii r Oitin
non Part Y line 21					
A CONTRACTOR OF THE PROPERTY O	other intermediary for	contributions or oth	er assets not	THE SECOND PROPERTY.	Yes No
included on Form 990 Part X?		SE S. R. S. L. ST. L. P. D.			U 100 U 00
b If "Yes," explain the arrangement in Part XIII and o	omplete the following	table:		Amoun	t
			10		
c Beginning balance					
a service de des Newscond	*******		1		
A. C.		ALCOHOLD THE DESIGNATION			
f Ending halance	10.4414.666	*********	or run and Kill		Yes N
	990. Part X, line 21?				
b If "Yes." explain the arrangement in Part XIII. Che	ck here if the explana	tion has been provi	Jed III Falt AIII		
F designant Europe					
Complete if the organization an	swered res to i	-Onn 990, rait	(c) Two years back	(d) Three years back	(e) Four years back
	(a) Current year	(b) Prior year	650,226	673,145	667,899
a Beginning of year balance	628,102	641,291	650,226	3,3/2,2	
b Contributions					
c Net investment earnings, gains, and			7 267	12,675	22,266
losses	4,876	2,945	7,267	12,0,0	
d Grants or scholarships					
e Other expenditures for facilities and	T		16 200	16,422	17,020
programs	16,417	16,134	16,202	10,422	
f Administrative expenses			C41 001	669,398	673,145
= 1-fholongo	616,561	628,102	641,291	009,390	0,0,0
2 Provide the estimated percentage of the current	year end balance (lin	e 1g, column (a)) h	eid as:		
a Board designated or quasi-endowment	%				
b Permanent endowment ► 97.00 %	3.00 %				
b Permanent endowment 97.00 % C Temporarily restricted endowment	THE TOTAL PROPERTY.				
b Permanent endowment 97.00 % c Temporarily restricted endowment	equal 100%.	و د ده ایادی دید ا	desiniatored for the		
b Permanent endowment 97.00 % c Temporarily restricted endowment	equal 100%. on of the organization	that are held and a	dministered for the		Yes
b Permanent endowment 97.00 % c Temporarily restricted endowment	equal 100%. on of the organization				
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by:	on of the organization	25.44.44.4			. 3a(i)
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations	on of the organization				. 3a(i)
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations	on of the organization	chedule R?			3a(i) 3a(ii)
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations list Describe in Part XIII the intended uses of the organizations.	on of the organization sted as required on S rganization's endown	chedule R?			3a(i) 3a(ii)
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations lit Describe in Part XIII the intended uses of the o	on of the organization sted as required on S rganization's endowm	chedule R?			3a(i) 3a(ii) 3b
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations lit Describe in Part XIII the intended uses of the o	sted as required on S rganization's endowm nent. answered "Yes" to	chedule R? ent funds.	art IV, line 11a.	See Form 990, Pa	3a(i) 3a(ii) 3b 3b 3b 3b 3c
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations lited. 4 Describe in Part XIII the intended uses of the o	sted as required on S rganization's endowm nent. (a) Cost or other	chedule R? ent funds.	art IV, line 11a. S		3a(i) 3a(ii) 3b
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations lit Describe in Part XIII the intended uses of the organization and Equipment of property Description of property	sted as required on S rganization's endowm nent. answered "Yes" to	chedule R? ent funds.	art IV, line 11a.	See Form 990, Pa	3a(i) 3a(ii) 3b 3b 3b 3c
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations limits and the possession of the organization and the possession of	sted as required on S rganization's endowm nent. (a) Cost or other	chedule R? ent funds.	art IV, line 11a. S	See Form 990, Pa	3a(i) 3a(ii) 3b 3b 3b 3b 3c
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations lit Describe in Part XIII the intended uses of the organization and Equipmon Complete if the organization and Description of property	sted as required on S rganization's endowm nent. (a) Cost or other	chedule R? ent funds.	art IV, line 11a. S	See Form 990, Pa	3a(i) 3a(ii) 3b 3b 3b 3b 3c
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations lif "Yes" to 3a(ii), are the related organizations lif "Part VII Land, Buildings, and Equipm Complete if the organization and Description of property 1a Land b Buildings c Leasehold improvements	sted as required on S rganization's endowm nent. (a) Cost or oth (investre)	chedule R? ent funds.	art IV, line 11a. Stor other basis (other)	See Form 990, Pa	3a(i) 3a(ii) 3b 3b 3b 3c
b Permanent endowment 97.00 % c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should 3a Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations lit Describe in Part XIII the intended uses of the organization and Equipmon Complete if the organization and Description of property 1a Land b Buildings	sted as required on S rganization's endowm nent. (a) Cost or oth (investri	chedule R? ent funds.	art IV, line 11a. S	See Form 990, Pa	3a(i) 3a(ii) 3b 3b 3b 3c

Part VII	Investments - Other Securities	yored "Vos" to Form 990 Part	IV, line 11b. See Form 990, Part X, line	e 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
	erivatives			
2) Closely-hel	d equity interests	• •		
3) Other		-		
(A)				
(B)				
(C)				
(D)		_		
(E)				
(F)				
(G)		_		
(H)	. 7	•	English Color Color Color	
Part VIII	nust equal Form 990, Part X, col. (B) line 12.) Investments - Program Related Complete if the organization ans	l.	t IV, line 11c. See Form 990, Part X, lin	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			Goat at elia-ar-Logi menter raine	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	O) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization ans	wered "Yes" to Form 990, Pa	art IV, line 11d. See Form 990, Part X, li	ok value
	REST RECEIVABLE			24
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tabl (Colum	mn (b) must equal Form 990, Part X, col. (B)	line 15.)		2
Part X	Other Liabilities		art IV, line 11e or 11f. See Form 990, F	Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federa	al income taxes			
(2) FUND	S HELD FOR OTHERS	14,40		
	NDABLE ADVANCES	3,19		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		/		

17,592

Total. (Column (b) must equal Form 990, Part X, col. (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

UNITED WAY OF PUEBLO COUNTY, COLORAL	DO, 1110.		-04049	917 Page 4
attention of Povenue per Audited Financial St	tatements	ith Revenue per	Return.	
a the arganization answered "Yes" to Folli s	990, Part IV,	1110 120.		
Total revenue, gains, and other support per audited financial statements			1	1,124,890
to ded an line 1 but not on Form 990, Part VIII, line 12:				
Amounts included on line 1 but not on a support of the support of	2a		5.5	
Donated services and use of facilities	2b	38,918		
Recoveries of prior year grants	2c		7 3	
		(55,331)		
			2e	(16,413)
Add lines 2a through 2d Subtract line 2e from line 1	Out the said		3	1,141,303
Subtract line 2e from line 1			-	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		(= Y	
Investment expenses not included on Form 990, Part VIII, line 7b	4b			
Other (Describe in Part XIII.) Add lines 4a and 4b			4c	
Add lines 4a and 4b			5	1,141,303
Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) In XII Reconciliation of Expenses per Audited Financia	Statement	s With Expenses	per Re	
rt XII Reconciliation of Expenses per Audited I manera	m 000 Part I	/ line 12a		
Complete if the organization answered "Yes" to Form	11 330, 1 4111		11	1,130,802
Total expenses and losses per addited interior statement		******		
to lead and on line 1 but not on Form 990. Part IX, line 25:	1.0	20 010		
a state and use of facilities	2a	38,918		
n :	20		750	
	20			
	Zu			110 606
			2e	(12,686)
Add lines 2a through 2d Subtract line 2e from line 1			3	1,143,488
a seek leaded on Form 990. Part IX. line 25, but not on line 1:				
to the state of th	4a			
B 3000			1000	
			4c	
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	1,143,488
Total expenses. Add lines 5 dite 45.				
art XIII Supplemental Information	Part IV, lines 1b	and 2b; Part V, line 4; F	art X, line	е
art XIII Supplemental Information	Part IV, lines 1b	and 2b; Part V, line 4; fonal information.	art X, line	Э
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b provide any addit	orial informations		е
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b provide any addit	orial informations		Э
art XIII Supplemental Information	Part IV, lines 1b provide any addit	orial informations		9
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		Э
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b provide any addit	orial informations		Э
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		Э
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		Э
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		Э
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		8
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		9
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		9
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		9
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		9
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		8
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		8
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		8
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		8
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art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		9
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art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		9
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		9
art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		9
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art XIII Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p 1. Other revenues not included on Form	Part IV, lines 1b provide any addit	orial informations		9

		2013 UNIT	TO MAY	OF DITERIO	COUN	TY, COL	ORADO	, INC.			84-0404917	Page 5
edul	XIII 990) 2	Supplemental	Inform	nation (continu	ied)							
111	VIII .	Supplementa										
					-						7.17	
2	Othor	expenses	not	included	on	Form	990	(Part	XII,	line	2d)	
ONC	R DESIGN	ATIONS \$(51	,604)									
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												Schedule D (Form 9

EEA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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.

2013

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Inspection

Indicate whether the organization rais Mail solicitations Internet and email solicitations Internet and email solicitations In-person solicitations I	oral agreement v Part VII) or entity duals or entities (f : s	Solicitation of Solicitation o	f government grants raising events g officers, directors, t	rustees	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
3						
9						
0						
otal	ion is registered o	or licensed to	solicit contrit	outions or has been n	otified it is exempt from	

Y	1	Gross revenue				
Direct Expenses	2	Cash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes%	6
	7	Direct expense summary. Add lines	s 2 through 5 in column (d)			1
	a I	Enter the state(s) in which the organiza s the organization licensed to operate f "No," explain:	ation operates gaming activ gaming activities in each of	f these states?	e e grana a la la mand	Yes No
10	a b	Were any of the organization's gaming If "Yes," explain:	licenses revoked, suspend	ded or terminated during th	ne tax year?	Yes No
					Sch	nedule G (Form 990 or 990-EZ) 2013

SCHEDULE (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" to Form 990, Part IV, line 21 or 22.

