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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990 All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

-	A	For th	ne 2009 ca	lendar	year, or tax year beginning Oct 1 , 2009, and ending Sep 30			, 2010
	В_	Check	if applicable		C Name of organization	D Em	ployer	identification number
		Addres	s change	Please use IRS	PUEBLO KIWANIS CLUB FOUNDATION, INC.	8	4-10	41211
		Name o	me change label or print or		Number and street (or P O box, if mail is not delivered to street address) Room/suite			number
<u>4</u>		Initial r		type.	PO BOX 674	1.	7191	544-7527
\sim	_	Termin	·	See Specific	City or town, state or country, and ZIP + 4			
2			ed return	Instruc- tions.				xemption
No.	Ш		ition pending		PUEBLO CO 81002		mber	
		•	• Section !	501(c)(3	organizations and 4947(a)(1) nonexempt charitable trusts G Accounting r		d <u> X</u>	Cash Accrual
∾.			m	iust atta	och a completed Schedule A (Form 990 or 990-EZ). Other (speci		.b	nonization io not
<u>~</u>		Waha	site: ► N	/ D	H Check ► X	.j i⊺t attach		ganization is not dule B (Form 990,
'n			cempt status		990-F7 or 9	90-PF	-)	adic is (i oilli 550;
∞		Chec			nization is not a section 509(a)(3) supporting organization and its gross receipts are	norm	ally n	ot more than
	N	\$25.0	000 A Forr	n 990-E	Z or Form 990 return is not required, but if the organization and its gloss receipts are	oe sur	e to fi	le a complete return.
W.								
9			ad of Form		b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990		► s	46,388.
M					Expenses, and Changes in Net Assets or Fund Balances (See the	nstru	uctio	
		1	Contributi	ons dif	s grants and similar amounts received	I	1	8,299.
ò		2	Program :	service	revenue including government fees and contracts TATUTE UNIT and assessments	Ī	2	
		3	Members	hip dues	and assessments	Ī	3	
		4	Investmer	nt incom	RECEIVED	Ī	4	5,514.
	_]					Ī		
		b	Less. cos	t or othe	er basis and sales expenses JAN 25			
	C.F.	С	Gain or (loss	s) from sa	le of assets other than inventory (Subtract line 5b from line 5a)		5с	
1	ν	6	Special ever	its and ac	tivities (complete applicable parts of Schedule G) If any amount of contribution CGD in the same of contribution CGD in the sa	ПГ		
4	=Ŗ	а	Gross rev	enue (n	ot including \$ of contribution GDEN	_		
2	뀙		reported of			75.		
4	JAMEZMZM30007	b			nses other than fundraising expenses 6b 29,5			
	رمن			-	rom special events and activities (Subtract line 6b from line 6a)		6с	3,001.
200	71 <u>1</u>	7a	Gross sal	es of in	ventory, less returns and allowances			
		b	Less [,] cos	t of goo	ds sold 7b			
<u>S</u>	3	С	Gross pro	ofit or (lo	ss) from sales of inventory (Subtract line 7b from line 7a)		7с	
73.5	7,77	8	Other revenu	ue (descri	be ►	_) [8	
CANALON CONTRACTOR	ğ	9	Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	_ ►[9	16,814.
2	•	10			ir amounts paid (attach schedule)		10	32,951.
		11			or for members		11	
	X	12			empensation, and employee benefits	31	12	
	E	13	Profession	nal fees	and other payments to independent contractors S	5 [13	
	EXPENSE	14			utilities, and maintenance	[]	14	
