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Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28 KID'S DAY, CHRISTMAS PARTY

(Grants \$ 0 .) If this amount includes foreign grants, check here

28 a	1,005.
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29 TRANSFERS TO FOUNDATION FOR SCHOLARSHIPS, ORTHODONTIA
PROGRAM

(Grants \$ 31,000.) If this amount includes foreign grants, check here

29 a	31,000.
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30 YOUTH SERVICES AND SPONSORED ORGANIZATIONS

(Grants \$ 0 .) If this amount includes foreign grants, check here

30 a	4,185.
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31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here . . .

31 a

32 **Total program service expenses** (add lines 28a through 31a)

32	36,190.
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(a) Name and address

(a) Name	(b) Title and average hours per week devoted to position	(c) Organization	(d) Address	(e) Telephone	(f) Other
1. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
2. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
3. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
4. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
5. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
6. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
7. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
8. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
9. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
10. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
11. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
12. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
13. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
14. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
15. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
16. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
17. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
18. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
19. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
20. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
21. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]	[Telephone]	[Other]
22. [Name]	[Title and average hours per week devoted to position]	[Organization]	[Address]		

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

SEE ATTACHED

PO BOX 674

— — — —
PUEBLO

CO 81002

SEE ATTACHED

1.00

1,800.

0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41		

42a The organization's books are in care of **MELINDA TORTESSI** Telephone no **(719) 544-7527**
 Located at **PO BOX 674** **PUEBLO** **CO** ZIP + 4 **81002**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**
 If 'Yes,' enter the name of the foreign country: **42b**

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

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**
 If 'Yes,' enter the name of the foreign country: **42c**

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

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

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

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	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.			
	Melinda Tortessi Signature of officer		1-17-17 Date	
	Melinda Tortessi, Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Karen E. Heerschap	Date	1.9.17
	Firm's name (or yours if self-employed), address, and ZIP + 4	HEWITT & COUCH P.C. 955 N GREENWOOD ST PUEBLO CO 81003		
	Preparer's Identifying Number (See instructions)	33-1024557 EIN 33-1024557 Phone no (719) 542-1287		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)