

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



## Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, grits, grants, and similar amounts received.  1 1 1,00 2 Program service revenue including government fees and contracts.  2 2 Program service revenue including government fees and contracts.  3 Membership dues and assessments 4 7,3: 4 Investment income. 5 a Gross amount from sale of assets other than inventory. 5 b Less cost or other basis and sales expenses. 5 c Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c Gan or (loss) from sale of assets other than inventory (Subtract line 5b). 5 c Gan or (loss) from sale of assets other than inventory (Subtract line 5b). 5 d Gross income from fundraising events (a Grif the sum of such gross income and contributions seceeds \$15,000). 6 d Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 d Net income or (loss) from gaming and fundraising events (admitted than \$1,000). 6 d Net income or (loss) from gaming and fundraising events (admitted than \$1,000). 6 d Net income or (loss) from gaming and fundraising events (admitted than \$1,000). 7 a Gross sales of inventory, less returns and allowances. JAN \$2.5 2017. 7a		A			lendar year, or tax year beginning Oct 1 , 2013, and ending Sep 30	)		2014
Name change   PURBLO KTMANIS CLUB FOUNDATION, INC.   B 4-1041211		B			C Name of organization	D	Employer i	dentification number
Training feturing   PO BOX 674   Cry or familiar and disversed to streed address)   Roombusite   E Telephone number (719) 5.44—75.27   F Group Exemption   PO BOX 674   Cry or familiar and control of the publication providing   PO BOX 674   Cry or familiar and country, and ZIP or foreign postal code   PO BOX 674   Cry or familiar and country   PO BOX 674   PO BOX 67		H		-	PUEBLO KIWANIS CLUB FOUNDATION, INC.	İ	84-10	41211
Termenated Armanded return   PO BOX 674   (719) \$44-7527		Н		onango		E	Telephone	number
Application pending		H			PO BOX 674	ł	(719)	544-7527
Application printing   PUEBLO   CO 81002   Number		H				<u> </u>		
G Accounting Method     Cash     Account   Other (specify)		Н			PHERT.0 CO 81002			
Website: N/A   Tax-exempt status (feeck orly one) -   Solic()()   Solic()()   *(insert no)   4947(a)(1) or   527   Required to attach Schedule B   Form 990, 990-EZ, or 990-PF).		G				Щ.		
Tax-exempt status (check only one)				•				
K Form of organization				_				
L Add lines Sb. 6c, and 7b. to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E2.  Part II Reverue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 a Gross amount from sale of assets other than inventory. 5 b Less cost or other basis and sales expenses. 5 c Gain of (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 b Gross income from gaming (attach Schedule G if greater than \$15,000) 6 c Less direct expenses from gaming and fundraising events (not including from fundraising events reported on line 1 (lattach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b Gross income from gaming and fundraising events (adhaceable G if the sum of such gross income and contributions exceeds \$15,000) 6 b Hall of the sum of such gross sales of inventory (Subtract line \$10								
assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				•				
Check if the organization used Schedule O to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received.  2 Program service revenue including opvermment fees and contracts.  2 2  3 Membership dues and assessments  4 Investment income.  5 a Gross amount from sale of assets other than inventory.  5 b Less cost or other basis and sales expenses.  5 b Less cost or other basis and sales expenses.  5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).  6 Garning and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  6 Gross income from gaming (attach Schedule G if free sum of such gross income and contributions sexeeds \$15,000)  6 Less direct expenses from gaming and fundraising events (ad TeleBelle 1)  6 Attitude of the sum of such gross income and contributions exceeds \$15,000)  6 Less direct expenses from gaming and fundraising events (ad TeleBelle 1)  6 Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 1)  6 Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 1)  10 Grants and similar amounts paid (list in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O)  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salanes, other compensation, and employee benefits  12 Salanes, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  19 OGDEN, UTILITY 1, 02, 77.		_	asset	ts (Part II, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶\$	22,485.