	Ē	15		-	ons, postage, and shipping OGDEN, UT		15	142.
	N17	16	Other expen	ses (desc	ibe >	ົ້ [16	
	20	17	Total exp	enses.	Add lines 10 through 16	►	17	33,093.
•	ϵ	⊋18	Excess or	r (deficit) for the year (Subtract line 17 from line 9)		18	-16,279.
	A S=3.	19	Net asset	s or fun	d balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye	_{ear} [
	ي يم)	figure rep	orted or	prior year's return)		19	322,920.
	Ţ	20	Other cha	anges in	net assets or fund balances (attach explanation) See L-20 Stmt	Į	20	-3,041.
	12	[*] 21			d balances at end of year. Combine lines 18 through 20	▶	21	303,600.
	Pa	rt II	Bala	nce S	neets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990	ınstea	d of F	orm 990-EZ
•					(See the instructions for Part II) (A) Beginning			(B) End of year
	22		sh, savings	s, and ir	vestments 6,	256		-3,004.
			d and buil	dings			. 23	0.
	23 24	Oth	er assets	(describ	e ► <u>See L-24 Stmt</u>) <u>316</u> ,			306,604.
	25	Tot	al assets		322,	920		303,600.
	26		al liabilitie			0		0.
	27	Net	assets or	fund b	alances (line 27 of column (B) must agree with line 21) 322,	920	. 27	303,600.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form	990-EZ (2	2009) PUEBLO K	IWANIS	CLUB FOUNDATION,	INC.		-10	11211	Page 2
Par	till藝 S	tatement of Pro	gram Se	rvice Accomplishments	s (See the instruction	ons.)]_	Expenses	
What i	s the organiz	ation's primary exempt pu	rpose ⁷ CO	MMUNITY ASSISTANCE	E PROGRAMS] (Reg] 5017	uired for section c)(3) and (4) nizations and sec (a)(1) trusts; opt	
Desc	ribe what v	was achieved in carr	ying out the	e organization's exempt purpo persons benefited, or other re	oses. In a clear and con	cise manner,	orga	nizations and se	ction
desci	ribe the se ram title	rvices provided, the	number of	persons benefited, or other re	elevant information for e	acn	1494 /	(a)(1) trusts; opt thers.)	tional
		DE ORTHODONTI	Δ ΡΔΥΜΙ	ENT ASSISTANCE TO	NEEDY FAMILIES		1.0. 0	[
20							·		
	TN _FOE	BLO, CO							
						· - -			
				is amount includes foreign gr			28 a	17,	651.
29			P_DONA'	TIONS TO NEEDY STU	DENTS IN				
	PUEBLO) <u>, co</u>							
	(Grants \$	11,0	00.) If th	is amount includes foreign gr	ants, check here	▶	29 a	11,	000.
30	PROVID	E SUPPORTING	DONAT	IONS TO OTHER NON-	PROFITS IN				
				AL, EDUCATIONAL AN					
		ROGRAMS					'		
	(Grants \$		00.) If th	is amount includes foreign gr	ants, check here	₽∏	30 a	4,	300.
31	Other pro	gram services (attac						<u>_</u>	
	(Grants \$	•) If th	is amount includes foreign gr	ants, check here	▶ □	31 a		
32	Total prog			nes 28a through 31a)		•	32	32,	951.
Par	tilV: L	ist of Officers, D	irectors	Trustees, and Key Em	plovees. List each or	ne even if not com	pensa		
				(b) Title and average hours	(c) Compensation (If	(d) Contributions	s to	(e) Expense ad	count
	(a)	Name and address		per week devoted	not paid, enter -0)	employee benefit pla		and other allow	ances
	20020	upp.		to position		deferred compens	ation		
	ATTAC								
	BOX 67			SEE ATTACHED			_		
PUE	BLO	CO	81002	1.00	0.		0.		
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						L			
BAA				TEEA0812 0	11/30/10			Form 990-EZ	(2009)

