

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file

Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Department of the Treasury Internal Revenue Service

	For th	ne 2011 calendar year, or tax year beginning Oct 1 , 2011, ar		, 2012				
					mployer identification number			
	Address	s change THE KIWANIS CLUB OF PUEBLO	HE KIWANIS CLUB OF PUEBLO 8					
	Name c		Room/suite E T	Telephone number				
	Initial re	IPO BOX 6/4		(719)	544-7527			
	Termina	City or town, state or country, and ZIP + 4	<del>'                                    </del>	Group Exemption				
		ed return Intron pending PUEBLO CO		iroup Ex lumber	xemption -			
		unting Method: X Cash			e organization is <b>not</b>			
		site: ► www.pueblokiwanis.org	required to	attach	Schedule B (Form			
		xempt status (ck only one) — 501(c)(3) X 501(c) ( 4 ) ◄(insert no ) 4947(a)(1)	or 527 990, 990-E	.Z, or 99	90-PF)			
	Check			and its	gross receipts are			
	norma	ally not more than \$50,000. A Form 990-F7 or Form 990 return is not required the	ouah Form 990-N (e-posta	ard) ma	y be required (see			
(	<u>เก</u> รtru	ictions). But if the organization chooses to file a return, be sure to file a complete	return					
L	Add II	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$2	00,000 or more, or if total	►s	EC 414			
		s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead	of Form 990-EZ		56,414.			
	<u>řt I</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balar		tions i				
<u></u> €	-	Check if the organization used Schedule O to respond to any question in this Pa		1 . 1	X.			
	7	Contributions, gifts, grants, and similar amounts received	STATUTE UNIT	1	1 050			
Ĺ	-i	Program service revenue including government fees and contracts	STATUTE UNIT RECEIVED	2	1,850.			
<u>پ</u>	_1			3	22,548.			
€		Investment income	5aJAN 2 5 2017	4	4.			
~	,		5a	┤┌ॉ	RECEIVED			
JID.	ľ	Less' cost or other basis and sales expenses	TPR BRANCE	<u></u>	NECLIVED			
9	i c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	"OGDEN	1 55	1411 0 0 0010			
_		Gaming and fundraising events	1	908	JAN 23 2017			
R E V E		Choos moonto nom gammig (attack contacts and grown the property	6a	-  <b> </b> "				
Ē	b	Gross income from fundraising events (not including \$	of contributions		OGDEN, UT			
O GUMAA		of such gross mounts and commutations enough the group	<b>бы</b> 7,699					
<b>3</b> 3	С	Less: direct expenses from gaming and fundraising events	6c 4,255	-				
-C	d	Net income or (loss) from gaming and fundraising events (add lines 6a and						
<b>1</b>		6b and subtract line 6c)	i	6 d	3,444.			
	7 a	Gross sales of inventory, less returns and allowances	7a					
5		Less: cost of goods sold	7b					
	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c				
?	8	Office Totalida (describe in Constitution)	orm,990 EZ, Part I, Line 8 Other Reven	<del></del>	24,313.			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.		9	52,159.			
		Grants and similar amounts para (list in constants sy	e L-10 Stmt	10	13,500.			
	11	•		11				
EXPENSES	12	Salaries, other compensation, and employee benefits		12	2,400.			
Ë	13	Professional fees and other payments to independent contractors		13	1,800.			
N S	14	Occupancy, rent, utilities, and maintenance	•	14				
E S	15	Printing, publications, postage, and shipping		15	963.			
•	16	,	orm 990-EZ, Part I, Line 16 Other Expens		32,869.			
_	17	Total expenses. Add lines 10 through 16		17	51,532.			
A N S T E T T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	627.			
	19			19	14 010			
		figure reported on prior year's return)			14,810.			
Ţ	20	Other changes in net assets or fund balances (explain in Schedule O)	•	20	15 400			
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	15,437.			
BA		r Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2011			

