Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01 , 2013, and ending 06-30 , 2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) PO BOX 11566 Room/suite

City or town, state or province, country, and ZIP or foreign postal code PUEBLO, CO 81001

D Employer identification no 84-0404917

E Telephone number (719)583-4455

G Gross receipts $ 1,141,303

F Name and address of principal officer

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ WWW.PUEBLOUNITEDWAY.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1969

M State of legal domicile CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities THE UNITED WAY OF PUEBLO COUNTY, COLORADO INC RAISES FUNDS TO BE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS TO BENEFIT THE COMMUNITY. OUR MISSION IS TO DEVELOP DONOR RESOURCES TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF PUEBLO COUNTY.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,196,958	1,059,792
	9	Program service revenue (Part VIII, line 2g)	26,079	46,505
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,831	7,216
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,979	27,790
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,265,847	1,141,303
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	835,241	751,175
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	253,961	259,546
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 78,432		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	142,035	132,767
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,231,237	1,143,488
	19	Revenue less expenses Subtract line 18 from line 12	34,610	(2,185)

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,096,763	2,071,735
	21	Total liabilities (Part X, line 26)	602,681	583,566
	22	Net assets or fund balances Subtract line 21 from line 20	1,494,082	1,488,169

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DEC 01 2014
3048
OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer James J Duff Date 11/18/14

JIM DUFF, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rebecca Farrells	Rebecca E Farrells, CPA	10-23-2014		P00944467

Firm's name ▶ Rebecca E Farrells CPA Inc   Firm's EIN ▶

Firm's address ▶ 311 W 24th Street
Pueblo CO 81003   Phone no 719-545-7999

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

EEA

16 13

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . ☒

1 Briefly describe the organization's mission

THE UNITED WAY OF PUEBLO COUNTY, COLORADO INC RAISES FUNDS TO BE DISTRIBUTED TO VARIOUS CHARITABLE ORGANIZATIONS TO BENEFIT THE COMMUNITY. OUR MISSION IS TO DEVELOP DONOR RESOURCES TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF PUEBLO COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . ☒ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ________) (Expenses $ 1,035,651 including grants of $ ________) (Revenue $ ________)

FAMILY STRENGTHENING-$298,585. IN 2013/2014: OVER 18,500 UNITS OF SERVICE WERE PROVIDED. SPECIFICALLY: OVER 17,000 BOYS AND GIRLS WERE ENRICHED BY TRADITIONAL SCOUTING AND SCOUTING IN THE SCHOOL PROGRAMS. OVER 650 YOUTH RECEIVED BENEFICIAL AFTER SCHOOL SERVICES INCLUDING DECISION MAKING, TUTORING, RECREATION AND LEADERSHIP SKILLS. NEARLY 300 CHILDREN AND FAMILIES RECEIVED DAYCARE ON A SLIDING FEE SCALE. APPROXIMATELY 440 SENIOR CITIZENS RECEIVED HOME AND YARD MAINTENANCE ON A SLIDING FEE SCALE, CHRONIC DISEASE MANAGEMENT AND ACCESS TO WELLNESS CLINICS AND FITNESS PROGRAMS, AS WELL AS TRANSPORTATION FOR RURAL SENIOR CITIZENS TO IMPORTANT APPOINTMENTS AND DOCOR VISITS. 50 MIDDLE SCHOOL STUDENTS RECEIVED MENTOR SUPPORT VIA A PILOT MENTORING PROGRAM AT HEATON MIDDLE SCHOOL.