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 3 Membership dues and assessments. 4 Investment income. 5 a Gross amount from sale of assets other than inventory. 5 a Gross amount from sale of assets other than inventory. 5 a Gross amount from sale of assets other than inventory. 5 a Gross income from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (adPLECEMED)  d Net income or (loss) from gaming and fundraising events (adPLECEMED)  d Net income or (loss) from gaming and fundraising events (adPLECEMED)  d Net income or (loss) from sales of inventory (Subtract line 4DPLECEMED)  d Net income or (loss) from sales of inventory (Subtract line 4DPLECEMED)  d Other evenue (describe in Schedule O)  g Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O)  3 See L-10, Strict, 10 9, 61  11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  Exercise of (deficit) for the year (Subtract line 17 from line 9).  OGDEN UT 18  Exercise (deficit) for the year (Subtract line 17 from line 9).  OGDEN UT 18  18 Exercise (deficit) for the year (Subtract line 17 from line 9).		Pa	rt l					
2 Program service revenue including government fees and contracts			,				<del></del>	<u> X</u>
3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory 5 b Less cost or other basis and sales expenses. 5 b 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 c Less direct expenses from gaming events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 c Less direct expenses from gaming and fundraising events (adhecologies) 6 d Net income or (loss) from gaming and fundraising events (adhecologies) 6 d Net income or (loss) from gaming and fundraising events (adhecologies) 6 d Net income or (loss) from gaming and fundraising events (adhecologies) 6 d Net income or (loss) from gaming and fundraising events (adhecologies) 6 d Net income or (loss) from gaming and fundraising events (adhecologies) 7 a Gross sales of inventory, less returns and allowances 9 b Less cost of goods sold 10 Grants and similar amounts paid (list in Schedule O) 9 Total revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Cycles or (deficit) for the year (Subtract line 17 from line 9). 19 OGDEN, UT 18 Excess or (deficit) for the year (Subtract line 17 from line 9).	1		1				1	1,025.
4 Investment income 5 a Gross amount from sale of assets other than inventory 5 b Less cost or other basis and sales expenses. 5 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gaming and fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less direct expenses from gaming and fundraising events (adREGEMED 6 A Net income or (loss) from gaming and fundraising events (adREGEMED 7 a Gross sales of inventory, less returns and allowances 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 CogDEN, 18 Scots or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 OGDEN, 18 Scots or (deficit) for the year (Subtract line 17 from line 9). 19 OGDEN, 18 Scots or (deficit) for the year (Subtract line 17 from line 9). 20 OGDEN, 18 Scots or (deficit) for the year (Subtract line 17 from line 9). 21 OGDEN, 18 Scots or (deficit) for the year (Subtract line 17 from line 9). 22 OGDEN, 18 Scots or (deficit) for the year (Subtract line 17 from line 9). 23 OGDEN, 18 Scots or (deficit) for the year (Subtract line 17 from line 9).			2					<u></u>
5 a Gross amount from sale of assets other than inventory			3	Membersh	np dues and assessments		. 3	
b Less cost or other basis and sales expenses.  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).  6 Garming and fundraising events a Gross income from garming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from garming and fundraising events [attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from garming and fundraising events [attach Schedule G if the sum of such gross income end contributions exceeds \$15,000) c Less direct expenses from garming and fundraising events [attach Schedule G if the sum of such gross income end contributions exceeds \$15,000) c Less direct expenses from garming and fundraising events [attach Schedule G if the sum of such gross income end contributions exceeds \$15,000) c Less direct expenses from garming and fundraising events [attach Schedule G if the sum of such gross income end contributions exceeds \$15,000) d Net income or (loss) from garming and fundraising events [attach Schedule G if the sum of such gross income end contributions exceeds \$15,000) d Net income or (loss) from garming and fundraising events [attach Schedule G if the sum of such gross sales of inventory, [ses returns and allowances			4	Investmen	t income		. 4	7,360.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b) from line 5a).  6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 14,100.  c Less direct expenses from gaming and fundraising events (adPECEMED) d Net income or (loss) from gaming and fundraising events (adPECEMED) d Net income or (loss) from gaming and fundraising events (adPECEMED) d Net income or (loss) from sales of inventory, less returns and allowances JAN 2.5 2017. 7a b Less cost of goods sold 7b  c Gross profit or (loss) from sales of inventory (Subtract line TPP BPANCH 7c  8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 4,00  10 Grants and similar amounts paid (list in Schedule O) See L-10. Stmt 10 9,61  11 Benefits paid to or for members 11 2 Salanes, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors RECEIVED 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 1: 16 Other expenses (describe in Schedule O) 16 17 Total expenses (describe in Schedule O) 16 17 Total expenses (describe in Schedule O) 18 18 -5, 7.	1		5 a	Gross amo	ount from sale of assets other than inventory		_[	