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

Employer identification number 84-0404917

Open to Public

Inspection

OMB No. 1545-0047

2013

ON [

N Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

UNITED WAY OF PUEBLO COUNTY, COLORADO,

Name of the organization

Part

Schedule I (Form 990) (2013) CARE OF INDI CHILD ADVOCA Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, VARIOUS CHAR PREE CARE OF CHILDREN ACT (h) Purpose of grant SOYS ACTIVIT VARIOUS CHAR GIRLS ACTIV CHILD CARE or assistance TEARING (g) Description of non-cash assistance A Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (e) Amount of noncash assistance 8,000 23,400 3,500 44,000 28,000 27,350 39,000 14,125 57,300 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501C3 501C3 50103 501C3 50103 501C3 501C3 50103 501C3 501C3 84-0921521 84-1071784 23-7024504 84-0709410 84-0410630 the selection criteria used to award the grants or assistance? 23-7307508 84-0913793 22-1576300 84-0471001 84-0437753 (b) EIN HEALTH CEN (7)GIRL SCOUTS COLUMBINE COUNC (9) PUEBLO CHILD ADVOCACY CENTE (3) BOYS AND GIRLS CLUB OF PUEB (2)BOY SCOUTS ROCK MTN COUNCIL (6) EASTSIDE CHILD CARE CENTER THE (5) COOPERATIVE CARE CENTER (a) Name and address of organization (4) CATHOLIC CHARITIES OF (8) HEARING PROJECT ESA (1) AMERICAN RED CROSS (10) UEBLO COMMUNITY or government 429 W 10TH ST 101 310 COLORADO AVE PUEBLO, CO 81004 PUEBLO, CO 81008 PUEBLO, CO 81003 4104 OUTLOOK BLVD 411 S PUEBLO BLVD PUEBLO, CO 81003 PUEBLO, CO 81003 PUEBLO, CO 81003 PUEBLO, CO 81001 PUEBLO, CO 81005 2601 SPRAGUE AVE PUEBLO, CO 81004 PUEBLO, CO 81008 4315 OUTLOOK E 301 E 13TH ST 21 MONTEBELLO 325 W 10TH ST PO BOX 11266 Part II 7 -

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

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

SCHEDULE

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

Open to Public

Inspection

Employer identification number

84-0404917

OMB No. 1545-0047

2013

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

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					O O O I NO E
	Page Camping	grants or assistance, and			
		Jart I General Information of the grants of assistance, the grantees' eligibility for the grants or assistance, and	COLUMN TO THE CO		Juiled States.
	tance	of the grants or assistance	III of the grant of the		and a state of great finds in the United States.
, COLORADO, INC.	on Grants and Assis	mome other	ds to substantiate the amount	o prante or assistance?	d grant of carrier of
INC. MAY OF PUEBLO COUNTY, COLORADO, INC.	A San Information on Grants and Assistance	Gelleral Illomation	e organization maintain recol	The second of	the selection criteria used to award use grants of con-
Me of the organ	7777	arri	1 Doge th	2000	the sele

ON |

AID TO WOMEN Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, TARIOUS CHAR (h) Purpose of grant SUICIDE PREV SENIOR CARE CHILD CARE or assistance non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 39,150 26,000 36,000 55,050 45,250 (d) Amount of cash grant (c) IRC section if applicable 2 Describe in Part IV the organization's procedures for monitoring the use of gran 501C3 50103 501C3 50103 501C3 84-0404925 94-1156347 84-0645787 84-0593609 84-0755888 (b) EIN (4) SOUTHSIDE CHILDRENS CENTER (1) SUICIDE PREVENTION CENTER (a) Name and address of organization 1925 E ORMAN GTE 25 or government (3) SALVATION ARMY PUEBLO, CO 81003 PUEBLO, CO 81003 2601 SPRAGUE AVE PUEBLO, CO 81003 PUEBLO, CO 81003 PUEBLO, CO 81004 801 N SANTA FE 326 W 8TH ST 230 N UNION (5) YWCA (2) SRDA Part II (10) (6) (9) 3 8

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

Schedule I (Form 990) (2013)

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

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 1,285 16,000 14,301 31,523 23,500 20,081 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of 3 DESIGNATIONS TO NONMEMBER AGENCIES (a) Type of grant or assistance 1 COMMUNITY IMPACT GRANT 4 CPS DISBURSEMENT 2 CCC DISBURSEMENT 6 IBEW ER PROGRAM 5 VITA PROGRAM Schedule I (Form 990) (2013) Part III

(Part I, line 2) 01. Monitoring procedures

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE SELECTION OF GRANTEES, CRITERIA, REPORTS FROM AGENCIES AND THE AMOUNT

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

120,000

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 I (Form 990) (2013)

Page 2

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Schedule I (Form 990) (2013) (f) Description of non-cash assistance 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. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 4,000 11,500 417 37,000 25,443 (c) Amount of cash grant (b) Number of recipients 1 EMERGENCY SPECIAL FUNDING (a) Type of grant or assistance 5 SENIOR SERVICES GRANT 2 WITTELS DISTRIBUTION 4 MENTAL HEALTH GRANT 3 MENTORING PROGRAM Schedule I (Form 990) (2013)
Part III Grants Part IV 9

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

lame of the organization	84-0404917
INITED WAY OF PUEBLO COUNTY, COLORADO, INC.	10101000
01. Form 990 governing body review (Part VI	, line 11)
A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRE	CTORS FOR APPROVAL BEFORE FILING.
02. Conflict of interest policy compliance	(Part VI, line 12c)
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POL	ICY WHICH IS SIGNED ANNUALLY BY
OFFICERS AND EMPLOYEES. THIS POLICY IS MONITORED AND EN	FORCED.
03. CEO, executive director, top management	t comp (Part VI, line 15a)
THE ORGANIZATION HAS A POLICY FOR SALARY AND WAGE DETER	MINATION TO UTILIZE AVAILABLE
SALARY DATA AND INFORMATION FROM COMPARABLE ORGANIZATIO	INS AND FOR COMPARABLE POSTITIONS
DETERMINE SALARY. WHENEVER FISCALLY POSSIBLE THE SALAR	RY AND WAGE RANGES WILL BE
COMPARABLE TO MARKET CONDITIONS. BOARD MEMBERS AND VOI	LUNTEERS ARE NOT COMPENSATED FOR
COMPRESSO	
THEIR TIME.	
	the turn to obtain all
04. Other officer or key employee compensa	ation (Part VI, line 15b
04, 0000	
AS ABOVE	
	THE PART OF THE PART OF
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 GROSS-
U. C. A. Palista and Edward	
MEET TO DISCUSS.	
	and on prior year return (Part III, 1
06. Significant program services not list	ed on prior year recurr (
PUEBLO VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM	PUEBLO VITA IS AN IRS PROGRAM THAT
PROVIDES FREE TAX PREPARATION AND FILING FOR THOSE WE	O MAKE \$51,000 OR LESS TOTAL
PRUVILLED DIVIL **** ****	

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

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

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 PROOVIDED 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 HAPPPENED 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 ORGANIZSATIONS THAT HAVE NOT BEEN PREVIOUSLY FUNDED BY UNITED WAY. AS A RESULT,

UNITED WAY HAS INVESTED APPPROXIMATELY \$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 SCHOLARDHIPS 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

Employer identification number

84-0404917 UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2013

► Attach to your tax return.

Attachment Sequence No.

Department of the Treasury 179 ► See separate instructions. Internal Revenue Service Identifying number Business or activity to which this form relates Name(s) shown on return 84-0404917 UNITED WAY OF PUEBLO COUNTY, COL FORM 990 - 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 8 2 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 3,479 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 17 MACRS deductions for assets placed in service in tax years beginning before 2013 17 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 (c) Basis for depreciation (d) Recovery (business/investment use (g) Depreciation deduction (e) Convention (f) Method (a) Classification of property period only-see instructions) service 19a 3-year property SL 48 1,909 MO 5-year property 7-year property 10-year property 15-year property 20-year property SIL 25 yrs. 25-year property

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life

S/L 12 yrs b 12-year MM SIL 40 yrs. 40-year

ions.)	ĺ
	ions.)

h Residential rental

Nonresidential real

property

property

Listed property. Enter amount from line 28 21

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 3,527 22

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

		555	
	800		39886

MM

MM

MM

MM

27.5 yrs.

27.5 yrs

39 yrs.

SIL

S/L

S/L

SIL

Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1345-0047 =

2012

Department	of	lhe	7	te	田山	d
LANCES BY PAGE	100.00	-	E	1981	ونيحان	

Open to Public Inspection

	Revenue 5		Londing req	0	6-30	2013
A Fo	r the 20	12 calendar year, or tax year beginning 07-01 , 2012, and		- 0	4	layer identification no.
3 Ch	ock # apple	c Name of organization UNITED WAY OF PUEBLO COUNTY, COLORADO,	INC.		1.200	404917
Add	Sless chan	ge Doing Business As	-		-	
] Na	me change	Number and sireet (or P.O. box if mail is not delivered to street address)	Rounis	unte	100	phone mumber
init	rai resure	PO BOX 11566) 583-4455	
Tor	minated	City, form or post office, state, and ZIP code			100	,265,847
Am	unded retu	PUEBLO, CO 81001			G Gros	se modifité à
-	pidatine pr	The second secon	Hist	la tria a eroup	nature for	n m
				is this a group allustes?		Yes X No
Ta	-evenipt st	talus 🔀 501(c)(3) ☐ 501(c)() ◄ (insert riz.) ☐ 4947(a)(1) or ☐ 527	H(b)	H. Willes Continued to	included?	U Ves No
, We	bsite: >	WWW.PUEBLOUNITEDWAY.ORG	He	Group events	un tumber	-
		yzation Corporation Trust Association Other ▶ L Year of formution	1969	M State of	ligal domic	M CO
Part		Summary				
		iefly describe the organization's mission or most significant activities: THE UNITED WA	Y OF PU	EBLO COU	NTY,	COLORADO INC
	D1	AISES FUNDS TO BE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZ	ATIONS	TO BENEF	TIT TH	E
90	70	DAMUNITY, OUR MISSION IS TO DEVELOP DONOR RESOURCES TO ENHA	NCE THE	E QUALITY	OF L	IFE FOR THE
E E		COPLE OF PUEBLO COUNTY.				
Activities & Governance	2 C	heck this box ☐ if the organization discontinued its operations or disposed of more than 25	% of its ne	t assets.		
8		umber of voting members of the governing body (Part VI, line 1a)			3	17
6	3 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	17
Selles	4 N	otal number of individuals employed in calendar year 2012 (Part V, line 2a)			5	6
2	5 To	otal number of volunteers (estimate if necessary)		r. r. s	6	250
A	6 To	otal unrelated business revenue from Part VIII, column (C), line 12	Liver	Seres :	7a	0
	7a To	et unrelated business taxable income from Form 990-T, line 34		Land 1	7b	0
-	DN	at unrelated business taxable income from Form 550-1, line 54		Prior Year		Current Year
	0.00	Construction of State (Part Child Ch		1,133,4	94	1,196,958
m	8 C	ontributions and grants (Part VIII, line 1h)		27,0		26,079
ě	9 P	rogram service revenue (Parl VIII, line 2g)		3,6		5,831
Revenue	10 lo	vestment Income (Part VIII, column (A), lines 3, 4, and 7d)		28,6		36,979
ä	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,192,8		1,265,847
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1		7.00	835,241
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	-	675,3	0.5	033,242
		enefits paid to or for members (Part IX, column (A), line 4)		040		253,961
us	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		248,6	000	253,361
156		rofessional fundraising fees (Part IX, column (A), line 11e)			-	- 0
Expenses		otal fundralsing expenses (Part IX, column (D), line 25) 84,139	-	744		110.025
EX	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		103,1	100	142,035
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2	1,027,1		1,231,237
	19 F	evenue less expenses, Subtract line 18 from line 12		165,		34,610
1 kg	1		Beginn	ing of Current Y		End of Year
Fund Blances Net Assets or	20 T	otal assets (Part X, line 16)		1,966,0		2,096,763
Ass Ass		otal liabilities (Part X, line 26)		502,	5.0	602,681
No.	22 1	let assets or fund balances. Subtract line 21 from line 20	-	1,463,	114	1,494,082
Par	til	Signature Block			_	
Under	penaties o	If perjuly, I decide that I have examined this return, including accompanying actividules and statements, and to the best of complete. Differential of preparer (other than officer) is based on as information of which preparer has any knowledge.	if my knowledg	ge and belief, it is		
true c	orrect, and	complete Discharation of preparar (other than officer) to detail on an enorthwest of white preparar				1110
	-	Joines & Duff			11/2	6/13
Sign	n	Maryanure of athices			Date	*
Her	e i	JIM DUFF, TREASURER				
0.75		Type of print name and tale				
-	- 1	Print/Type preparer's name Properer's signature / 4/2 a O b		Check	a bin	· voncentra
Pai	d	Rebecca Farrells CPA TURECO Truells CPA 11-04-20	13	self-employed	P	00944467
	parer	Firm woome Rebecca E Farrells CPA Inc	Firm	s EIN 🕨		
	Only	AND TO ARREST AND A	Phor	se no		
USE	Unity	Pueblo CO 81003		71	9-545-	
-		discuss this return with the preparer shown above? (see instructions)		erice e	1000	· Yes X No