	Pa	rt V Other Information (Note the statement requirements in the instrs for Part V.)	<u>. +</u>	<u> </u>	age
and a Were any changes made to the organizating or governing documents? If Yes, attach a conformed copy of the changes 33 X 34 Were any changes made to the organization of more from business attakines, such as these reported as less 2, 6,3, and 7a (aming others), but not reported on Ferm 990-7, attach a tablement eplaning with the organization has controlled to the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, the properties application part of Schedule K1, 1949 or 1949 o				Yes	No
34 Were any changes made to the organizating or governing documents? If "res," attach a conformed copy of the changes 35 If the organization had make from business activities, such as these reported in lines 2, 8,1, and 7a (many ethers), but her reported or from 99.7, attack a subserted eciliating with the organization of report the incine in Firm 198-1. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, resporting, and proxy tax requirements? bit "Yes," has it filed a tax return on Form 99.1 for this year? 5 Did the organization between the propertion of subsequence of the year? If "Yes," complete applicable parts of Schedule N, 1974 Enter amount of political expenditures, direct or indirect, as described in the instructions \$\begin{align*} \begin{align*} \beg	33				
35 If the agranzation had more from burners scribes, such as thos reported an inter 2, 5s, and 7s (amang others), but not reported on inter 90.7, attach a statemet explaining why the organization did not report the income an farm 590.7, attach a statemet explaining why the organization did not report the income an farm 590.7. 3 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and priory law requirements? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 17% c; complete agriculation, dissolution, termination, or significant disposition of net assets during the year? If 17% c; complete agriculation are in the instructions. 37 Enter amount of political expenditures, direct or indirect, as described in the instructions. 38 Did the organization berrow from, or make any leans to, any officer, director, fruitles, or levy employee or vero any such lones made in a prior year and still substanding at the end of the period covered by this return? 38 Did the organization berrow from, or make any leans to, any officer, director, fruitles, or levy employee or vero any such lones made in a prior year and still substanding at the end of the period covered by this return? 38 Did the organizations berrow from, or make any leans to, any officer, director, fruitles, or levy employee or vero any such constant in a prior year and still substanding at the end of the period covered by this return? 38 Did the organizations berrow from, or make any leans to, any officer, director, fruitles, or levy employee or vero any such constant in a prior year and that the fransaction because the director of the organization curing the year under section 4912 +	34	·		 -	1
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40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 + ; section 4912 + ; section 4955 + ; section 4955 + ; section 4951 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		in a second			
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transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization's prore Forms 990 or 990-EZ? If Yes, 'complete Schedule L, Part I 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 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. 41 List the states with which a copy of this return is filed books are in care of		section 4911 ►; section 4912 ►; section 4955 ►			
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. 40e		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	40 ь		x
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. 42a The organization's books are in care of > MELINDA_TORTESSI	,	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		4, 8	
42 a The organization's books are in care of MELINDA TORTESSI Located at PO BOX 674 Description of 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)? 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? If 'Yes,' enter the name of the foreign country 42b X 42c X 42c X 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 Yes No Yes No 140 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	,	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			,
42 a The organization's books are in care of MELINDA TORTESSI Located at PO BOX 674 Description of 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)? 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? If 'Yes,' enter the name of the foreign country 42b X 42c X 42c X 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 Yes No Yes No 140 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	,	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	40 6		
books are in care of MELINDA TORTESSI Located at PO BOX 674 PUEBLO CO ZIP + 4 8 1002 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)? 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 ? If 'Yes,' enter the name of the foreign country 42c X 42c X 44 V Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ			700	<u> </u>	
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 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		books are in care of MELINDA TORTESSI Located at PO BOX 674 PUEBLO CO ZIP + 4 MELINDA TORTESSI Telephone no. MELINDA TORTE		Yes	No
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	•	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 X	43	1 1		• []	
of Form 990-EZ 44 X				Yes	No
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 X	44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	45		x