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)			b	Less cost	or other basis and sales expenses			
a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b 14,100. c Less direct expenses from gaming and fundraising events (admission of such gross income or (loss) from gaming and fundraising events (admission of band subtract line 6c) 7a Gross sales of inventory, less returns and allowances JAN 2.5 2017 7a b Less cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line TPP BRANCH 7b 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 4,00 10 Grants and similar amounts paid (list in Schedule O) See. L-10. Stript 10 9,61 11 Benefits paid to or for members 11 12 Salanes, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors RECEIVED 13 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 17 Total expenses or (deficit) for the year (Subtract line 17 from line 9). OGDEN 11 18 Excess or (deficit) for the year (Subtract line 17 from line 9).						٠.	. 5 c	
c Less direct expenses from gaming and fundraising events (ad RECEIMED  d Net income or (loss) from gaming and fundraising events (ad RECEIMED  6b and subtract line 6c)  7 a Gross sales of inventory, less returns and allowances JAN 2.5 2017  8 b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line TPPERANCH  7 total revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  9 4, 0:  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deflicit) for the year (Subtract line 17 from line 9).  OGDEN  18 Excess or (deflicit) for the year (Subtract line 17 from line 9).  OGDEN  18 Excess or (deflicit) for the year (Subtract line 17 from line 9).  OGDEN  18 -4, 3!  19 18 Excess or (deflicit) for the year (Subtract line 17 from line 9).  OGDEN  18 -5, 7:		- R		_			\	
c Less direct expenses from gaming and fundraising events (ad RECEIMED  d Net income or (loss) from gaming and fundraising events (ad RECEIMED  6b and subtract line 6c)  7 a Gross sales of inventory, less returns and allowances JAN 2.5 2017  8 b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line TPPERANCH  7 total revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  9 4, 0:  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deflicit) for the year (Subtract line 17 from line 9).  OGDEN  18 Excess or (deflicit) for the year (Subtract line 17 from line 9).  OGDEN  18 Excess or (deflicit) for the year (Subtract line 17 from line 9).  OGDEN  18 -4, 3!  19 18 Excess or (deflicit) for the year (Subtract line 17 from line 9).  OGDEN  18 -5, 7:			ľ				=	
c Less direct expenses from gaming and fundraising events (adREGEMED)  d Net income or (loss) from gaming and fundraising events (adREGEMED)  7 a Gross sales of inventory, less returns and allowances JAN 2.5 2017 7a  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line TPREFANCH  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deflicit) for the year (Subtract line 17 from line 9).  OGDEN  18 Occupancy (loss) from gaming and fundraising events (adREGEMED)  6 d 18, 450.  6 d -4, 3!  6 d -4, 3!  7 a Gross sales of inventory, less returns and allowances  JAN 2.5 2017  7 a  Description  19 4, 0:  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deflicit) for the year (Subtract line 17 from line 9).  OGDEN  18 Occupancy  18 Occupancy  18 Occupancy  18 Occupancy  19 Occupancy  19 Occupancy  19 Occupancy  19 Occupancy  19 Occupancy  10 Occupancy  11 Occupancy  12 Occupancy  13 Occupancy  14 Occupancy  15 Occupancy  16 Other expenses  17 Occupancy  18 Occupancy  19 Occupancy  19 Occupancy  10 Occupancy  11 Occupancy  12 Occupancy  13 Occupancy  14 Occupancy  15 Occupancy  16 Other expenses  17 Occupancy  18 Occupancy  19 Occupancy  10 Occupancy  11 Occupancy  12		ENUE		from fundr	aising events reported on line 1) (attach Schedule G if the sum	0.0		
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 OCCUPANCE  19 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  20 J	₩ >	-	С	Less direc	ct expenses from gaming and fundraising even <b>STATUTE UNIT 6 c</b> 18,4		-1 1	
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 OCCUPANCE  19 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  20 J	JAB		d	Net incom	e or (loss) from gaming and fundraising events (ad RECE MED		. 6 d	_4,350.