Page 2

84-0404917

Statement of Program Service Accomplishments

2012 01

Name(s) as shown on return

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Your Social Sincerity Number 84-0404917

FORM 990, PART III (A)

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

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 ORGANIZTIONS, 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 Your Social Security Number

Name(s) as shown on return

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

84-0404917

FORM 990, PART III(B)

PROGRAM SERVICE CODE PROGRAM SERVICE EXPENSES GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE 50 PROGRAM SERVICES REVENUE

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 COMUNITY. 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

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Your Social Security Number 84-0404917

FORM 990, PART III(C)

PROGRAM SERVICE CODE 50 PROGRAM SERVICE EXPENSES GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE 50 \$0 PROGRAM SERVICES REVENUE

EXPLANATION

WE HAVE MANY DONORS WHO WORK TO ENCOURAGE PHILANTHROPY AND GENEROSITY WITHIN THEIR WORKPLACE AND THROUGHOUT THE COMMUNITY. WE ALSO ASSIST OTHER MONPROFITS IN FINDING VOLUNTEERS FOR THEIR ORGANIZATION VIA OUR LARGE SUPPORT NETWORK,

Par	IV Checklist of Required Schedules		Yes.	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		-	
1	complete Schedule A	-	X	_
9	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X.	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	301		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			V
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.			
5	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C.	L.		
	Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	- 1		100
	"Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
g b	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			7
8	complete Schedule D, Part III	8		X
	complete Schedule D, Part III			
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	9		X
	debt nedotation services: it les, complete derication of the services of the s			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10	X	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	-	-	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedulo D. Parts VI.			
	VII, VIII, IX, or X as applicable.			
à	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes,"	11a	×	
	complete Schedule D, Part VI		75	=
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110	_	-
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	11c		x
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	110	_	a
0	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	N	V
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	.11e	X	+
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	111		400
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D; Part X.	11f		X
12a	Did the graveivation obtain separate, independent audited financial statements for the tax year? If "Yes," complete	400	0	
	Schedule D. Parts XI and XII	12a	X	+
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If	4000	т.	
	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?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			н
1	fundraising, business, investment, and program service activities outside the United States, or aggregate	2.33		100
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146	-	X
15	Did the example stone report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	100	h	10
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		1.33
,	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	The this acceptation report a total of more than \$15,000 of expenses for professional fundraising services on	100		10
	Part IX., column (A), lines 6 and 11e7 If "Yes," complete Schedule G, Part I (see instructions)	17	-	X
18	Did the considering count more than \$15,000 total of fundraising event gross income and contributions on		No.	1
10	Part VIII, lines 1c and 8a7 II "Yes," complete Schedule G, Part II	18	X	
40	Did the apparation report more than \$15,000 of gross income from gaming activities on Part VIII, line say			
19	Military V appropriate Collection C. Part III	19		X
-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	4.04		X
20	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20t		

Form 990 (2012)

Form 990 (2012)

Checklist of Required Schedules (continued) Part IV Yes-No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II X 21 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 27 If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$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 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 27 X 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): Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 × 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations. 33 sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 34 X X *************** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a X. 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for tederal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 197 Note. All Form 990 filers are required to complete Schedule O 38

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		Yes	No
	1a 0			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15 0	- 1	- 1	
b	Foler the number of Folias vv-2/3 multiple to the first the first to t		- 1	
C	Did the organization comply with backup withholding rules for reportable payments to vandors and	10		
	renortable daming (dambling) wildings to prize without			
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 6			
		26	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b	If mose a light it from a Futth water I for fills Addit it light in the high and a second and a			
48	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	4a		X
	account)?			-
b	If "Yes," enter the name of the foreign country;			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		X
5a	Wen the programation a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did say toughts party polify the organization that if was or is a party to a prohibited tax shelter transaction?	5c		24
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	é.		x
	organization solications contributions that were not tax deductible as charitable contributions?	6a	-	
b	Wilder II did the proportation include with every solicitation an express statement that such contributions of	r.i.		
7	gifts were not tax deductible?	615		
7	Organizations that may receive deductible contributions under section 170(c).			
n	The the executation receive a navment in excess of \$75 made partly as a contribution and partly for goods		·or	
-	and services provided to the payor?	7a	X	-
h	If "Ves." did the organization notify the donor of the value of the goods or services provided?	7b	X	-
c	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was			55
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			100
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
0	find the expeniention during the year pay premiums, directly or indirectly, on a personal benefit contract?	71		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		X
g	the property of the property o	7h		X
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
B	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		
	organization, have excess business holdings at any time during the year?	8		
2	Sponsoring organizations maintaining donor advised funds.			
9	to the distributions under raction 49662	9a		
3	Du the diganization made of providence depart depart adules or related person?	9b		
þ				
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b		1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
а	Gross income from members or snareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources			
	adalest amounts due or received from them.)	120	6	
128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-		
t	if "Yes," enter the amount of tax-exempt interest received of door day.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
-	is the organization licensed to issue qualified health plans in more than one state?	270		
	Note. See the instructions for additional information the organization must report on Schedule O.			
1	Enter the amount of reserves the organization is required to maintain by the states in which			
	the seement at the beginning of the seement of the seement at the	-		
	Foler the amount of reserves on hand	146		2
14	a Did the propagation receive any payments for indoor tanning services during the tax year?	141	-	-
1	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	-	_	(201

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. 84-0404917

Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI G

Governance, Management, and Disclosure For each tes	response to mes a proofit to possess
response to line 8a, 8b, or 10b below, describe the circumstances, process	ses, or changes in Schedule O. See instructions.
response to line on, ou, or roo below, was a sealing in this Day! VI	
Check if Schedule O contains a response to any question in this Part VI	* * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *

ect	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year			
1a	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.			
	Enter the number of voting members included in line 1a, above, who are independent			
ь	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	101		
2	Did any officer, director, trustee, or key employee have a farmy content of the property of th	2		X
	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct			
3	Did the organization delegate control over management duties customerly personal company or other person?	3		X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	-	Х
5	Did the organization become aware during the year of a significant diversion of the organization of the	6	-	X
6		-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X
	one or more members of the governing body?			**
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.	7b		x
	stockholders, or persons other than the governing body?	70	-	-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	ACCOUNTS OF THE COMMENT OF THE COMME		10	
а	The coverning body?	88	X	
b	Each committee with authority to act on behalf of the governing body?	8h	X	-
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	100		100
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section 8 requests information about policies not required by the Internal Revenue Code.)			
060	HON DET ONOTO THE OCCUPANT OF		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b	Describe in Schedule O the process, if any, used by the digantzation to street the	12a	Х	
12a	Did the organization have a written conflict of Interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Were officers, directors or trustees, and key employees required to disclose annually miscoss with the policy? If "Ves."			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	120	X	
	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	П
13	Did life didding diameter in a major in the property of the pr	14	X	т
14	Did the organization have a written addution retermine and additional and	1	-	$\overline{}$
15	Did the process for determining compensation of the following persons include a review and approval by		1.1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	1
a	The organization's CEO, Executive Director, or top management official	15a		+
b	Other officers or key employees of the organization	130	A	+
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
700	with a laxable entity during the year?	- 16a	-	1.7
b	and the second s			
2	participation to joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1000		
	organization's exempt status with respect to such arrangements?	46b	(i)	
Se	ction C. Disclosure	_		_
17	Liet the states with which a copy of this Form 990 is required to be filed			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
18	available for public inspection. Indicate how you made these available. Check all that apply.			
	C			
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy.			
19	Describe in Schedule O whether (and if any now), the digital for his and a general growth of the state of the			
	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			
_	urganization: DUNITED WAY OF PUEBLO (719) 583-4455 2631 E 4TH ST PUEBLO, CO 81001	For	m 990	(20

Tremeson	Contractions appear are	mrmmr.c.	COLDIEA	COLORADO.	TNC.	84-0404917
orm 990 (2012)	UNITED WAY OF	POERTO	COUNTY	COLIGICALIO		Highest Compensated Employees
Camer	angetion of Officers	Director	s. Trustee	s. Kev Em	pioyees,	Highest combensates cubiches

and Part VII Independent Contractors

Check if Schedule O contains a response to any question in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Section A. 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.