4b (Code ________) (Expenses $ ________ including grants of $ ________) (Revenue $ ________)

CRISIS SERVICES - $174,900 IN 2013/2014: OVER 18,700 UNITS OF SERVICE WERE PROVIDED. SPECIFICALLY: OVER 320 PEOPLE RECEIVED DISASTER SERVICE ASSISTANCE AND SERVICES TO THE ARMED FORCES. UNITIED WAY FUNDING PROVIDED SERVICES TO APPROXIMATELY 260 CHILDREN FACING PHYSICAL OR SEXUAL ABUSE, AS WELL AS SUPPORT SERVICES TO FAMILY MEMBERS OF THOSE CHILDREN. OVER 14,400 PEOPLE WERE PROVIDED WITH SUICIDE PREVENTION ASSISTANCE, EDUCATION AND COUNSELING. APPROXIMATELY 2,900 VICTIMS OF DOMESTIC VIOLENCE (WOMEN AND CHILDREN) RECEIVED SHELTER, FOOD, COUNSELING AND DAYCARE AND HOMELESSNESS PREVENTION SERVICES. OVER 10,000 BED NIGHTS WERE PROVIDED TO HOMELESS FAMILIES. SEVENTY INDIVIDUALS RECEIVED HUNDREDS OF HOURS WORTH OF MENTAL HEALTH COUNSELING ON A SLIDING FEE SCALE. OVER 20 HOMELESS INDIVIDUALS WERE PROVIDED WITH TENTS AND SLEEPING BAGS AFTER THEIR BELONGINGS WERE DESTROYED FROM A FLOOD.

4c (Code ________) (Expenses $ ________ including grants of $ ________) (Revenue $ ________)

POVERTY-$310,937 IN 2013/2014: UNITED WAY OF PUEBLO COUNTY FUNDING ASSISTED THOSE INDIVIDUALS LIVING IN POVERTY BY PROVIDING APPROXIMATELY 7,200 UNITS OF SERVICE IN HOUSING AND HOMELESS (RENT/MORTGAGE) PREVENTION AND UTILITY ASSISTANCE AND COUNSELING ON A SLIDING FEE SCALE. UNITED WAY FUNDS PROVIDED WELL OVER 75,000 UNITS OF SERVICE INCLUDING MEALS, FOOD SACKS, EMERGENCY MEDICAL PRESCRIPTIONS AND EMERGENCY TRANSPORTATION. APPROXIMATELY 3,800 CHILDREN RECEIVED DENTAL ASSISTANCE THAT OTHERWISE WOULD HAVE GONE WITHOUT. OVER 1,000 FAMILITES RECEIVED WATER UTILITY ASSISTANCE. 166 CHILDREN WERE PROVIDED WITH HOLIDAY GIFTS AND SCHOOL SUPPLIES. 1,040 INDIVIDUALS AND FAMILIES RECEIVED FREE TAX REFUND ASSISTANCE.

4d Other program services (Describe in Schedule O)
(Expenses $ ________ including grants of $ ________) (Revenue $ ________)

4e Total program service expenses ▶ 1,035,651

Part IV · Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	*Did the organization, directly or through a related organization, hold assets in temporarily restricted* endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	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)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in the Part VI . . . ☒

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JOHN KLOMP BOARD MEMBER	1.00	X						0	0	0
(2) BARBARA HODGSON BOARD MEMBER	1.00	X						0	0	0
(3) RUDY KRASOVEC BOARD MEMBER	1.00	X						0	0	0
(4) MITCH MEMINGER BOARD MEMBER	1.00	X						0	0	0
(5) BONNIE DICKERSON BOARD MEMBER	1.00	X						0	0	0
(6) DOUG HAYES BOARD MEMBER	1.00	X						0	0	0
(7) JOHN KEILBACH BOARD MEMBER	1.00	X						0	0	0
(8) TRACY MARTINEZ BOARD MEMBER	1.00	X						0	0	0
(9) CHRIS RILEY BOARD MEMBER	1.00	X						0	0	0
(10) RICK SCHOLTES BOARD MEMBER	1.00	X						0	0	0
(11) MATT SMITH BOARD MEMBER	1.00	X						0	0	0
(12) DAVID ATWOOD BOARD MEMBER	1.00	X						0	0	0
(13) DOMINIC GALLINA BOARD MEMBER	1.00	X						0	0	0
(14) JOHN BATEY BOARD MEMBER	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) TED ORTIVIZ BOARD MEMBER	1.00	X						0	0	0
(16) MICHELLE PUELEN BOARD MEMBER	1.00	X						0	0	0
(17) RUBEN ROMAN BOARD MEMBER	1.00	X						0	0	0
(18) DAVE GALLI CHAIR	1.00			X				0	0	0
(19) JIM DUFF TREASURER	1.00			X				0	0	0
(20) SANDY ROMERO SECRETARY	1.00			X				0	0	0
(21)										
(22)										
(23)										
(24)										
(25)										

