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*Section Satisfy: Organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule & Form 990 or 994-22. Website: * www.pueblokiwanis.org** Website: * www.pueblokiwanis.org** Website: * www.pueblokiwanis.org** Website: * www.pueblokiwanis.org** Tar-exempt status (check only one) - ** ** ** ** ** ** ** ** ** *	S	-	mination	pecific				
*Section \$51(c)(3) craganizations and \$437(a)(1) moneximpt charitable trusts must affacts a completed Schedule A (Form 990 or 980-62). Website: * www.pueblokiwanis.org **Notice scenario status (deek edy one) — (2) 50(c) (4.) ** (insert n.) 4847(a)(1) = 12	0 3	_	lt lt		PUEBLO CO 8100)2 F Gr		
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) Cash, savings, and investments (A) Beginning of year (B) End of year			figure repo	orted o	n prior year's return)	with end-of-year	19	18,811.
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(See the instructions for Part II.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ▶ 25 Total assets 26 Total liabilities (describe ▶ 27 (See the instructions for Part II.) 28 (A) Beginning of year 18,811. 22 16,30 20 23 21 16,30 22 16,30 23 24 25 Total liabilities (describe ▶ 26 (D) End of year 18,811. 25 16,30 27 16,30 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20		Part				file Form 990 instea	d of	
23 Land and buildings 0. 23 24 Other assets (describe ►) 0. 24 25 Total assets 18,811. 25 16,30 26 Total liabilities (describe ►) 0. 26						(A) Beginning of ye	ar	(B) End of year
24 Other assets (describe ►) 0 . 24 25 Total assets 18,811 . 25 16,30 26 Total liabilities (describe ►) 0 . 26		22 (Cash, savings	, and ı	nvestments			
25 Total assets 18,811. 25 16,30 26 Total liabilities (describe ►) 0. 26					<u> </u>			
26 Total liabilities (describe •) 0 . 26				descri	be ►)			
					<u> </u>			
						18,811	. 2/	16,302. Form 990-EZ (2009)

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Form	990-EZ(2009) THE KIWANIS CLU	B OF PUEBLO			-043	30890 Page 2
	till. Statement of Program Ser					Expenses
What i	s the organization's primary exempt purpose? CO	(Reg 5017	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional			
Desc	ribe what was achieved in carrying out the	orgai	nizations and section			
desci	ribe the services provided, the number of i	ach	4947	(a)(1) trusts; optional thers)		
	am title		· · · · · · · · · · · · · · · · · · ·		101 0	11013 /
28	KID'S DAY, CHRISTMAS PART	<u> </u>				
					ļ	
	(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here	▶	28 a	1,005.
29	TRANSFERS TO FOUNDATION					
	PROGRAM				ł	
	FROGRAM					
						21 222
		is amount includes foreign gra		<u> </u>	29 a	31,000.
30	YOUTH SERVICES AND SPONS	<u>ORED_ORGANIZATIONS</u>				
	(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here		30 a	4,185.
31	Other program services (attach schedule				1	
5.		, is amount includes foreign gra	ants check here	▶ □	31 a	
22	Total program service expenses (add lir		artis, oncore nord		-	36,190.
			ployoos List sach an			
Par	TIV List of Officers, Directors					T '
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla	ov sond	(e) Expense account and other allowances
	(a) Name and address	to position	not paid, criter -u,	deferred compens	ation	and other anomanees
SEE	ATTACHED	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		SEE ATTACHED				
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Forn	1 990-EZ (2009) THE KIWANIS CLUB OF PUEBLO 84-043089	0	Р	age 3
Pa	TV 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	33		x
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
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.			
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	25		.,
	reporting, and proxy tax requirements? o If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b	 	X
		330		
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 .	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		×
	·	3/5		
381	a 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? .	38 a		Х
١	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter	1		
i	a Initiation fees and capital contributions included on line 9		į	
1	Gross receipts, included on line 9, for public use of club facilities		1	
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1	
	section 4911 ►; section 4912 ►; section 4955 ►			
1	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	40 b		х
•	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			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	,		
	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 List the states with which a copy of this return is filed ►	40 e		Х
7,	List the states with which a copy of this retain is fined			
42	a The organization's	E 1 1	_750	7
	books are in care of ► <u>MELINDA_TORTESSI</u> Located at ► PO_BOX_674	544	-/52	
		:		
ĺ	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	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		X
	If 'Yes,' enter the name of the foreign country' ►			
			,	
				:
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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		X
	If 'Yes,' enter the name of the foreign country. ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		► □	
_	and enter the amount of tax-exempt interest received or accrued during the tax year			
		r 	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		x
45				
	Form 990 must be completed instead of Form 990-EZ	45		X

	Form 990-EZ (2009)	THE	KIWANIS	CLUB	OF	PUEBLO
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Page 4

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charitat	t charitable trusts only ble trusts must answer of	. All sections)n			
46 Did	the organization engage in direct or indirect	t political campaign acti	vities on behalf of or	in opposition to candidates	Ye	s No			
for	oublic office? If 'Yes,' complete Schedule C, Part I								
	the organization engage in fobbying activiti	•	·	–	47	<u> </u>			
	he organization a school as described in sec		•	edule E .	48	X			
	the organization make any transfers to an eles,' was the related organization a section	·	elated organization?		49 a	<u> </u>			
	-	_	•		<u> </u>				
50 Cor em	nplete this table for the organization's five holoyees) who each received more than \$100	0,000 of compensation for	rom the organization.	If there is none, enter 'None	d key (e) Expense				
	(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								
					- •	-			
f Tota	al number of other employees paid over \$10	00,000							
51 Cor	nplete this table for the organization's five hopensation from the organization. If there is (a) Name and address of each independent control	none, enter 'None '	ependent contractors	(b) Type of service	(c) Compensa				
						-			
					~~				
d lota	al number of other independent contractors	each receiving over \$10	00,000						
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (nined this return, including according than officer) is based on a	mpanying schedules and sta all information of which prepa	tements, and to the best of my knowled arer has any knowledge	dge and belief, it	ıs			
Sign	► Mulinda Signature of officer	Vortes	DÉ	1-17-17					
Here	Type or print name and title	ortessi	, Dreas	Surer					
Paid	Preparer's		Date	Check if See if	rer's Identifying Natructions)	lumber			
Pre-	internal - correct	schap	1.9.1	employed ►					
parer's	yours if self-	P.C. V			1 ~ ~ . / .	5 = 7			
Use Only	employed), address, and ZIP + 4 955 N GREENWOOD PUEBLO	ST	CO 81003		3 <i>-1024</i> ; 542 - 128				
	RS discuss this return with the preparer sho	own above? See instruct			542-128 Yes	No			
BAA	a.souss and retain man the preparer site	above oce msudet			orm 990-EZ				