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 OCCUPANCE  19 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  20 J	3		7 a	Gross sale	es of inventory, less returns and allowances IAN 2.5 2017.   7a			
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 OCCUPANCE  19 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  20 J							7 1	
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 OCCUPANCE  19 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  20 J			С	Gross prof	it or (loss) from sales of inventory (Subtract line TOP RPANCH	<del>.</del> .	7 c	
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 OCCUPANCE  19 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  20 J				Other reve	enue (describe in Schedule O)		. 8	
11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 OCCUPANCE  19 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  OGDEN, UT.  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  10 JAN 23 2017  10 JAN 23 2017  11 JAN 23 2017  12 JAN 23 2017  13 JAN 23 2017  15 JAN 23 2017  16 JAN 23 2017  17 JAN 23 2017  18 JAN 23 2017  18 JAN 23 2017  19 JAN 23 2017  20 J			9			. 1	▶ 9	4,035.
11 Benefits paid to or for members			10	Grants and	d similar amounts paid (list in Schedule O)		. 10	9,662.
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 OCCUPANCE 19 JAN 23 2017 10 16 17 9, 77							. 11	
17 Total expenses. Add lines 10 through 16		-E	12	Salaries, o	ther compensation, and employee benefits		. 12	
17 Total expenses. Add lines 10 through 16	Š		13	Profession	al fees and other payments to independent contractors DECEIVED		13	·
17 Total expenses. Add lines 10 through 16		<b>3</b> 4	l					
17 Total expenses. Add lines 10 through 16		€S		•			<b>├</b>	110.
17 Total expenses. Add lines 10 through 16		ş-Ş			enses (describe in Schedule O)			
		8		•	enses. Add lines 10 through 16			9,772.
						<del></del>		-5,737.
19 269, 11 20 Other changes in net assets or fund balances (explain in Schedule O) See. L-20. Stmt 20 14, 00 21 Net assets or fund balances at end of year Combine lines 18 through 20				Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year			
20 Other changes in net assets or fund balances (explain in Schedule O)		TE:						269,192.
27 Net assets or rund datances at end of year Combine lines 18 through 20		<b>S</b>				• •		14,002.
						<u></u> '	21	277, 457.

TEEA0812 11/27/13

Form	990-EZ (2013) PUEBLO KIWANIS	CLUB FOUNDATION, I	NC.	84	-104	11211 Page <b>2</b>
Par	Balance Sheets (see the instruction used Sched	ructions for Part II)	on in this Port II			X
	Check ii the organization used Sched	ule O to respond to any questi	on in this Part ii	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			5,207		10,373.
23	Land and buildings			0	<del></del>	0.
24			L.	263,985	. 24	267,084.
25	Total assets			269,192	. 25	277,457.
26	Total liabilities (describe in Schedule O).			0		0.
27	Net assets or fund balances (line 27 of c			269,192	. 27	277,457.
Par	t'III Statement of Program Service A Check if the organization used Sche	ccomplishments (see the ins	structions for Part III)		/Ren	Expenses uired for section 501
What	s the organization's primary exempt purpose? CO	MMINITY ACCIONANCE	DDOCDAMC	· · · · · · · · · · · · · · · ·	(c)(3	) and 501(c)(4)
Desc	ribe the organization's program service acc	omplishments for each of its th	ree largest program s	ervices, as		nizations and section (a)(1) trusts, optional
meas	ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for each	nanner, describe the services   h program title.	provided, the number of	of persons		thers.)