		(D)	(E)	(F)
1b	Sub-total ▶			
c	Total from continuation sheets to Part VII, Section A ▶			
d	Total (add lines 1b and 1c) ▶	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

Section	Line	Description	Sub-line	Sub-amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,059,792				
	g	Noncash contributions included in lines 1a-1f $						
	h	**Total.** Add lines 1a-1f ▶			1,059,792			
Program Service Revenue			Business Code					
	2a	SERVICE FEE REVENUE	900099		3,727	3,727		
	b	OFFICIAL FUNCTIONS	900099		12,480	12,480		
	c	ADMIN FEES	900099		1,641	1,641		
	d	OTHER DESIGNATIONS	900099		2,675	2,675		
	e	VITA PROGRAM	900099		24,232	24,232		
	f	All other program service revenue	900099		1,750	1,750		
	g	**Total.** Add lines 2a-2f ▶			46,505			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			7,216	7,216		
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a	27,564				
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events ▶			27,564			27,564
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
	11a	MISC REVENUE	900099		226	226		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			226			
	12	**Total revenue.** See instructions ▶			1,141,303	53,947	0	27,564

Part IX · Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	446,125	446,125		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	305,050	305,050		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	219,288	161,096	12,965	45,227
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	23,495	17,386	1,410	4,699
10 Payroll taxes	16,763	12,404	1,006	3,353
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,200		9,200	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	703		703	
12 Advertising and promotion	7,766	6,368		1,398
13 Office expenses	9,613	7,114	577	1,922
14 Information technology				
15 Royalties				
16 Occupancy	2,200	1,628	132	440
17 Travel	4,514	3,340	271	903
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,358	10,597	614	4,147
20 Interest				
21 Payments to affiliates	10,454	10,454		
22 Depreciation, depletion, and amortization	3,527	2,610	212	705
23 Insurance	3,391	2,510	203	678
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CAMPAIGN SUPPLIES	17,443	10,389	1,450	5,604
b PAID DIRECT	20,764	20,764		
c POSTAGE AND SHIPPING	5,456	4,038	327	1,091
d EQUIP MAINTENANCE	1,486	1,100	89	297
e All other expenses	20,892	12,678	246	7,968
25 **Total functional expenses.** Add lines 1 through 24e	1,143,488	1,035,651	29,405	78,432
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		100	1	100
	2	Savings and temporary cash investments		1,687,448	2	1,625,127
	3	Pledges and grants receivable, net		390,959	3	430,510
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,938	9	7,398
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 38,007			
	b	Less accumulated depreciation	10b 29,648	9,979	10c	8,359
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		339	15	241
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,096,763	16	2,071,735
Liabilities	17	Accounts payable and accrued expenses		577,451	17	549,974
	18	Grants payable		16,000	18	16,000
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		9,230	25	17,592
	26	**Total liabilities.** Add lines 17 through 25		602,681	26	583,566
Net Assets of Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		779,872	27	829,547
	28	Temporarily restricted net assets		114,210	28	58,622
	29	Permanently restricted net assets		600,000	29	600,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,494,082	33	1,488,169
	34	Total liabilities and net assets/fund balances		2,096,763	34	2,071,735

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,141,303
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,143,488
3	Revenue less expenses Subtract line 2 from line 1	3	(2,185)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,494,082
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(3,728)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,488,169