					-043	30890 Page <b>2</b>		
Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II								
	(A) Beginning of					(B) End of year		
22	Cash, savings, and investments		. 1	14,810		15,437.		
23	Land and buildings				23	0.		
24	Other assets (describe in Schedule O)				24	0.		
25	Total assets		[	14,810	25	15,437.		
26	Total liabilities (describe in Schedule O)				26	0.		
	Net assets or fund balances (line 27 of c			14,810	27	15,437.		
Pai	telle Statement of Program Serv				,	Expenses		
	Check if the organization used Sch				(Req   5017	uired for section c)(3) and 501(c)(4)		
What	is the organization's primary exempt purpose? CO	MMUNITY SERVICE FO	UNITY SERVICE FOCUSING ON CHILI			nizations and section		
mea	cribe the organization's program service ac sured by expenses. In a clear and concise fitted, and other relevant information for ea	manner, describe the service	es provided, the num	ber of persons	4947(a)(1) trusts, optional for others.)			
					1101 0	T		
28	KID'S DAY, CHRISTMAS PART				-]			
					-			
	(Grants \$ 0.) If the	s amount includes foreign gr	ants check here		] 28 a	252.		
29	TRANSFERS TO FOUNDATION I				20 a			
23	PROGRAM	OK BOIODARBITION			1			
	I WOOTUM				-			
	(Grants \$ 13,500.) If the	is amount includes foreign gr	ants, check here		[ 29 a	13,500.		
30	YOUTH SERVICES AND SPONSO				1			
					-			
	(Grants \$ 0.) If th	is amount includes foreign gr	ants, check here		30 a	1,486.		
31	Other program services (describe in Sche							
		<u>is amount includes foreign gr</u>	ants, check here	<u> </u>	31 a			
	Total program service expenses (add lin		<del></del>	<u></u>	32	15,238.		
Pai	till List of Officers, Directors,				(see th	e instructions for Part IV		
	Check if the organization used Sch	(b) Title and average	(c) Reportable compensa		ite	(2) Estimated amount of		
	(a) Name and address	hours per week	(Form W-2/1099-MISC (If not paid, enter -0-)	contributions to em	ployee	(e) Estimated amount of other compensation		
		devoted to position	(ii not paid, enter -u-	benefit plans, a deferred compens				
SEI	E ATTACHED			dejerred compens	auun			
	BOX 674	SEE ATTACHED	Ì					
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BA	<del>\</del>	TEEA0812	02/14/12	<del></del>		Form <b>990-EZ</b> (2011)		

	the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			ш
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		х
ŀ	of 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
•	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
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   37a   0 Did the organization file Form 1120-POL for this year?	37b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
ŀ	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved		,	
39	Section 501(c)(7) organizations Enter			1
á	a Initiation fees and capital contributions included on line 9		,	ĺ
	Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			<del>                                     </del>
<b>→</b> ∪ ∂		ł	`	
		.		
	5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
•	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	ļ- <u></u> -		ئـــــا
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41		40 e		
42 :		)_544	-752 Yes	
42 a	The organization's books are in care of ► MELINDA_TORTESSI Telephone no ► (719)  Located at ► PO_BOX_674 PUEBLO CO_ZIP + 4 ► 8100  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)?	)_544		27 No
42:	a The organization's books are in care of ► MELINDA TORTESSI Telephone no ► (719) Located at ► PO BOX 674 PUEBLO CO ZIP + 4 ► 8100  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 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: ►	) <u>544</u> 2 <b>42b</b>		27
42:	Telephone no \( \frac{719}{2719} \) Located at \( \to PO \) BOX 674 \( \	) <u>544</u> 2 <b>42b</b>	Yes	No X
42:	a The organization's books are in care of MELINDA TORTESSI Located at PO BOX 674 PUEBLO Do 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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  CAT 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:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  CAT 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:  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  Do D	) 544 2 42b	Yes	No X
42:	Telephone no (719)  Teleph	) 544 2 42b 42c	Yes	No X
43	List the states with which a copy of this return is filled   a The organization's books are in care of   MELINDA TORTESSI  Located at   PO BOX 674  PUEBLO  CO ZIP + 4   8100  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)?   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 Foreign Bank and Financial Accounts.   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:   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  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?   If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	) 544 2 42b 42c	Yes	No X
43	a The organization's books are in care of ► MELTNDA TORTESSI Telephone no ► (719 Located at ► PO BOX 674 PUEBLO CO ZIP + 4 ► 8100 Do 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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: ►  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  A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year?  If 'No,' provide an explanation in Schedule O	) 544 2 42b 42c	Yes	No X X X X X
43 44 45	List the states with which a copy of this return is filled   a The organization's books are in care of   MELINDA TORTESSI  Located at   PO BOX 674  PUEBLO  CO ZIP + 4   8100  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)?   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 Foreign Bank and Financial Accounts.   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:   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  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?   If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	) 544 2 42b 42c 44a 44b 44c 44d	Yes	No   X   X   X   X   X   X   X   X   X