(A) Name and Title	(B) Average hours cer week (list any hours for related organizations below doned	(do no	or che	Pos- cicmo pers n dire	tion tion It	both an mustee) H c e e e e e e e e e e e e e e e e e e	2	(D) Reportable compensation from the organization (W-2/1099-MISC)	Repartable commensation from retaled organizations (W-2/1099-M/SC)	Estimated almost of almost almost of almost
1) BARBARA HODGSON	1.00	x	ľ					0	0	o
BOARD MEMBER	1,00	-11				1				
2) BONNIE DICKERSON	1.00	x	-				1	0	0	0
BOARD MEMBER	1.00									
3) CHRIS RILEY	1.00	X						0	0	0
4) DAVE GALLI				100					0	0
CHAIR ELECT	1.00	X	+	X	-	-	-	0	0	
5) DAVID ATWOOD	100 700						1	Ö	0	0
BOARD MEMBER	1.00	X	+	+	+	-	+	- 0	- 0	
(6) DAVID EDMISSON	0.726			3		1		0	0	0
CHAIR	1.00	X	+	1	+	+	-			
(7) DOMINIC GALLINA	20.00	x			Ν.		1	0	Ó	0
BOARD MEMBER	1.00	A	+	+	+	1	+			
(8) DOUG HAYES	1.00	x			1			0	0	0
BOARD MEMBER	1.00	A	+	+	t					
(9) JIM DUFF	1.00	X	1	1			1		0	
TREASURER	1.00	1	+	+						
(10)JOHN KEILBACH	1:00	X		1			1		0	(
(11)JOHN KLOMP		64		1		4			0	1
PAST CHAIR	1.00	X	+	+	+	-	+	(
(12)MATT SMITH	1,00	x							0	(
(13)MITCH MEMINGER									0	
VICE CHAIR	1.00	X	+	-	X	-	+			
(14)RICK SCHOLTES	1.00	x	1					1	0 0	1

Page 8 84-0404917 UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. Form 990 (2012) Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (F) (B) Reportable Estimaquid Position Reportable Avurage Name and title amount of compensation from (do not check more than one compensation hours per phrai box, unless person is both an Brom related week (list any organizations сомранизабал officer and director/trustee) :ITVII nours for (W-2/1099-MISC) None the organization organization (W-2/1099-MISC) 9 mp organizations and related. below dotted organizations. OHO. ling) n y s m u 6 0 (15)RUDY KRASOVEC 0 0 0 X 1.00 BOARD MEMBER (16)SANDY ROMERO 0 0 0 X X 1.00 SECRETARY (17)TRACY MARTINEZ 0 O. 0 1.00 Х (18)(19)(20)(21)(22)(23)(24)(25)Total from continuation sheets to Part VII, Section A Û 0 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000.of 0 reportable compensation from the organization > Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 X employee on line 1a? If "Yes," complete Schedule J for such individual 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 X 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 Section B. Independent Contractors 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.		3.0	- 40
(A) Name and business address	Description of services	(C) Compensace	
	the state of the s		-

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

Page 8 84-0404917 UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. Form 990 (2012) Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (F) (B) Reportable Estimaquid Position Reportable Avurage Name and title amount of compensation from (do not check more than one compensation hours per phrai box, unless person is both an Brom related week (list any organizations сомранизабал officer and director/trustee) :ITVII nours for (W-2/1099-MISC) None the organization organization (W-2/1099-MISC) 9 mp organizations and related. below dotted organizations. OHO. ling) n y s m u 6 0 (15)RUDY KRASOVEC 0 0 0 X 1.00 BOARD MEMBER (16)SANDY ROMERO 0 0 0 X Х 1.00 SECRETARY (17)TRACY MARTINEZ 0 O. 0 1.00 Х (18)(19)(20)(21)(22)(23)(24)(25)Total from continuation sheets to Part VII, Section A Û 0 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000.of 0 reportable compensation from the organization > Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 X employee on line 1a? If "Yes," complete Schedule J for such individual 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 X 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 Section B. Independent Contractors 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.		3.0	- 40
	(A) Hame and business address	Description of services	(C) Compensace
	the state of the s		-

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

84-0404917

	Check if Schedule O contains a response	to driy q	and the state of t	(A) Total revenue	(B) Related at exempt function revenue	(C) Unrelated business revenue	(D) Revenue excludes from tely under sections 612, 513, pr 514.
str	1a Federated campaigns	1a					
our	b Membership dues	1b					
A m.G	c Fundraising events	10					
# F	d Related organizations	1d					
, E	e Government grants (contributions)	1e					
Contributions, Giffs, Grants and Other Similar Amounts	f All other contributions, giffs, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1		,196,958				
and	h Total. Add lines 1a-1f			1,196,958	-		
			Susiness Code				
2	2a SERVICE FEE REVENUE	9	00099	3,645	3,645		
Service Revenue	b OFFICIAL FUNCTIONS	9	00099	11,158	11,158		
8	c ADMIN FEES	9	00099	1,541	1,541		
ě.	d OTHER DESIGNATIONS	9	00099	1,488	1,488		
E	e GIL PADILLA FUND		00099	6,580	6,580		
Program	f All other program service revenue		00099	1,667	1,667		
Pro	g Total, Add lines 2a-2f			26,079			
-				20,010			
	Investment income (including dividends, inter and other similar amounts) Income from investment of tax-exempt band			5,831	5,831		
	5 Royalties						
	(i) Real		(a) Personal				
	6a Gross rents						
	b Less rental expenses · · · ·						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of (i) Securities assets other than inventory	1.	(ii) Other				
	b Less: cost or other basis and sales expenses + + + +						
	c Gain or (loss)						
	d Net gain or (loss)						
nue	8a Gross income from fundraising				-		
Ve.	events (not including \$						
Other Reve	of contributions reported on line 1c).		100				
ē	See Part IV, line 18	. а	36,786	- 11			
5	b Less: direct expenses	. b					1
.50	c Net income or (loss) from fundraising events		* diam'r.	36,786			36,786
	9a Gross income from gaming activities.	- 1					
	See Part IV, line 19	. a					
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold	. b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Susiness Code				
	11a MISC REVENUE	9	000099	193	193		
	b 0						
	0.0						
	d All other revenue	A					
	e Total. Add lines 11a-11d			193			
	12 Total revenue. See instructions			1,265,847	32,103		0 36,78

Statement of Functional Expenses Part IX

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. (C) Do not include amounts reported on lines 6b, 7b, Management and general expenses Fundraising Program service DESCRIPTIONS. expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and 495,360 495,360 organizations in the United States. See Part IV, line 21 . Grants and other assistance to individuals in 2 339,881 the United States. See Part IV, line 22 339,881 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV. lines 15 and 16 Compensation of current officers, directors. 5 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) - - - - -49,162 152,402 12,644 214,208 Pension plan accruals and contributions (include 8 3,176 828 9,804 section 401(k) and 403(b) employer contributions) 13,808 2.199 573 6,786 9,558 3,769 983 11,635 Payroll taxes 16,387 10 Fees for services (non-employees): 699 699 Legal Accounting 8,200 8,200 Professional fundraising services. See Part IV, line 17 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,506 7,351 8,857 12 2,083 6,432 544 Office expenses 9,059 13 14 Information technology 15 552 144 1,704 2,400 16 257 985 4,283 3,041 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 11,103 938 3,597 15,638 19 Conferences, conventions, and meetings 20 10,181 Payments to affiliates 10,181 21 800 209 3,479 2,470 22 747 2,305 195 3,247 23 Other expenses. Itemize expenses not covered 24 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.) 5,152 9,333 1,285 15,770 CAMPAIGN SUPPLIES 32 121 374 527 TELEPHONE 5,658 478 1,833 7,969 POSTAGE AND SHIPPING C 313 82 967 1,362 EOUIP MAINTENANCE 8,144 1,914 50,364 40,306 All other expenses 84,139 30,005 1,117,093 1,231,237 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here > 1 if following SOP 98-2 (ASC 958-720). STATE STATE OF

orm 990 (2012)

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 1 100 100 Cash - non-interest-bearing 1,687,448 1,516,445 2 Pledges and grants receivable, net 3 390,959 431,499 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors 5 trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Leans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(a)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 7,938 6,090 Land, buildings, and equipment; cost or 10a other basis. Complete Part VI of Schedule D 10a 10c Less: accumulated depreciation 10b 11.862 9,979 26,121 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 339 Other assets. See Part IV, line 11 15 15 2,096.763 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,966,017 16 17 577,451 486,903 17 Grants payable 16,000 16,000 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons, Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 9.230 of Schedule D Total liabilities. Add lines 17 through 25 26 602,681 502,903 26 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 779,872 27 Unrestricted net assets 800,957 27 28 114,210 62,157 28 29 600,000 600,000 Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,494,082 33 Total net assets or fund balances 1,463,114 33 34 2,096,763 1,966,017 Total liabilities and net assets/fund balances 34 Form 990 (2012)

Pan					
	XI Reconciliation of Net Assets				- 13
	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		65,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		31,2	-1
2	Pavenue lass expenses. Subtract line 2 from line 1	3		34,6	
À	Not assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,4	63,1	11
5	filet (inceptized gains (losses) on investments	5			
6	Donated services and use of facilities	6			-
7	Impostment expenses	7		_	
8	Prior period adjustments	8	_		
8	Other changes in net assets or fund balances (explain in Schedule O)	9		(3,	64
10	Net assets or fund halances at end of year. Combine lines 3 through 9 (must equal Part X, line	0.00			
	33, column (B))	10	1,4	94,	08
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		***		
				Yes	
				190	
	Accounting method used to prepare the Form 990: Cash X Account Other			100	ĺ
1	Accounting memod used to prepare the Form 550.			10.3	
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		. Za	162	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	11115	2a	10.2	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	11115	2a		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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:	11115	- Za		
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis	11115			
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	11112		X	
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1) 112			
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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:	11115			
2a b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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	11111			
2a b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	1)115	. 2b		
2a b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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, or both: Separate basis Consolidated basis Both consolidated and separate basis 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?	27.175	. 2b	X	
2a b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in	27.44	. 2b	X	
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compitation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	20112	. 2b	X	
2a b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	11111	. 2b	X	
2a b c	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compitation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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?	11111	. 2b	X	
2a b	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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? If "Yes" if did the propagation undergo the required audit or audits? If the organization did not undergo the	10111 21444 21444 21444	. 2b . 2c	X	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Interval Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

► Attach to Form 990 or Form 990-EZ.

4947(a)(1) nonexempt charitable trust.

► See separate instructions.