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number: 84-0404917

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-funtionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
EEA

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,058,349	1,085,839	1,133,494	1,196,958	1,059,792	5,534,432
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,058,349	1,085,839	1,133,494	1,196,958	1,059,792	5,534,432
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						427,321
6 **Public support.** Subtract line 5 from line 4						5,107,111

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,058,349	1,085,839	1,133,494	1,196,958	1,059,792	5,534,432
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,855	17,204	3,609	5,831	7,216	62,715
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						5,597,147

12 Gross receipts from related activities, etc (see instructions) . . . 12 276,802

13 **First five years.** If the Form 990 is for the organization'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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . 14 91.24 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . 15 95.85 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☒

b **33 1/3% support test - 2012.** 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 - 2013.** 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 . . . ▶ ☐

b **10%-facts-and-circumstances test - 2012.** 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 . . . ▶ ☐

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 . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization'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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 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 ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number: 84-0404917

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____

4 Number of states where property subject to conservation easement is located ▶ ____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ____

(ii) Assets included in Form 990, Part X ▶ $ ____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____

b Assets included in Form 990, Part X ▶ $ ____

Part III · Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.
Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	628,102	641,291	650,226	673,145	667,899
b Contributions					
c Net investment earnings, gains, and losses	4,876	2,945	7,267	12,675	22,266
d Grants or scholarships					
e Other expenditures for facilities and programs	16,417	16,134	16,202	16,422	17,020
f Administrative expenses					
g End of year balance	616,561	628,102	641,291	669,398	673,145

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ 97.00 %

c Temporarily restricted endowment ▶ 3.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		38,007	29,648	8,359
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 8,359

Part VII Investments - Other Securities

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	241
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	241

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	14,402
(3) REFUNDABLE ADVANCES	3,190
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	17,592

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII . . . ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	1,124,890
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	38,918		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	(55,331)		
e	Add lines **2a** through **2d**			2e	(16,413)
3	Subtract line **2e** from line **1**			3	1,141,303
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c**. (This must equal Form 990, Part I, line 12.)			5	1,141,303

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	1,130,802
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	38,918		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	(51,604)		
e	Add lines **2a** through **2d**			2e	(12,686)
3	Subtract line **2e** from line **1**			3	1,143,488
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c**. (This must equal Form 990, Part I, line 18.)			5	1,143,488

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Other revenues not included on Form 990 (Part XI, line 2d)

DONOR DESIGNATIONS $(55,331)

Part XIII Supplemental Information (continued)

02. Other expenses not included on Form 990 (Part XII, line 2d)

DONOR DESIGNATIONS $(51,604)

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

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization: UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.
Employer identification number: 84-0404917

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000.

		(a) Event #1 FLAVOR (event type)	(b) Event #2 FUN RUN (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	16,669	6,030	4,865	27,564
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	16,669	6,030	4,865	27,564
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				
	11 Net income summary Subtract line 10 from line 3, column (d)				27,564

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization: UNITED WAY OF PUEBLO COUNTY, COLORADO, I