Form 990-EZ (2009)	PUEBLO	KTWANTS	CLUB	FOUNDATION.	INC.

84-1041211

Page 4

501(c)(3	501(c)(3) organizations organizations and second complete the tables	ction 4947(a)(1) nor	exempt charitab	charitable trusts only le trusts must answer	All section questions
for public office? If	n engage in direct or indirect 'Yes,' complete Schedule C	, Part I	• •	n opposition to candidates	Yes No X
48 Is the organization	n engage in lobbying activiti a school as described in sec in make any transfers to an e	ction 170(b)(1)(A)(ii)? If	Yes,' complete Sche	dule E	47 X 48 X 49a X
	lated organization a section	· ·	iated organization.		49b X
50 Complete this table employees) who ex	e for the organization's five h ach received more than \$100	ighest compensated emp ,000 of compensation fro	oloyees (other than o	fficers, directors, trustees ar If there is none, enter 'None	nd key
(a) Name and addre more th	ss of each employee paid an \$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
NONE					
					· · · · · · · · · · · · · · · · · · ·
			······································		-
f Total number of ot	her employees paid over \$10	00,000			
51 Complete this table compensation from	e for the organization's five h the organization If there is	ighest compensated inde none, enter 'None.'	ependent contractors	who each received more that	an \$100,000 of
	nd address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compensation
NONE					
d Total number of otl	ner independent contractors	each receiving over \$100	0,000	<u> </u>	
	· 		· · · · · · · · · · · · · · · · · · ·		
true, correct, an	of perjury, I declare that I have exam d complete Declaration of preparer (o	other than officer) is based on all	information of which prepa	rer has any knowledge	edge and belier, it is
Sign Here Signature of	idlinda	Jortes	si	Date Page 1	<u> </u>
►W€	Thame and title	ortessi	, Trea	Surer	
Paid Preparer's signature	Jan & 11001	SCIGO	Date 1-9-17	Check if self- employed	rer's Identifying Number instructions)
Pre- parer's Firm's name (or yours if self-	HEWITT & COUCH	P.C.		етрюуец	1~61,
Use employed), address, and ZIP + 4	► 955 N GREENWOOD PUEBLO	ST	CO 81003	EIN ► 33	542-1287
	return with the preparer sho	wn above? See instruction			X Yes No Form 990-EZ (2009)

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

			OB LOUNDALTON							04121			
Par	t I	Reason for Pu	ıblic Charity Statu	is (All organizations	must	comple	ete this	part.) See i	nstruct	ions		
he c	rga	nization is not a pri	vate foundation becaus	se it is: (For lines 1 throu	gh 11, c	heck on	ly one b	ox)					
1	П	A church, conventi	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1	χΑχi).					
2	П			A)(ii). (Attach Schedule E			• • • • • • • • • • • • • • • • • • • •	~ ~ ~					
3	Ħ			e organization described i		n 170/h	V1VAVii	i					
4	H			d in conjunction with a ho				-	/L\/1\/A\	/!!!\		.4 - 11 -	
~	Ш			a in conjunction with a ne	ospitai u	escribed	in secu	OR 170	(A)(T)(A)	(III) Ente	er the nospi	tais	
5		name, city, and sta An organization op 170(b)(1)(A)(iv). (0	perated for the benefit	of a college or university	owned o	or operat	ed by a	govern	mental i	ınıt desci	ribed in sec	tion	
6	П		•	governmental unit describ	ed in se	ction 17	MhV1V	ΔΥνλ					
7	X	An organization that	at normally receives a (XA)(vi). (Complete P	substantial part of its sup	pport fro	m a gov	ernment	tal unit	or from t	the gene	ral public d	escribe	∍d
8	닐	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II	.)							
9		from activities relations	ted to its exempt funct	more than 33-1/3 % of nons — subject to certain ss taxable income (less somplete Part III.)	exception	ons, and	(2) no r	nore tha	an 33-1/	3 % of ⊪t	s support fr	om are	OSS
10		An organization org	ganized and operated	exclusively to test for pub	olic safet	y See s	ection 5	509(a)(4	i).				
11		more publicly supp describes the type	orted organizations d	exclusively for the benefit escribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	ions of, . See s	or carry ection 5	out the 09(a)(3).	purposes o Check the	f one of box th	or nat
	_	a Type I	b Type II	с 📙 Туре III	I – Fund	tionally	ıntegrate	ed		d 🗌	Type III-	Other	
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	d directi pported	ly or indi organiza	rectly by	one or escribed	r more d I ın secti	isqualifie on 509(a	ed persons a)(1) or sec	other tion	
f		If the organization check this box	received a written dete	ermination from the IRS ti	hat is a	Type I, ∃	Гуре II о	r Type	III suppo	rting org	anızatıon,		
g		Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition fror	n any of	the foll	owing p	ersons?			
												Yes	No
		(i) a person who below, the go	o directly or indirectly overning body of the su	controls, either alone or to ipported organization?	ogether	with pers	sons des	cribed	ın (ıı) an	d (III)	11 g (i)		
		(ii) a family mem	nber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)		
h		Provide the following	ng information about th	ne supported organization	ıs.								
	(1)	Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	ls the tion in col d in your erning ment?	the organ	(ı) of	organizat (i) organi:	s the ion in col zed in the S ?	(VII) Amoun	t of Supp	oort
				,	Yes	No	Yes	No	Yes	No			
		· · · · · · · · · · · · · · · · · · ·			-		-		 				
													