2012

OMB No 1545-004T

Open to Public Inspection

		organization					-		Employer i	dentification	number
		MAY AS DUPUT	COUNTY, CO	LORADO, INC.						104917	
	rt I	Reason for F	ublic Charity	Status (All organiz	ations mu	ist comp	olete this	part) S	See instri	uctions.	
		ization is not a prival	te foundation becau	use it is: (For lines 1 throi	igh 11, chec	k only one	box.)				
1		A church convention	n of churches, or a	ssociation of churches de	scribed in s	ection 17	0(b)(1)(A)(i	i).			
2	H)(A)(ii). (Attach Schedule							
3	ŏ	A harnital ar a coon	erative hospital sec	vice organization describ	ed in sectio	n 170(b)(1	I)(A)(iii).				
	H	A madical manurch	amanization opera	ted in conjunction with a	hospital des	cribed in s	ection 170	(b)(1)(A)(iii). Enter th	ne	
4	ш			igit in coriforcion mar a	itaspitai seri		77333333	i-it-it-it			
	m	hospital's name, city	, and state.	t of a college or universit	u numed or	operated b	v a dovern	mental lim	i described	fin:	
5	11				y omned or	paraica e	, a govern	1115-11111-35-0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		section 170(b)(1)(A	()(IV). (Complete P	an m)	discal in which	lan 170/h	VAVAVVA				
6		A federal, state, or li	ocal government of	governmental unit descr	in Seci	ton troto	Millounite	u from the	nonoral ne	ublic	
7	X			a substantial part of its s	apport from	a guvernin	icinal units	a nom and	Alexander by	abira.	
		described in section			Day Boy III						
8	Ш	A community trust d	lescribed in section	n 170(b)(1)(A)(vi). (Com	plete Part II	A. Common de A	allered was a	a seconda aprendimenta	us fone dos	LOIDEE	
9	Ш	An organization that	normally receives:	(1) more than 33 1/3% (its suppon	trom cont	noutions, it	nembersn	22 1/20/ 01	i gruss ite	
		receipts from activity	es related to its ex	empt functions - subject	o certain ex	ceptions, a	and (2) no f	nore man	33 11370 01	11.5	
		support from gross	investment income	and unrelated business	taxable inco	ne (less s	ection 511	tax) from t	pusinesses		
		acquired by the orga	anization after June	30, 1975 See section	509(a)(2). (C	omplete F	an III.)	W			
10		An organization org	anized and operate	ed exclusively to test for p	ublic safety.	See secti	ion 509(a)(4),	100000		
11		An organization org	anized and operate	ed exclusively for the ben	efit of, to per	form the fi	unctions of	or to carr	y out the	20.2	
		purposes of one or	more publicly supp	orted organizations desc	ribed in sect	on 509(a)	(1) or section	on 509(a)(2) See se	ction	
		509(a)(3). Check th	e box that describe	s the type of supporting	organization	and comp	lete lines 1	1e through	h 11h		College Lines Line
		a Type!			: III-Function						nally integrated
		By checking this bo	x, I certify that the	organization is not contro	lled drectly	or indirectly	y by one or	more disc	qualified pe	rsons	
	-	other than foundation	on managers and o	ther than one or more pu	blicly suppo	rted organ	izations de	scribed in	section 50	9(a)(1)	
		or section 509(a)(2)									
-		If the organization r	eceived a written d	etermination from the IRS	S that it is a	Type I, Typ	e II, or Typ	e III supp	orting		
		organization, check		extererent to			1950			24300	10.0010.00U
		Since August 17, 20	005 has the organi	zation accepted any gift	or contribution	in from an	y of the				
		following persons?									
		(i) A person who	directly or indirectly	y controls, either alone of	together wi	th persons	described	in (ii) and			Yus No
				the supported organization			STATE)3g(i)
				cribed in (i) above? +			44.64				11g(ii)
				on described in (i) or (ii) a					43500	T + + + 1	11g(iii)
1				t the supported organiza							
-	_	lame of supported	(II) EIN	(III) Type of organization	(iv) is the or	ganization	(v) Did yo	u notify	(9)14	s like	(vit) Amount of morning
	67.	argunzation	101 401	(described on lines 1-9	in col. (i) its	ed in your	the organi		organizati (I) organiz		Augoert
				above or IRC section (see instructions))	governing o	ocument?	cal (i) a	part?		3.7	
				Tage Madidistroning	Yes	No	Yes	No	Yes	No	
745					1 2 2 2			-			
(A)											
101			-								
(B)						-					
-									_		
(C)											
-			-	_	+	1					
(D)											
-			-	-							
(E)											
_			-		-						
										1	
To	tal			1						ex us	(# 1 mm - 1 mm F7) 301

_		D WAY OF PUE	BLO COUNTY,	COLORADO, I	NC.	84-0404917 70(h)(1)(A)(vi)	Page 2
Par	(Complete only if you check	ed the box on I	ine 5, 7, or 8 o	f Part I or if the	organization	failed to qualify	under
	Part III. If the organization fa	ails to qualify u	nder the tests I	sted below, ple	ease complete	Part III.)	
	tion A. Public Support	. Conno	W-1-0000	74V 2010	(d) 2011	(e) 2012	(f) Fotal
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(0) 2011	(0) 2012	III iolai
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	Total. 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	Public support. Subtract line 5 from line 4						5,362,641
Sec	tion B. Total Support						
Cale	ndar 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	Total support. Add lines 7 through 10 .						5,594,738
12	Gross receipts from related activities, etc. (se	ee instructions) -	******		SERVICE.	12	248,179
13	First five years. If the Form 990 is for the or organization, check this box and stop here		*******	or fifth tax year as	a section 501(c)(3) 	· · · · • 🗆
Sec	tion C. Computation of Public Su					as T	
14	Public support percentage for 2012 (line 6, c					The state of the s	95.85 %
15	Public support percentage from 2011 Schedi	ule A, Part II, line 14					93.83 %
16a	33 1/3% support test - 2012. If the organization and stop here. The organization qualifie	tion did not check to s as a publicly supp	he box on line 13, a ported organization	and line 14 is 33 1/	3% or more, check	this	▶ ⊠

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) 	4944444		
Sec	tion 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		W _i
16a	33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,	this	+),533(6)		
b	check this box and stop here. The organization qualifies as a publicly supported organization		*****	*	
17a	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.	t d			
b	10%-facts-and-circumstances test - 2011. 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 public.	y			
Sar I	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				D

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

Support Schedule for Organizations Describes in Section 1	1
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qual	ify under Part II.
If the grangization fails to qualify under the tests listed below, please complete Part II.)	

	tion A. Public Support		T. STORING	T. Control	1	(e) 2012	(f) Total
Calo	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(8) 2012	(I) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	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 bus, under sec 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						
000	etion B. Total Support						
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2000	(b) 2004	(6) 2010	(e) con	10,000	
10a	Gross income from interest, dividends, payments received on securities toans, rents royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 (axes) from businesses acquired after June 30, 1975						
C	Add lines 10g and 10b v · · · · · · · · · · · · · · · · · ·	-				-	-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
Se	ction C. Computation of Public S					The T	
15	Public support percentage for 2012 (line 8,	column (f) divided	by line 13, column		******	15	% %
16	Public support percentage from 2011 Sched	lule A, Part III, line	15	*******	******	16	70
Se	ction D. Computation of Investme	ent Income F	ercentage			T as I	2/6
17	Investment income percentage for 2012 (lin	e 10c, column (f)	divided by line 13,			17	1%
18	investment income percentage from 2011 S	chedule A. Part I	II, line 17		nin then 30 time	120	
198	17 is not more than 33 1/3%, check this box	and stop here.	The organization qu	values as a briouci	y supported organic	allon	· / · / · / ·
t	33 1/3% support tests - 2011. If the organi line 18 is not more than 33 1/3%, check this	zation did not che	eck a box on line 14 ere. The organization	or line 19a, and li on qualifies as a pu	ne 16 is more than blicly supported on	33.1/3%, and panization	
20	Private foundation. If the organization did	not check a box o	on line 14, 19a, or 1	9b, check this box	and see instruction	5 17-1	

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

Schedule of Contributors

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

OMB No. 1545-0047

2012

Department of the Treasury internal Revenue Service Employer identification number Name of the organization B4-0404917 UNITED WAY OF PUEBLO COUNTY, COLORADO, INC Organization type (check one): Section: Filors of:) (enter number) organization Form 990 or 990-E2 X 501(c)(3 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 IL 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, chantable, etc., purposes, but these contributions did

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not life 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).

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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number 84-0404917

Part I	Contributors (see instructions). Use duplicate copi	les of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TRANE COMPANY 101 WILLIAM WHITE BLVD PUEBLO, CO 81001	\$ 43,482	Person Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BLACK HILLS ENERGY 105 S VICTORIA AVE PUEBLO, CO 81003	\$35,017	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_6	DECHTEL NATIONAL 104 W B STREET PUEBLO, CO 81003	\$ 31,606	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	XCEL ENERGY 2005 LIME ROAD PUEBLO, CO 81006	\$ 176,632	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_	PARKVIEW MEDICAL CENTER 400 W 16TH STREET PUEBLO, CO 81003	\$ 81,316	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	THE PACKARD FOUNDATION 121 W 1ST STREET STE 240 PUEBLO, CO 81003	\$ 47,800	Person Management Payroll Description Moncash Complete Part II II there is a noncash contribution.)

Name of organization

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number

84-0404917

Part I	Contributors (see instructions). Use duplicate cop	les of Part I if additional space is	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	BOARD OF WATER WORKS PO BOX 400 PUEBLO, CO 81002	\$ 26,873	Person Market Payroll Market M
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
=		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
=		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Department of the Treatury

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 1544-0047 2012

Open to Public Inspection

Inlamal Revenue Service Employer identification number Name of the organization 84-0404917 UNITED WAY OF PUEBLO COUNTY, COLORADO, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Denor advised funds Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) + + + + + + 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 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? 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 an historically important land area Preservation of land for public use (e.g., recreation or education) \Box Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements . . . Total acreage restricted by conservation easements b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/05, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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? ********* 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) 8 Yes No. (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation essements 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. 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. 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 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: b Assets included in Form 990, Part X