Employer identification number: 84-0404917

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN RED CROSS 4104 OUTLOOK BLVD PUEBLO, CO 81008	84-0437753	501C3	14,125				VARIOUS CHAR
(2) BOY SCOUTS ROCK MTN COUNCIL 411 S PUEBLO BLVD PUEBLO, CO 81005	22-1576300	501C3	39,000				BOYS ACTIVIT
(3) BOYS AND GIRLS CLUB OF PUEB 2601 SPRAGUE AVE PUEBLO, CO 81004	23-7307508	501C3	57,300				CHILDREN ACT
(4) CATHOLIC CHARITIES OF THE D 429 W 10TH ST 101 PUEBLO, CO 81003	84-0471001	501C3	28,000				VARIOUS CHAR
(5) COOPERATIVE CARE CENTER 325 W 10TH ST PUEBLO, CO 81003	84-0913793	501C3	27,350				FREE CARE OF
(6) EASTSIDE CHILD CARE CENTER PO BOX 11266 PUEBLO, CO 81001	84-0709410	501C3	44,000				CHILD CARE
(7) GIRL SCOUTS COLUMBINE COUNC 21 MONTEBELLO PUEBLO, CO 81003	84-0410630	501C3					GIRLS ACTIV
(8) HEARING PROJECT ESA 4315 OUTLOOK E PUEBLO, CO 81008	23-7024504	501C3	3,500				HEARING
(9) PUEBLO CHILD ADVOCACY CENTE 301 E 13TH ST PUEBLO, CO 81003	84-1071784	501C3	23,400				CHILD ADVOCA
(10) PUEBLO COMMUNITY HEALTH CEN 310 COLORADO AVE PUEBLO, CO 81004	84-0921521	501C3	8,000				CARE OF INDI

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number
84-0404917

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SUICIDE PREVENTION CENTER 1925 E ORMAN GTE 25 PUEBLO, CO 81004	84-0755888	501C3	45,250				SUICIDE PREV
(2) SRDA 230 N UNION PUEBLO, CO 81003	84-0593609	501C3	39,150				SENIOR CARE
(3) SALVATION ARMY 326 W 8TH ST PUEBLO, CO 81003	94-1156347	501C3	26,000				VARIOUS CHAR
(4) SOUTHSIDE CHILDRENS CENTER 2601 SPRAGUE AVE PUEBLO, CO 81003	84-0645787	501C3	36,000				CHILD CARE
(5) YWCA 801 N SANTA FE PUEBLO, CO 81003	84-0404925	501C3	55,050				AID TO WOMEN
(6)							
(7)							
(8)							
(9)							
(10)							

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 COMMUNITY IMPACT GRANT		23,500			
2 CCC DISBURSEMENT		20,081			
3 DESIGNATIONS TO NONMEMBER AGENCIES		31,523			
4 CPS DISBURSEMENT		16,000			
5 VITA PROGRAM		14,301			
6 IBEW ER PROGRAM		1,285			
7 BOARD OF WATER WORKS CATHOLIC CHAR		120,000			

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

01. Monitoring procedures (Part I, line 2)

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EMERGENCY SPECIAL FUNDING		4,000			
2 WITTELS DISTRIBUTION		417			
3 MENTORING PROGRAM		25,443			
4 MENTAL HEALTH GRANT		37,000			
5 SENIOR SERVICES GRANT		11,500			
6					
7					

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.	84-0404917

01. Form 990 governing body review (Part VI, line 11)

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS SIGNED ANNUALLY BY OFFICERS AND EMPLOYEES. THIS POLICY IS MONITORED AND ENFORCED.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE ORGANIZATION HAS A POLICY FOR SALARY AND WAGE DETERMINATION TO UTILIZE AVAILABLE SALARY DATA AND INFORMATION FROM COMPARABLE ORGANIZATIONS AND FOR COMPARABLE POSITIONS TO DETERMINE SALARY. WHENEVER FISCALLY POSSIBLE THE SALARY AND WAGE RANGES WILL BE COMPARABLE TO MARKET CONDITIONS. BOARD MEMBERS AND VOLUNTEERS ARE NOT COMPENSATED FOR THEIR TIME.

04. Other officer or key employee compensation (Part VI, line 15b

AS ABOVE

05. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WHEN REQUESTED AND AN OFFICIAL OF THE ORGANIZATION WILL MEET TO DISCUSS.