otal								-					

Schedule A (Form 990 or 990-EZ) 2009 PUEBLO KIWANIS CLUB FOUNDATION, INC. 84-1041211 Page 2 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) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 🟲 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') 6,663. 30,825. 24,300. 61,788. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 6,663 30,825 Total. Add lines 1-through 3 24,300 61,788. 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) Public support. Subtract line 5 from line 4 61,788. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 4 Amounts from line 4 6,663. 30,825 24,300 61,788. Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 143,253 similar sources 12,230 10,222 165,705. Net income from unrelated business activities, 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 IV) **Total support.** Add lines 7 through 10 227,493. Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here • Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 27.16% Public support percentage from 2008 Schedule A, Part II, line 14 15 19.43% 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. X

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

b 10%-facts-and-circumstances test — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Schedule A (Form 990 or 990-EZ) 2009 PUEBLO KIWANIS CLUB FOUNDATION, INC. 84-1041211 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 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 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 35 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (c) 2007 (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009 PUEBLO KIWANIS CLUB FOUNDATION, INC. 84-1041211 Page 4
Partive Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Pt II Line 17a: THE ORGANIZATION RECEIVES FUNDING FROM MEMBER CONTRIBUTIONS,
DONATIONS AND THE SALE OF ITEMS TO DIRECTLY BENEFIT THE MISSION.
INVESTMENT EARNINGS ARE A LARGER PERCENTAGE OF INCOME DUE TO THE SALE
OF DONATED MINERAL RIGHTS IN THE FYE 09.30.07 AND THE INVESTMENT OF
THOSE PROCEEDS IN INTEREST BEARING ACCOUNTS. INTEREST EARNED
ON INVESTMENTS IS USED TO FUND THE CHARITABLE OBJECTIVES
OF THE ORGANIZATION.
,

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' 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 Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization						Employer identification	ation number
PUEBLO KIWANIS CLUB FOUN						84-104121	1
Part I Fundraising Activities. Comp Form 990EZ filers are not req	lete if the organuired to comple	iization an te this par	swered 'Ye t	es' to Form 990, Part IV	, line 17		
1 Indicate whether the organization r	aised funds thr	ough any o	of the follow	wing activities Check al	II that ap	ply	
Mail solicitations				Solicitation of non-	aovernm	ent grants	
Internet and email solicitations				Solicitation of gove	-	_	
Phone solicitations	•			Special fundraising		jiains	
—					events		
In-person solicitations				l Zonaloudona aggio e e			
2a Did the organization have written of employees listed in Form 990, Par	t VII) or entity ii	nt with any n connecti	y individual on with pro	i (including officers, dire ofessional fundraising se	ectors, tr ervices?	ustees or key	Yes No
b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by th	dıvıduals or entı e organızatıon.	ties (fundr	aisers) pui	rsuant to agreements ur	nder whi	the fundraise	er is to be
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	or r	nount paid to etained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes		·			0190111201011
	ł	res	No				•
······································		1					
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Takal						İ	
Total		مرمرا مرا	<u> </u>	ank formula and hard harmon	4.6		
List all states in which the organiza or licensing.	ition is registere	ea or licen	sea to som	cit funds or has been no	otinea it i	s exempt from	registration
		- -					
		. – – – .					
							