Organizations Maintaining Colle ing the organization's acquisition, accession, and o lection items (check all that apply) Public exhibition	ctions of Art, ther records, check	Historical Tre	asures, or	Otne	er Similar Asse	es leon	moce	e 1
lection items (check all that apply).	ther records, check	A SHOULD THE TOTAL LAND TO SERVICE A		Carter Comme	of course of the			1
		any or the followin	ng that are a sig	mincar	n use or as			
Public exhibition								
	The state of the s	exchange program	ns					
Scholarly research	e 🗌 Other		_	-				
Preservation for future generations	San San Land Co.		4		Sana la Dari			
ovide a description of the organization's collections	and explain how th	ey further the orga	inization's exen	ibi bu	pose iii raii			
 ring the year, did the organization solicit or receive 	danations of art h	storical treasures	or other similar					
ring the year, did the organization solicit or receive sets to be sold to raise funds rather than to be main	stained as part of il	o aragaization's c	ollection?		*******	. I Yo	s 📗	No
sets to be sold to raise funds rainer than to be main	nante Compl	ete if the organ	ization ans	were	d "Yes" to Form	990, P	art IV	
lies 0 as separated an amount on E	orm 990 Part	X line 21.	(included)	13,50.6				
line 9, or reported an amount of t	os intermedians for	contributions or of	her assets not					
	er intermediary for	contributions or or	ner asserts ner	111		□ Ye	5	No
Yes," explain the arrangement in Part XIII and com	plete the following	table		1	Amo	int		
array may a second and a second a second and				10	1.7118			
ginning balance								
ditions during the year	********	4444		10				
stributions during the year	******	44444422		40				
nding balance	*******		1100011	100	The state of the s	. IT v	e I	No
d the organization include an amount on Form 990.	Part X, line 217	10.01.131			311111111	_		, 7/17
"Yes," explain the arrangement in Part XIII. Check I	iere if the explanat	ion has been provi	ded in Part XIII				4 4 6	-
						Tree .	1.1.1.100	
(0) Current year			77		1		
eginning of year balance	641,291	650,226	673,	145	667,899		667,1	393
ontributions				_				_
et investment earnings, gains, and				1				
sses x . x	2,945	7,267	12,	675	22,266			_
rants or acholarships						_		_
ther expenditures for facilities and								
	16,134	16,202	16,	422	17,020			
								_
	628,102	641,291	669	398	673,145		667,	89
rouide the estimated percentage of the current year			ld as:	,,-				
		7-30-010						
	- "							
	n %							
ne percentages in lines 2a, 2b, and 2c should eque	the organization th	at are held and ad	ministered for I	he				
	are organicamen	an are the same of					Yes	No
The state of the s						3a(i)	32.1	X
						3a(ii)		X
i) related organizations	an amount on Oak	adula P2	Section 2					
"Yes" to 3a(ii), are the related organizations listed a	as required on Sch	edule iv	9000000	000	· · · · · · · · · · · · · · · · · · ·	45		
escribe in Part XIII the intended uses of the organi	zation's endowmer	On Part X line	10					
VI Land, Buildings, and Equipmen				Viet	Kindardatas	(et One	Lanca Company	
Description of property	The second second	Section C. N. Co.				147 850	1400	
cual contract of the contract								
			36 100		26,121		9.	97
			30,100		201200			
		aluma (III) Ilma 100	9.1	2.5-1			9	97
	line 9, or reported an amount on Fithe organization an agent, trustee, custodian or oth cluded on Form 990, Part X? Yes," explain the arrangement in Part XIII and come of ditions during the year stributions during the year adding balance of the organization include an amount on Form 990. The stributions during the arrangement in Part XIII. Check the complete if the complete in in the complete if the complete in complete in its properties and of year balance in complete in its properties in the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentages in lines 2a, 2b, and 2c should equal the percentage of the complete in the perc	line 9, or reported an amount on Form 990, Part the organization an agent, trustee, custodian or other intermediary for studed on Form 990. Part X? Yes," explain the arrangement in Part XIII and complete the following reginning balance diditions during the year stributions during the year diding balance diditions during the arrangement in Part XIII. Check here if the explanat in Part XIII. Check here if the explanation deginning of year balance deginning of year balance determined to the organization deginning of year balance deginning of year balance deginning of year balance deginning and deginning the property deginning the prop	line 9, or reported an amount on Form 990, Part X, line 21. the organization an agent, trustee, custodian or other intermediary for contributions or of cluded on Form 990, Part X? Yes, "explain the arrangement in Part XIII and complete the following table: Inginning balance Iditions during the year stributions during the year diding balance Id the organization include an amount on Form 990, Part X, line 21? Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided the organization answered "Y aginning of year balance (b) Prior year (b) Prior year (b) Prior year (c) Current year (b) Prior year (c) Current year (c) Prior year (c) Prior year (c) Prior year (c) Prior year (c) Current year (c) Prior year (c) Prior year (c) Current year (c) Prior year (c) Prior year (c) Current year (c) Prior year (c) Prior year (c) Prior year (c) Current year (c) Prior year (c) Prior year (c) Prior year (c) Current year (c) Prior year	line 9, or reported an amount on Form 990, Part X, line 21. the organization an agent, trustee, custodium or other intermediary for contributions or other assets not studed on Form 990, Part X? Yes, "explain the arrangement in Part XIII and complete the following table: Inginning balance diditions during the year stributions during the year stributions during the year ading balance of the organization include an amount on Form 990, Part X, line 21? 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In the remanent endowment funds not in the possession of the organization that are held and administered for the granization by: Unrelated organizations In related organizations In related organizations Pres' to 3a(ii), are the related organizations listed as required on Schedule R? The percentage of the current year and one of the organization that are held and administered for the granization by: Unrelated organizations Pres' to 3a(ii), are the related organizations listed as required on Schedule R? The percentage of the organizations and the possession of the organization of	line 9, or reported an amount on Form 990, Part X, line 21. the organization an agent, inustee, custodian or other intermediary for contributions or other assets not studed on Form 990, Part X? Yes, "explain the arrangement in Part XIII and complete the following table: Amount of the organization include an amount on Form 990, Part X, line 21? 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It de organization has been provided in Part XIII It de organization has been provided in Part XIII It de organization and subject of the organization answered "Yes" to Form 990, Part IV, line 10, li	line 9, or reported an amount on Form 990, Part X, line 21. Yes, "explain the arrangement in Part XIII and complete the following table: Amount 16 Indicated on Form 990, Part X? Yes," explain the arrangement in Part XIII and complete the following table: Indicated on Form 990, Part X? Yes," explain the arrangement in Part XIII and complete the following table: Indicated on Form 990, Part X; line 21? Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Indicated an amount on Form 990, Part X; line 21? Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Indicated an amount on Form 990, Part X; line 21? Yes," explain the arrangement in Part XIII. 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Yes to 3a(ii), are the related organizations listed as required on Schedula R? Yes to 3a(ii), are the related organizations listed as required on Schedula R? Yes to 3a(ii), are the related organizations listed as required on Schedula R? Yes to 3a(ii), are the related organizations listed as req	like or gamization an aport in the control of Form 990, Part X? The organization an aport, makes, custodian or other intermediary for controlutions or other assets not studed on Form 990, Part X? Tyes, "explain the arrangement in Part XIII and complete the following table: Amount to decide the control of the control

Part VII			
	(a) Description of security or category (including name of security)	(b) Book value	(b) Method of valuation Cost or and-of-year market value
(1) Financial d	lerivatives		
	Id equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
	must equal Form 990, Part X, col. (8) line 12.)	•	
Part VIII	Investments - Program Relat	ted. See Form 990, Part X, line 1	3.
	(a) Description of investment typis	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
151			
(5)			
(6)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9) (10) Total. (Column ib	i) must equal Form 990, Part X, cot. (B) line 13.)	Port V line 15	
(6) (7) (8) (9) (10)	n) must equal Form 990, Part X, col. (8) line 13.) Other Assets. See Form 990,	Part X, line 15.	(b) Block value
(6) (7) (8) (9) (10) Total, (Column ib Part IX	Other Assets. See Form 990,		(b) Block value
(6) (7) (8) (9) (10) Total (Column in Part IX	Other Assets. See Form 990, Part X. cot. (8) line 13.) USEST RECEIVABLE	Part X, line 15.	(b) Block value
(6) (7) (8) (9) (10) Total. (Column the Part IX	Other Assets. See Form 990,	Part X, line 15.	
(6) (7) (8) (9) (10) Total. (Column to Part IX (1) INTER (2) (3)	Other Assets. See Form 990,	Part X, line 15.	
(6) (7) (8) (9) (10) Total. (Column ib Part IX (1) INTER (2) (3) (4)	Other Assets. See Form 990,	Part X, line 15.	
(6) (7) (8) (9) (10) Total. (Column ib Part IX (1) INTER (2) (3) (4) (5)	Other Assets. See Form 990,	Part X, line 15.	
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(6) (7) (8) (9) (10) Total. (Column b) Part IX (1) INTER (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column p) Part X	Other Assets. See Form 990, EST RECEIVABLE in (b) must equal Form 990, Part X, col. (B) Other Liabilities. See Form 990	Part X, line 15. (a) Description	33
(6) (7) (8) (9) (10) Total. (Column b) Part IX (1) INTER (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column D) Part X 1.	Other Assets. See Form 990, EST RECEIVABLE in (b) must equal Form 990, Parl X, col. (B) Other Liabilities. See Form 99 (a) Description of liability	Part X, line 15. (a) Description line 15.) O, Part X, line 25.	33
(6) (7) (8) (9) (10) Total. (Column the Part IX (1) INTER (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal	other Assets. See Form 990, EST RECEIVABLE In (b) must equal Form 990, Part X, col. (B) Other Liabilities. See Form 99 (a) Description of liability Income taxes	Part X, line 15. (a) Description line 15.) O, Part X, line 25.	33
(6) (7) (8) (9) (10) Total. (Column to Part IX (1) INTER (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) FUNDS	Other Assets. See Form 990, EST RECEIVABLE in (b) must equal Form 990, Parl X, col. (B) Other Liabilities. See Form 99 (a) Description of liability	Part X, line 15. (a) Description (b) Book value	33
(6) (7) (8) (9) (10) Total. (Column to Part IX (1) INTER (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) FUNDS (3)	other Assets. See Form 990, EST RECEIVABLE In (b) must equal Form 990, Part X, col. (B) Other Liabilities. See Form 99 (a) Description of liability Income taxes	Part X, line 15. (a) Description (b) Book value	33
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liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:		th Revenue per F	4	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		AND SANGED		1,225,331
a Net unrealized gains on investments	2a 2b	20 660		
b Donated services and use of facilities		47,609		
c Recoveries of prior year grants	20	100 1051		
d Other (Describe in Part XIII.)	2d	(88,125)	2e	(40,516
e Add lines 2a through 2d			3	1,265,847
3 Subtract line 2e from line 1			3	1,203,041
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
a Investment expenses not included on Form 990, Part VIII, line 7b	4b		8 . 41	
b Other (Describe in Part XIII.)	1.0		4c	
The state of the s			5	1,265,847
	nents \	With Expenses p		
			1	1,194,363
1 Total expenses and losses per audited financial statements			-	1,194,363
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donaled services and use of facilities	2a	47,609		
	2b	47,009		
	20		- 11	
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	2d	(84,480)		
사람이 그렇게 살아가면 하는 것이 없는 이 없었다면서 하는 것이 없는 사람들이 없는 것이 없는 것이다.			20	(36,871
장님이 5000 여전 10일 전 이렇다고 하면 보인 모든 그들은 이 맛있다면 있다면 하는데 모든 데를 되는데 되었습니다. 그렇게 되었다.			3	1,231,234
	14.	o commonto to		2,202,204
E CON PORTUNE TO	4a			
	4b			
	1.00		40	
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,231,234
Part XIII Supplemental Information			-	-1-5-1
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete information.	e this part	to provide any addition	nal	
ther revenues non included on Form 990 (Part				
Other revenues non included on Form 990 (Part DONOR DESIGNATIONS \$(88,125)				chedule D (Form 990) :

Part	XIII	2012 UNITED WAS	Inform	nation (continu	ied)	COLORAD	O, IN				84-0404917	Page
uit	Zent	определини										
				O Wall S			T.C.	0.2	Tile.	28.75	2/4	
2.	Other	expenses	not	included	on	Form	990	(Part	XII,	line	2d)	
NO	R DESIGN	ATIONS \$ (84,	480)									
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_							_					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. See separate instructions.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2a Did the organization have a written or	r oral agreements	e f g with any indivi	Solicitation of Solicitation of Special fund dual (including	f non-government grants f government grants raising events ng officers, directors, i	ints irustęes	s 🗆 No
or key employees listed in Form 990. b If "Yes," list the ten highest paid indivicompensated at least \$5,000 by the	iduals or entities (fundraisers) p	with profess ursuant to a	greements under whi	ch the fundraiser is to be (v) Amount paid to	(vi) Amount paid is
 (i) Name and address of individual or entity (fundraiser) 	(ii) Activity	custody or contrib	control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in cal. (i)	(or retained by) organization
4		Yes	No			
0						
0						
3 List all states in which the organization registration or licensing.	n is registered or	licensed to so	icit contribul	ions or has been noti	fied it is exempt from	

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more Part II 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through FUN RUN FLAVOR cal (c)) (total number) (event type) (event type) Revenue 5,760 36,786 18,750 12,276 Gross receipts Less: Contributions Gross income (line 1 minus 5,760 36,786 12,276 18,750 Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) 36,786 Net income summary. Combine line 3, column (d), and line 10 Gaming, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col (a) through col (c)) Revenue bingo/progressive bingo 1 Gross revenue Cash prizes . . Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes % П No No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 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? b: If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

SCHEDULE (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

CIME NO 1545/0M7 2012

Open to Public Inspection

Employer Identification number

Marrie of the organization

Part

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

ON | Soy E 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 General Information on Grants and Assistance the selection criteria used to award the grants or assistance? COLORADO, UNITED WAY OF PUEBLO COUNTY.