06. Significant program services not listed on prior year return (Part III, 1

PUEBLO VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM. PUEBLO VITA IS AN IRS PROGRAM THAT PROVIDES FREE TAX PREPARATION AND FILING FOR THOSE WHO MAKE $51,000 OR LESS TOTAL

Name of the organization: UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number: 84-0404917

HOUSEHOLD INCOME, USING HIGHLY TRAINED COMMUNITY VOLUNTEERS. IN JANUARY OF 2014, UNITED WAY ASSUMED THE ROLE OF OVERSEEING THE PUEBLO VITA PROGRAM FROM THE COLORADO COMMUNITY ACTION ASSOCIATION IN DENVER. THIS MOVE ALLOWS THE PROGRAM TO HAVE A LOCAL ENTITY OVERSEE ADMINISTRATION AND EXECUTION OF THE PROGRAM. THROUGH A GRANT FROM THE CITY AND COUNTY OF PUEBLO, WE WERE ABLE TO SERVE 1,040 PEOPLE FROM FEBRUARY TO APRIL OF 2014, RESULTING IN OVER $1,280,000 IN TAX RETURNS, TAX CREDITS AND TAX PREPARATION SAVINGS GOING BACK INTO THE PUEBLO COMMUNITY.

07. Explanation of other changes in net assets or fund balances (Part XI, lin

SERVICE FEES - ($3,727)

08. General explanation attachment

PAYMENT TO AFFILIATES LIST:UNITED WAY OF AMERICA, 101 N FAIRFAX ST, ALEXANDRIA, VA 22314 AMOUNT $10,454 PURPOSE: MEMBERSHIP DUES UNITED WAY MENTORING PROGRAM. UNITED WAY OF PUEBLO COUNTY, HEATON MIDDLE SCHOOL, PUEBLO CITY SCHOOLS, LOCAL BUSINESSES AND ORGANIZATIONS COMPLETED ITS THIRD YEAR OF OUR UNITED WAY MIDDLE SCHOOL MENTORING PROGRAM, WHICH WAS LAUNCHED IN JANUARY OF 2012. AS A RESULT, WE HAVE 50 MENTORS/MENTEES AT THREE LOCAL MIDDLE SCHOOLS, HEATON, PUEBLO ACADEMY OF THE ARTS AND LIBERTY POINT INTERNATIONAL.

MENTORS ARE RECRUITED FROM THE GENERAL COMMUNITY AS WELL AS THE BUSINESS COMMUNITY, AND SPEND ONE HOUR A WEEK EACH WEEK WITH THEIR STUDENT DURING THE LUNCH HOUR AT THE SCHOOL. STUDENTS INVOLVED IN THE PROGRAM ARE SHOWING MARKED IMPROVEMENT IN SCHOOL ENGAGEMENT, GRADES, ATTENDANCE AND BEHAVIORAL ISSUES.

FLOOD ASSISTANCE. IN AUGUST/SEPTEMBER OF 2013, PUEBLO COUNTY EXPERIENCED FLOODING ALONG FOUNTAIN CREEK. FOUNTAIN CREEK IS AN AREA WHERE MANY HOMELESS LIVE. AS A RESULT, MANY

Name of the organization	Employer identification number
UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.	84-0404917

INDIVIDUALS LIVING IN THE AREA LOST ALL OF THEIR BELONGINGS INCLUDING TENTS, SLEEPING BAGS, COOKING UTENSILS AND CLOTHING. UNITED WAY PROVIDED A GRANT IN THE AMOUNT OF $1,000 TO PROVIDE TENTS AND SLEEPING BAGS TO THOSE IN NEED.

SCHOOL SUPPLIES FOR CHILDREN. UNITED WAY OF PUEBLO COUNTY PROOVIDED A GRANT TO SALVATION ARMY OF PUEBLO IN THE AMOUNT OF $2,000 FOR SCHOOL SUPPLIES, AFTER HEARING OF INCREASED NEED AMONG THEIR CLIENTS, AN OCCURRENCE THAT HAD NOT HAPPPENED IN PREVIOUS YEARS. THIS GRANT HELPED OVER 50 VERY LOW INCOME CHILDREN WITH SCHOOL SUPPLIES, BACKPACKS AND CLOTHING TO HELP PREPARE THEM FOR SUCCESS. HOLIDAY TOYS FOR CHILDREN. DIFFICULT ECONOMIC CONDITIONS AND DECREASE IN DONATIONS PROMPTED UNITED WAY TO ASSIST SALVATION ARMY ANGEL TREE PROJECT TO PROVIDE 116 NEEDY CHILDREN WITH HOLIDAY TOYS. WE ALSO PROMOTED THE NEED FOR DOATIONS AMONG OUR SUPPORTERS WHICH RESULTED IN HELPING THEM HIT THEIR TARGET OF SERVING OVER 4,500 CHILDREN.