Pa	Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5								
RE			(a) Event #1 CERTIFICATE SALES (event type)	(b) Event #2	(c) Other Events	(d) To (Add col	tal Eve	nts	
REVENUE	1	Gross receipts	32,575.				32,	575.	
Ě	2	Less: Charitable contributions				<u></u>			
	3	Gross income (line 1 minus line 2)	32,575.				32,	575.	
	4	Cash prizes							
	5	Noncash prizes				 			
D I R E C T	6	Rent/facility costs							
	7	Food and beverages							
E P E	8	Entertainment							
EXPENSES	9	Other direct expenses	29,574.				29,	574.	
S	10 11	Direct expense summary Add lines 4- th Net income summary. Combine lines 3, co	•		. •			574. 001.	
Pai	rt III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or rej	ported m			
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(Add col	al gam (a) thr	ing rough	
Ë E	1	Gross revenue							
E D X I P	2	Cash prizes							
D I R E C T	3	Non-cash prizes							
S	4	Rent/facility costs							
	5_	Other direct expenses .							
	6	Volunteer labor	Yes ^१ No	Yes%	Yes%				
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•				
	8	Net gaming income summary Combine lii	nes 1, column (d) and li	ne 7	>				
9	Ente	er the state(s) in which the organization ope	erates gaming activities:			[YES	NO	
a	ls th	e organization licensed to operate gaming				9	a	1	
K	. — —	o,՝ explain 							
		e any of the organization's gaming licenses es,' explain	s revoked, suspended or	terminated during the t	ax year?	10	a		
						· - 	ļ		
11 12		s the organization operate gaming activities e organization a grantor, beneficiary or trus		iber of a partnership or	other entity formed to	11			
	adm	inister charitable gaming?	otto of a trust of a men		Calci Chary formed to	12			

Schedule G (Form 990 or 990-EZ) 2009 PUEBLO KIWANIS CLUB FOUNDATION, INC.

84-1041211

Page 2

JULI	edule G (Form 990 of 990-EZ) 2009 POEBLO KIWANIS CLUB FOUNDATION, INC.	84-104	211	-	age 3
				YES	
	Indicate the percentage of gaming activity operated in:				
	a The organization's facility	13a	8		
	b An outside facility	13b	8	İ	
14	Enter the name and address of the person who prepares the organization's gaming/special events	books and records:			•
	Name •		_		
	Address:		_		
	a Does the organization have a contact with a third party from whom the organization receives gamin		. 15a		
١	b If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount			
	of gaming revenue retained by the third party \$				
•	c If 'Yes,' enter name and address of the third party:				
	Name •		_		
	Address: •		_		
16	Gaming manager information				
	Name •		_		
	Gaming manager compensation ► \$				
	Description of services provided		_		
	☐ Director/officer ☐ Employee ☐ Independent contractor				1
17	Mandatory distributions				
	Is the organization required under state law to make charitable distributions from the gaming proce state gaming license?		17a		
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organiz	ations or spent in the	,		
	organization's own exempt activities during the tax year: ▶ \$			<u> </u>	
BAA	TEEA3703 02/05/10	Schedule G (Form	990 or 99	90-EZ)	2009