2 Describe in Part IV the organization's procedures for monitoring the Use of grant whose mine chime States. Complete if the organization answered "Yes" to Form 990, Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and abdress of organization (b) EIN (c) If 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, PMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)AMERICAN RED CROSS 4104 OUTLOOK BLVD 81008	84-0437753	50103	14,300				VARIOUS CHAR
(2) BOY SCOUTS ROCK MIN COUNCIL	22-1576300	50103	39,000				BOYS ACTIVIT
(3) BOYS AND GIRLS CLUB OF FUEBLO	23-7307508	50103	57,600				CHILDREN ACT
(4)CATHOLIC CHARITIES OF THE DIOC 429 W 10TH ST 101 81003 84	84-0471001	50103	28,230				VARIOUS CHAR
(S)COOPERATIVE CARE CENTER 325 W 10TH ST 81003	84-0913793	50103	27,350				FREE CARE OF
(6)EASTSIDE CHILD CARE CENTER PO BOX 11266 81001	84-0709410	50103	43,490				CHILD CARE
(7)GIRL SCOUTS COLUMBINE COUNCIL 21 MONTEBELLO 81003	EL 84-0410630	50103	24,100				GIRLS ACTIV
(8) HEARING PROJECT ESA 4315 OUTLOOK E 81008	23-7024504	50103	3,500				HEARING
(9) PUEBLO CHILD ADVOCACY CENTER 301 E 13TH ST 81003	84-1071784	50103	22,550				CHILD ADVOCA
(10pueblo COMMUNITY HEALTH CENTER 310 COLORADO AVE 81004 84	ER 84-0921521	50103	10,050				CARE OF INDI
11525 E ORMAN GTE 25 81004	84-0755888	50103	45,250				SUICIDE PREV
(12kppa	9035950-69	50103	39,150				SENIOR CARE

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the fine 1 table

Schedule (Farm 950) (2012)

SCHEDULE (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047 2012

Open to Public Inspection

ON [Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, - U Yes Employer identification number B4-0404917 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance UNITED WAY OF PUEBLO COUNTY, COLORADO, INC the selection criteria used to award the grants or assistance? Department of the Treasury Internal Revenue Service Name of the preparitation Part Part II

Part IV line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(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 326 W WIH ST 81003	94-1156347	50103	48,350				VARIOUS CHAR
(2)SOUTHSIDE CHILDRENS CENTER 2601 SPRAGUE AVE 81003	84-0645787	50103	37,390				CHILD CARE
(3)YWCA 801 N SANTA FE 81003	84-0404925	50103	55,050				AID TO WOMEN
(4)							
(9)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

EE.

Page 2

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 Grants

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 NONGEMBER AGENCIES		61,437			
4 CPS DISBURSEMENT		16,000			
SIBEW ER PROGRAM		666			
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.	te this part to pro	wide the information	required in Part	I, line 2, Part III, column (b), and any other additional

1. Monitoring procedures (Part I, line 2)

ASSISTANCE PROVIDED. A COMMITTEE EVALUATES NEEDS, REQUEST FOR PROPOSALS FROM NONPROFIT ORGANIZATIONS, FINANCIAL RECORDS, PROOF OF THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE SELECTION OF GRANTEES, CRITERIA, REPORTS FROM AGENCIES AND THE AMOUNT OF NONPROFIT STATUS, AND OTHER FACTORS WHEN SELECTING AGENCIES TO ALLOCATE FUNDS Schudule I (Form 990) (2012)

1

Page 2

S4-0404917
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 Grants

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 134 2,509 54,000 36,885 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance 4 SENIOR SERVICES GRANT 1 WITTELS DISTRIBUTION 3 MENTAL HEALTH GRANT 2 MENTORING PROGRAM information Part IV S 9

SCHEDULE O (Form 990 or 990-EZ)

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.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 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. Explanation of other changes in net assets or fund balances (Part XI, lin SERVICE FEES - (\$3,645)

NITED WAY OF PUEBLO COUNTY, COLORADO, INC. O7. General explanation attachment CAYMENT TO AFFILIATES LIST: UNITED WAY OF AMERICA, 101 N FAIRFAX ST MOUNT \$10,181 PURPOSE: MEMBERSHIP DUES	84-0404917 C, ALEXANDRIA, VA 22314
7. General explanation attachment YMENT TO AFFILIATES LIST: UNITED WAY OF AMERICA, 101 N FAIRFAX ST	
YMENT TO AFFILIATES LIST:UNITED WAY OF AMERICA, 101 N FAIRFAX ST	, ALEXANDRIA, VA 22314
YMENT TO AFFILIATES LIST:UNITED WAY OF AMERICA, 101 N FAIRFAX ST	, ALEXANDRIA, VA 22314
YMENT TO AFFILIATES LIST:UNITED WAY OF AMERICA, 101 N FAIRFAX ST	, ALEXANDRIA, VA 22314
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MOUNT \$10,181 PURPOSE: MEMBERSHIP DUES	
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NITED WAY OF PUEBLO COUNTY, COLORADO, INC. O7. General explanation attachment CAYMENT TO AFFILIATES LIST: UNITED WAY OF AMERICA, 101 N FAIRFAX ST MOUNT \$10,181 PURPOSE: MEMBERSHIP DUES	84-0404917 C, ALEXANDRIA, VA 22314
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	, ALEXANDRIA, VA 22314
MOUNT \$10,181 PURPOSE: MEMBERSHIP DUES	
JONI (10, 101 PORPOSE, PERMENSHIP DOLO	

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

OMB No. 1545-0172

2012

Attachment

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Business or activity to which this form relates

Attach to your tax return.

Sequence No. 179 identifying number

FORM 990 -84-0404917 UNITED WAY OF PUEBLO COUNTY, COL 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) 2 2 Total cost of section 179 property placed in service (see instructions) 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 6 (b) Cost (banames use only) (c) Elected cost (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562. 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see warnetions) 12 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11. 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 3,395 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2012 If you are electing to group any assets placed in service during the tax year into one or more general 18 Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (g) Deprenditor deductors (a) Classification of property placed in period service only-see instructions) 3-year property 1,596 SL 5-year property 5 MO 40 7-year property d 10-year property 15-year property 20-year property SA 25 yrs. g 25-year property MM SA h Residential rental 27.5 yrs MM 8/L 27.5 yrs property Nonresidential real 39 yrs MM S/L MM SIL property Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life SA b 12-year 12 yrs 40 VIS MM 40-year Summary (See instructions.) Part IV Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 3,435 22 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the 23

Form 8868

(Rev January 2011) Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

rdemai Revenu	n Service				
If you are	filing for an Automatic 3-Month Exter	nsion, complete only F	Part I and check this box	*******	· · · · · · · · · · · · · · · · · · ·
	filing for an Additional (Not Automat			2 of this form)	
	plete Part II unless you have already				
s corporation 8868 to requ Return for Tr	iling (e-file). You can electronically file in required to file Form 990-T), or an ad- lest an extension of time to file any of the ransfers Associated With Certain Person For more details on the electronic filing	ditional (not automatic) he forms listed in Part I onal Benefit Contracts. v	3-month extension of time. You o or Part II with the exception of Fo which must be sent to the IRS in p	an electronically file Fo om 8870, Information paper format (see	rm
Part I	Automatic 3-Month Extens	ion of Time. Only	submit original (no copie	s needed)	
	required to file Form 990-T and reque				5.6
art Lonly			**********	CONTRACTOR # 8 / P	
All other can	porations (including 1120-C filers), part	nerships, REMICs, and	trusts must use Form 7004 to re-	quest an extension of the	me
o file incom	e lax returns.				
			Enter fi	ler's identifying numb	er, see instructions
Type or	Name of exampt organization or o	ther filer, see instruction	s. 1	Employer identification	number (EIN) or
print	UNITED WAY OF PUEBLO	COUNTY, COLORAD	O, INC.	84-0404917	
File by the	Number, street, and room or suite	The state of the s	A Section of the sect	Social security number	(SSN)
que date fue	PO BOX 11566				
filing your return Sew	City, town or post office, state, and	ZIP code. For a foreign	address, see instructions		
estructions.	PUEBLO, CO 81001				
	100000 00000				
Enter the Re	eturn code for the return that this applic	ation is for (file a separa	ate application for each return)	29.2.2.7.1.1.2.1	0 1
Ellier tree in	turn sous to the relativities applied				
Application	20	Return	Application		Return
Is For		Code	Is For		Code
	or Form 990-EZ	01	Form 990-T (corporation)		07
Form 990	ALC: PARTIE DE LA COMPANIE DE LA COM	02	Form 1041-A		08
1,301,111,111,11		03	Form 4720		09
Form 990	0 (individual)	0.4	Form 5227		10
	And the state of t	05	Form 6069		- 11
	T (sec. 401(a) or 408(a) trust)	06	Form 8870		12
Form aan	-T (trust other than above)	.00	- Parin Gara		
Telephon If the org If this is to	te No. 719-583-4455 amzation does not have an office or player a Group Return, enter the organizate group, check this box	Face of business in the U ion's four digit Group Ex	AX No. 719-583-4456 nited States, check this box cemption Number (GEN)	If this is	
	e names and EINs of all members the est an automatic 3-month (6 months for		to file Form 900 To extension of	tione	
1 Trequ	est an automatic 3-month to months to	ne exempt proprietation	return for the organization named	above. The extension	95.
	organization's return for:	ie exempt diganizamini)	return for the organization harries	boote. The enteriory	
	The state of the s				
P. F.	calendar year 20 or				
- F	Law year hadinates	07-01 2015	, and ending	06-30 2013	2
-	tax year beginning tax year entered in line 1 is for less tha			inal return	_
☐ CF	nange in accounting period		410 D 100 100 D	marreign	
3a If this	application is for Form 990-BL, 990-Pi	F, 990-T, 4720, or 6069,	enter the tentative tax, less any		
	fundable credits. See instructions.			3a	\$
	application is for Form 990-PF, 990-T,				
	ated tax payments made. Include any			36	5
	nce due. Subtract line 3b from line 3a.				
	S (Electronic Federal Tax Payment Sy			36	7
Castion: If yo	a are going to make an electronic fund withdrawa	with this Form 8868, see Form	n 8453-EO and Form 9879-EO for paymen	instructions	