COMMUNITY IMPACT FUNDING

SINCE 2005, UNITED WAY BOARD OF TRUSTEES HAS PROVIDED ADDITIONAL GRANTS TO HELP SOLVE NEW AND EMERGING NEEDS THAT CAN MAKE THE BIGGEST IMPACT IN OUR COMMUNNITY. THESE ARE GRANTS MADE TO ORGANIZSATIONS THAT HAVE NOT BEEN PREVIOUSLY FUNDED BY UNITED WAY. AS A RESULT, UNITED WAY HAS INVESTED APPPROXIMATELY $297,000 TO BENEFIT NEW NEEDS. PROGRAMS RECEIVING IMPACT GRANTS INCLUDE DROP-OUT PREVENTION; DIABETES SCREENING AND EQUIPMENT; AUTISM SUPPORT AND SCHOLARSHIPS; EMERGENCY DENTAL SERVICES, COURT APPOINTED ADVOCATES FOR CHILDREN AND CHILD ABUSE PREVENTION; BASIC EMERGENCY SERVICES FOR CANCER PATIENTS; RAPE CRISIS SERVICES; YOUTH ATHLETIC PROGRAM ASSISTANCE, EQUIIPMENT AND SCHOLARDHIPS FOR THE ECONOMICALLY DISADVANTAGED; SCHOOL CLOTHING FOR CHILDREN; TRANSITIONING FOSTER CHILDREN TO ADULTHOOD AND FREE INCOME TAX ASSISTANCE.

IN 2013/2014 SPECIFICALLY, WE PROVIDED A GRANT TO THE BOYS AND GIRLS CLUB OF PUEBLO COUNTY

Name of the organization: UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Employer identification number: 84-0404917

TO FUND THEIR BE GREAT: GRADUATE PROGRAM. USING A MENTOR MODEL AND THE CHECK AND CONNECT STRATEGY, THIS PROGRAM TARGETS THE CLUB'S MOST VULNERABLE YOUTH TO ENCURE THAT THEY RECEIVE THE SUPPORT NEEDED TO ACHIEVE ACADEMIC SUCCESS. THE PROGRAM POSITIVELY IMPACTED 20 CHILDREN WITH IMPROVED GRADES, ATTENDANCE, TARDINESS AND BEHAVIOR ISSUES.

NONPROFIT TRAINING AND ADVOCACY - UNITED WAY PRIDES ITSELF ON HAVING HIGH STANDARDS OF EXCELLENCE IN THE AREAS OF GOVERNANCE, FINANCE AND DONOR STEWARDSHIP. AS A RESULT, WE HAVE TEAMED UP WITH SEVERAL ORGANIZATIONS TO PROVIDE TRAINING OPPORTUNITIES FOR LOCAL NONPROFITS. IN MAY OF THIS YEAR, WE PARTNERED WITH THE EL POMAR FOUNDATION AND THE STAFF IS ACTIVE IN THE COLORADO NONPROFIT ASSOCIATION, AND SERVES ON STATE-WIDE AWARD SELECTION COMMITTEES. WE ALSO ARE A LEAD PARTNER IN THE PUEBLO NONPROFIT DAY LUNCHEON, WHICH PROVIDES TRAINING, PRESENTATIONS FROM EXPERTS IN THE NONPROFIT SECTOR, AND CELEBRATES THE ENORMOUS IMPACT NONPROFITS HAVE IN PUEBLO COUNTY. WE ARE ALSO COMPLIANT WITH UNITED WAY WORLD WIDE STANDARDS OF ACCOUNTABILITY AND EXCELLENCE