							Yes	No		
Part VI 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 47.49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI	46 Did th	ne organization engage, directly or indirectly are indirectly of indirectly are public office? If IVes I complete	ctly, in political campaig	n activities on behalf of	or in opposition to	46		i		
## Total number of other employees paid over \$100,000  ## Total number of other independent contractors each receiving over \$100,000  ## Total number of other independent contractors each receiving over \$100,000  ## Total number of other independent contractors each receiving over \$100,000  ## Total number of other independent contractors each receiving over \$100,000  ## Total number of other independent contractors each receiving over \$100,000  ## Total number of other independent contractors each receiving over \$100,000  ## Total number of other independent contractors each receiving over \$100,000  ## Total							ction	<u> </u>		
Ves   No   No   No   No   No   No   No   N	<u>rare v</u> r	501(c)(3) organizations and sec	ction 4947(a)(1) no	nexempt charitable	trusts must answe	r questioi	าร			
Ves   No   No   No   No   No   No   No   N		Check if the organization used Schedul	e O to respond to any q	uestion in this Part VI						
48 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If Yes,' complete Schedule E  48 Is the organization make any transfers to an exempt non-chantable related organization?  50 Complete this table for the organization for Section SZV organization?  50 Complete this table for the organization is the highest compensated meliptopes (other than officers, directors, furthers and key employees) who each received more than \$100.000 of compensation from the organization of there is none, enter None.  (b) Name and sideres of each employee spaid over \$100.000 of compensation from the organization of the residence of each employee spain not than \$100.000 of compensation from the organization of the residence of each employee spain not than \$100.000 of compensation of the residence of each employee spain not than \$100.000 of compensation of the residence of each employee spain not than \$100.000 of compensation of the residence of each employee spain not than \$100.000 of compensation of the residence of each employee spain not than \$100.000 of compensation of the residence of each employee spain of the residence of each employee spain not than \$100.000 of compensation of the residence of each employee spain of employees of emp							Yes	No		
48 is the organization a school as described in section 170(0)(1)(A)(0)(2) if Yes; complete Schedule E  49 a Did the organization make any transfers to an exempt non-charitable related organization?  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 of the organization of the response of employees who each received more than \$100,000 of compensation of the organization of the or	47 Did th	ne organization engage in lobbying activit Nete Schedule C. Part II	ies or have a section 50	)1(h) election in effect di	uring the tax year? If 'Ye	es,' 47		v		
49a Did the organization make any transfers to an exempt non-charitable related organization?  b If Yes, was the related organization a section 527 organization?  Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of 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:  e 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 contractors are more than \$100,000 of compensation from the organization. If there is none, enter None:  (b) Type of service the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None:  (c) Name and address of each independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each		•	ection 170(b)(1)(A)(ii)? I	f 'Yes.' complete Schedu	ıle E	<u> </u>				
b if "Yes," was the related organization a section 527 organization?  50 Complete this table for the organization or the 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 and over \$100,000 of compensation from the organization of the trust is not to enter the page of the page		_		•		<del></del>				
e Total number of other employees paid over \$100,000  • Total number of other employees paid over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving over \$100,000  • Total number of other independent contractors each receiving ove				_		49b				
(a) Name and address of each employee paid more than \$100,000  • Total number of other employees paid over \$100,000  • Total number of other employees paid	<b>50</b> Comp	olete this table for the organization's five	highest compensated er	mployees (other than offi	cers, directors, trustees	and key				
51 Complete this table for the organization. If there is none, enter None  (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None  (b) Type of service  (c) Compensation  (c) Name and address of each independent contractor paid more than \$100,000  (c) Type of service  (c) Compensation  (d) Name and address of each independent contractor paid more than \$100,000  (e) Type of service  (c) Compensation  (e) Type of service  (c) Compensation  (d) Name and address of each independent contractors each receiving over \$100,000  (e) Type of service  (f) Compensation  (ii) Type of service  (iii) Type of service  (iv) Type of service	<del></del>	(a) Name and address of each employee	(b) Title and average hours per week	<del></del>	(d) Health benefits, contributions to employee benefit plans, and	(e) Estimate				