Form 990	Schedule	A, Line 5 - Exce	Schedule A, Line 5 - Excess 2% Limitation Contributors	contributors			2012
Worksneet		(Keep f	(Keep for your records)				1
Name of the organization						Employer identification number	tion number
UNITED WAY OF PUEBLO COUNTY, COLORADO,	CORADO, INC.					84-0404917	1
2% of the amount on Schedule A, part II, line 11, column (f)	(j) u	:				:	111,895
N ате	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	(g) Excess contributions (col. (f) minus
							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	THE STATE OF			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			THE SECTION OF THE SE	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	
TAUMING VITINIANOS CORGOTOS MEGUINIOS	E)			5,000	5,000	10,000	

*. ·

Form 990 Worksheet	Schedule	A, Line 5 - Exce	Schedule A, Line 5 - Excess 2% Limitation Contributors	n Contributors			2012
		(Keep fo	(Keep for your records)				
Name of the organization						Employer identification number	cation number
UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.	UNIY, COLORADO, INC.					84-0404917	1.1
2% of the amount on Schedule A, part II, line 11, column (f)	line 11, column (f)		:			:	111,895
	(a)	(a)	(c)	(p)	(e)	9	(6)
Name	5008	2009	2010	2011	2012	Total	Excess contributions (col. (f) minus the 2% limit)
WELLS FARGO FOUNDATION				5,000	5,000	10,000	0
PARKVIEW MEDICAL CENTER					81,316	81,316	9
THE PACKARD FOUNDATION					47,800	47,800	0
BOARD OF WATER WORKS					26,873	26,873	3
PCAPP		Andrew State State of			23,030	23,030	0
CENTURY LINK					18,787	18,787	7
COUNTY OF PUEBLO					15,315	15,315	9
GCC RIO GRANDE					6,997	6,997	7
CHAMBERLAIN FOUNDATION			The State of Street Party of the Street Party		5,975	5,975	5
KAISER PERMANENTE			A CANADA CONTRACTOR		5,877	5,877	7
On departing of growing		100 CO			5,257	5,257	7

TOTAL

137,019

of during current year,						Program Services For your records only	a Serv	ices					PAGE	GE 1
Name(s) as shown on return												Social s	Social security numberiEIN	
UNITED WAY OF FUEBLO COUNTY, COLORADO,	COUNTY, CO	LORADO, INC	ý										84-0404917	
No. Description	Date	Cost	Salvarpe	Business	Section 179	Depreciation	Life	Method	Rate	Currant dept.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT
1 9-BOOK CASE	19880301	211		100.00		2117	7		0		211			
	1988661	267		100.00		267 7	7		0		267			
	19880901	244		100.00		244 7			0		244			
	19890601	120		100.00		120	ıs		0		120			
	\$19890601	200		100.00		200	S		0		200			
	N19890601	325		100.00		325	ın		0		325			
- "	19890601	125		100.00		125	ın		0		125			
8 21-5 DRAMER CABINET	19890601	95		100.00		56	ısı		0		56			
	19890601	125		100.00		125	ıŋ		0		125			
10 29-3 FILE CABINETS	19940501	1,146		100.00		1,146	LI)		0		1,146			
	20000731	2,354		100.00		2,354	ın		0		2,354			
	20050701	11,900		100.00			m		0		11,900			
45-1 SERVER GATEWAY	P20060406	1,058		100.00			NO.		0		1,058			
2 DELL COMPUTERS	20090218	1,549		100.00		1,549	ru ru	ST. NO	20	310	1,356			310
	20090628	3,111		100.00		3,111	20	St. MO	20	622	2,566			622
_	20100629	1,981		100.00			so so	ST MO	20	396	1,238			396
_	20110627	959		100.00			es es	SI. MO	33.33	320	089			320
_	20120318	1,240		100.00		1,240	60	SI. MO	20	248	341			248
	N20120514	7,495		100.00		7,495	00	ZM IS	20	1,499	1,686			1,499
_	20130630	1,596		100.00		1,596	5		2.5	40	40			40
		20000000												
		00000				26 161				2000	25 077			2 435

36,101

Land Amount Net Depreciable Cost

Next Year's Depreciation

ame	DD MAN	OF PUEBLO COUNTY, COLORAL	DO TNC		FEIN		84-0404917
oum	Multi-Form	Description	Date Date	Basis	Method	Life	Deduction
RG	1	9-BOOK CASE	19880301	2000AND	SL	7	
RG	1	12-ZENITH TV	19880901		SL	7	
RG	1	13-ZENITH VCR	19880901	3.3000000	SL	7	
		15-2 METAL BOXES	19890601		SL	5	
RG	1	16-2 STORAGE CABINETS	19890601	100000000000000000000000000000000000000	SL	5	
		17-4 DOOR METAL CABINET	19890601	55.555	SL	5	
RG	1	20-FILE CABINET	19890601	100000000000000000000000000000000000000	SL	5	
RG RG	1	21-5 DRAWER CABINET	19890601	196130000	SL	5	
RG	1	22-FILE CABINET	19890601	1,510.43	SL	5	
RG	1	29-3 FILE CABINETS	19940501		SL		
RG	1	39-6 DESKS	20000731	1 U. S. C.	SL	5 5 3	
RG	1	44-RAINBOW SOFTWARE	20050731		SL	3	
RG	1	45-1 SERVER GATEWAY PACK		A STATE OF THE PARTY OF THE PAR	SL	5	
RG	1	2 DELL COMPUTERS	20090218	TOTAL COLUMN	SL	5	193
		4 DELL COMPUTERS	20090218		SL		545
RG	1		20100629		SL	5 5 3	396
RG	1	PRINTER MICROSOFT SOFTWARE	20110627		SL	3	279
RG	1	DELL LAPTOP	20110027	1 - 1 - 1	SL	5	248
RG	1	CASCADE DATA SOLUTIONS	20120514	The second secon	SL	5	1,499
RG	1	DELL COMPUTER	20120514	10.5	SL	5	319
RG	1	DELL COMPOTER	20130630	1,350	311	-	217
		TOTAL					3,479
		TOTAL					3,113

990

Tax Exempt **Diagnostic Summary**

2012

UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer Identification # 84-0404917

Demographics

Mailing Address:

Phone: (719)583-4455

PO BOX 11566

PUEBLO, CO 81001

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 anynonpublic 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

Form 8868

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal R	tevenue Service					
 If you 	u are filing for an	Automatic 3-Month Extensi	on, complete only i	Part I and check this box		▶ 🛛
 If you 	u are filing for an	Additional (Not Automatic)	3-Month Extension	, complete only Part II (on pag	e 2 of this form).	
Do not	complete Part II	unless you have already bee	en granted an autom	atic 3-month extension on a pre	viously filed Form 8868	
a corpo 8868 to Return	ration required to request an exter for Transfers Ass	file Form 990-T), or an additi nsion of time to file any of the ociated With Certain Persona	onal (not automatic) forms listed in Part I I Benefit Contracts, v	a 3-month automatic extension 3-month extension of time. You or Part II with the exception of F which must be sent to the IRS in wirs.gov/efile and click on e-file	can electronically file Form 8870, Information paper format (see	orm
Part				submit original (no copi		
A corpo	ration required to	file Form 990-T and requesti	ng an automatic 6-m	onth extension - check this box	and complete	
Part I or	nly					🕨 🗌
All othe	r corporations (in	cluding 1120-C filers), partner	ships, REMICs, and	trusts must use Form 7004 to r	equest an extension of t	time
to file in	come tax returns					
				Enter	filer's identifying num	ber, see instructions
Type or	r Name o	f exempt organization or othe	r filer, see instruction	8.	Employer identification	number (EIN) or
print	UNITE	D WAY OF PUEBLO CO	UNTY, COLORAD	O, INC.	84-0404917	
File by the	5.77	, street, and room or suite no.	If a P.O. box, see in	structions.	Social security number	(SSN)
due date ! filing your	PO BO	X 11566				
return. Se	CONTRACTOR AND ADDRESS.	n or post office, state, and ZI	P code. For a foreign	address, see instructions.		
instruction	PUEBL	o, co 81001				
Enter th	ne Return code fo	r the return that this application	on is for (file a separa	ate application for each return)		0 1
Appli Is Fo	ication		Return	Application Is For		Return
100000	990 or Form 990	-F7	01	Form 990-T (corporation)		07
	990-BL	That is	02	Form 1041-A		08
10.000.000	4720 (individual)		03	Form 4720		09
	990-PF		04	Form 5227		10
		a) or 408(a) trust)	05	Form 6069		- 11
	990-T (trust othe		06	Form 8870		12
				•		
Teler If the	e organization does s is for a Group R whole group, chec	19-583-4455 es not have an office or place Return, enter the organization	F of business in the Ui s four digit Group Ex ▶			
				to file Form 990-T) extension o	f time	
				eturn for the organization name		is
	or the organization	The second secon		2.752		
- 2	calendar ye					
,	tax year be	ginning	07-01 ,2012	, and ending	06-30 ,201	3
2 If	the tax year ente	ered in line 1 is for less than 1 punting period	2 months, check rea	son: Initial return	Final return	
3a If	this application is	s for Form 990-BL, 990-PF, 99	90-T, 4720, or 6069,	enter the tentative tax, less any		
n	onrefundable cre	dits. See instructions.			3a	\$
		s for Form 990-PF, 990-T, 472				No. 100
		ments made. Include any pric			3b	\$
				ith this form, if required, by using	10207	
		Federal Tax Payment System			3c	\$
Caution.	If you are going to m	ske an electronic fund withdrawal with	this Form 8868, see Form	8453-EO and Form 8879-EO for payme	nt instructions	

	Federal Filing Instructions	2012
Name(s) as shown on return		Your Social Security Number
UNITED WAY O	F PUEBLO COUNTY, COLORA	84-0404917

Date to file by:

2-18-2014

Form to be filed:

Form 990 and supplemental forms and schedules

5 2

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:

Sec. 11. 18

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.