Form 4562

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2013
Attachment Sequence No 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
UNITED WAY OF PUEBLO COUNTY, COL	FORM 990 - 1	84-0404917

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,479

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,909	5	MQ	SL	48
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental			27 5 yrs	MM	S/L	
property			27 5 yrs	MM	S/L	
i Nonresidential real			39 yrs	MM	S/L	
property				MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	3,527
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

	Statement of Program Service Accomplishments	**2013** 01
Name(s) as shown on return UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.		Your Social Security Number 84-0404917

FORM 990, PART III(A)

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

EXPLANATION

EMERGENCY FOOD AND SHELTER PROGRAM: UNITED WAY OF PUEBLO COUNTY SERVES AS THE LOCAL ADMINISTRATOR FOR THE FEDERALLY FUNDED EMERGENCY FOOD AND SHELTER PROGRAM GRANTS THAT PROVIDE FOOD AND SHELTER FOR THOSE IN NEED. WE ARE RESPONSIBLE FOR OVERSIGHT OF FUNDS DISTRIBUTED AND MUST ENSURE PROGRAMS RECEIVING FUNDS ARE IN FULL COMPLIANCE WITH FEDERAL GUIDELINES. WE ALSO SUBMIT RECOMMENDATIONS ON FUNDING, AND ARE RESPONSIBLE FOR SUBMITTING ACCURATE FINAL REPORTS AS REQUIRED BY EFSP. IN 2013, WE WERE RESPONSIBLE FOR OVERSIGHT OF $82,058. THESE DOLLARS BENEFITED TEN DIFFERENT NONPROFIT ORGANIZTIONS, AND PROVIDE TENS OF THOUSANDS UNITS OF SERVICE DONOR DESIGNATIONS: WE PROCESSED APPROXIMATELY $54,000 TO 74 NONPROFIT ORGANIZATIONS IN NONMEMBER DONOR DESIGNATED FUNDS. DONOR-DESIGNATED FUNDS ARE CONTRIBUTIONS SPECIFICALLY DIRECTED BY THE DONOR TO BE FORWARDED TO OTHER NONPROFIT ORGANIZATIONS. UNITED WAY ACTS AS AN AGENT THAT COLLECTS, PROCESSES AND DISBURSES THE FUNDS.

Statement of Program Service Accomplishments

2013 01

Name(s) as shown on return: UNITED WAY OF PUEBLO COUNTY, COLORADO, INC.

Your Social Security Number: 84-0404917

FORM 990, PART III(B)

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

EXPLANATION

WE PROVIDE THIS SERVICE AS A CONVENIENCE TO OUR DONORS. SINCE IT IS GIVEN SOLELY BY THE DESIRE OF THE DONOR, WE DO NOT REQUIRE THE RECIPIENT ORGANIZATIONS TO PROVIDE US WITH INFORMATION RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS. VOLUNTEERISM: UNITED WAY OF PUEBLO ENCOURAGES VOLUNTEERISM. UNITED WAY OF PUEBLO COUNTY HAS OVER 500 VOLUNTEERS PROVIDING OVER 7,300 HOURS OF SERVICE ASSISTING IN AREAS SUCH AS MENTORING, SPECIAL EVENTS, ALLOCATIONS, FINANCE, MARKETING AND FUNDRAISING. WE HAVE MANY DONORS WHO WORK TO ENCOURAGE PHILANTHROPY AND GENEROSITY WITHIN THEIR WORKPLACE AND THROUGHOUT THE COMUNITY. WE ALSO ASSIST OTHER NONPROFITS IN FINDING VOLUNTEERS FOR THEIR ORGANIZATION VIA OUR LARGE SUPPORT NETWORK.