51 Complete this table for the organization. If there is none, enter None  (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None  (b) Type of service  (c) Compensation  (d) Name and address of each independent contractor paid more than \$100,000  (e) Type of service  (c) Compensation  (e) Compensation  (f) Type of service  (c) Compensation  (g) Name and address of each independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Under penalties of penalty, ideal 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 than orficer) beared on all information of which preparer has any knowledge.  Signature of officer  Primy perparer's signature  Freparer   Preparer's signature   Preparer's signature   Date   Primy   Primy					-					
51 Complete this table for the organization. If there is none, enter None  (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None  (b) Type of service  (c) Compensation  (d) Name and address of each independent contractor paid more than \$100,000  (e) Type of service  (c) Compensation  (e) Compensation  (f) Type of service  (c) Compensation  (g) Name and address of each independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Under penalties of penalty, ideal 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 than orficer) beared on all information of which preparer has any knowledge.  Signature of officer  Primy perparer's signature  Freparer   Preparer's signature   Preparer's signature   Date   Primy   Primy			<u> </u>							
51 Complete this table for the organization. If there is none, enter None  (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None  (b) Type of service  (c) Compensation  (c) Name and address of each independent contractor paid more than \$100,000  (c) Type of service  (c) Compensation  (d) Name and address of each independent contractor paid more than \$100,000  (e) Type of service  (c) Compensation  (e) Type of service  (c) Compensation  (d) Name and address of each independent contractors each receiving over \$100,000  (e) Type of service  (f) Compensation  (ii) Type of service  (iii) Type of service  (iv) Type of service			<del> </del>	-						
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e Total number of other independent contractors each receiving over \$100,000  e Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt		· •	<del></del>	<del></del>						
e Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must at	51 Comp	plete this table for the organization's five pensation from the organization. If there is	highest compensated in s none, enter 'None '	dependent contractors w	no each received more	than \$100,0	J00 ot			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt				<b>(b)</b> Type	of service	(c) Com	pensatio	n		
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt				1		i				
Charitable trusts must attach a completed Schedule A  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) based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  Raren E. Heerschap, CPA  Waren E. Heerschap, CPA  Firm's name  HEWITT & COUCH P.C.  Firm's address  955 N GREENWOOD ST  PUEBLO  CO 81003  Phone no (719) 542-1287  May the IRS discuss this return with the preparer shown above? See instructions	e Total	number of other independent contractors	each receiving over \$1	00,000 .	<u> </u>					
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) A based on all information of which preparer has any knowledge    Signature of officer	<b>52</b> Did t	he organization complete Schedule A? No	ote: All section 501(c)(3	) organizations and 4947	7(a)(1) nonexempt	► □ v.	Г	٦.,		
Sign Here    Signature of officer				dules and statements, and to the	best of my knowledge and bel		<u>·</u>	No		
Print Sign Here    Melin Ca To Tessi, Treasure   Preparer's signature   Date   Check   if   PTIN	true, correct,	and complete. Declaration of preparer (other than offic	er) based on all information	of which preparer has any knowl	edge	101, 1019				
Print Sign Here    Melin Ca To Tessi, Treasure   Preparer's signature   Date   Check   if   PTIN		Supature of officer	Oglass	_L	Date	<u> </u>				
Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Firm's name  Firm's name  Firm's name  Firm's address  PUEBLO  CO 81003  Phone no (719) 542-1287  May the IRS discuss this return with the preparer shown above? See instructions	Sign	Maliada Ta								
Paid Preparer Use Only    Karen E. Heerschap, CPA   CULL C   COUCH P.C.   Self-employed   P00636439	ПСІС	Type or print name and title	14C331)	Treasu	1 7					
Paid Preparer Use Only   Karen E. Heerschap, CPA   COUCH P.C.   Self-employed P00636439		Print/Type preparer's name	Preparer's signature	Date	Check of P	TIN				
Preparer Use Only       Firm's name ► HEWITT & COUCH P.C.         Use Only       Firm's address ► 955 N GREENWOOD ST       Firm's EIN       ► 33-1024557         PUEBLO       CO 81003       Phone no (719) 542-1287         May the IRS discuss this return with the preparer shown above? See instructions       ▼ X Yes       No	Paid	Karen E. Heerschap, CPA	Karen E Lieer	schap 1.9.17		0063643	19			
PUEBLO CO 81003 Phone no (719) 542-1287  May the IRS discuss this return with the preparer shown above? See instructions	Preparer	<del>}</del>	<del></del>							
May the IRS discuss this return with the preparer shown above? See instructions	Use Only	Firm's address ► 955 N GREENWOOI	ST		Firm's EIN ►	33-1024	1557			
		PUEBLO		CO 81003	Phone no (71			1		
	May the IR	S discuss this return with the preparer sh	own above? See instruc	ctions						

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Form 990-EZ (2011) THE KIWANIS CLUB OF PUEBLO