28	PROVIDE ORTHODONTIA PAYME				_	
	IN PUEBLO, CO			<u></u>		
					İ	
	(Grants \$ 9,562.) If the	s amount includes foreign grai	nts, check here		28 a	9,562.
29	PROVIDE SCHOLARSHIP DONAT					
	PUEBLO, CO			<b>-</b>		
	(Grants \$ 0 ) If the	s amount includes foreign grai	nts shock here	<u>-</u> -	29 a	_
30	PROVIDE SUPPORTING DONATI				25 a	0.
•	COLORADO PROVIDING MEDICA					
	CARE PROGRAMS	TE PROCELIONAL VICE	7 CHTUD			
	(Grants \$ 100.) If the Other program services (describe in Sched	s amount includes foreign grai	nts, check here	<b>-</b> [∏	30 a	100.
31	Other program services (describe in Sched	lule O)				
		s amount includes foreign gran			31 a	
	Total program service expenses (add lin				32	9,662.
Par	List of Officers, Directors,	Trustees, and Key Emp	ployees (list each one e	even if not compensated -	- see th	e instructions for Part IV)
	Check if the organization used Sche			(d) Health handite		<u></u>
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to emplo	yee	(e) Estimated amount of other compensation
		position	(ir not paid, enter -0-)	compensation	_	
	ATTACHED	1 00	_		_	_
SEE	ATTACHED	1.00		) <u>.                                    </u>	0.	0.
				<del> </del>		
	· <b> </b>					
						, <u> </u>
		<u> </u>	<del> </del>	<del></del>		
			}			
		<u> </u>	<del> </del>			
	. – – – – – – – – – – – – – – – – – – –					
		<del></del>				
		<u> </u>				
			<u> </u>			
BAA		TEEA0812 11	1/27/13			Form <b>990-EZ</b> (2013)

Form	990-EZ (2013) PUEBLO KIWANIS CLUB FOUNDATION, INC. 84-10412	11	Р	age 3					
Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V									
		• • •	Yes	· Ld No					
33	Did the organization engage in any significant activity not previously reported to the IRS?  If 'Yes,' provide a detailed description of each activity in Schedule O	33		X					
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	·		<del></del>					
	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X					
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a							
	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	<del></del>	X					
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	100		<del> </del>					
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х					
	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0	<u>. </u>		اـــا					
	Did the organization file Form 1120-POL for this year?	37 b		X					
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X					
t	o If 'Yes,' complete Schedule L, Part II and enter the total	-		<del>  ``</del> ,					
-00	amount involved	-							
	Section 501(c)(7) organizations Enter:  a Initiation fees and capital contributions included on line 9	1	-						
	o Gross receipts, included on line 9, for public use of club facilities		4.7 #						
	s Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	┥ ゛	, ,						
40 2	section 4911 ; section 4912 ; section 4915		f 1 .						
ŧ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			<u>.                                    </u>					
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X					
c	: Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		,						
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	- \		•					
	by the organization								
•	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х					
41	List the states with which a copy of this return is filed								
	The organization's books are in care of MELINDA TORTESSI  Located at PO BOX 674  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		-752 <b>Yes</b>	.7 No					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х					
	If 'Yes,' enter the name of the foreign country								
		۱,	· 1						
			, ,						
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S.?	42.0		X X					
C	If 'Yes,' enter the name of the foreign country	42 c							
	The state of the foreign country								
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'	• 🛚						
	and enter the amount of tax-exempt interest received or accrued during the tax year								
			Yes	No					
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X					
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X					
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		X					
	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?		-						
	If 'No,' provide an explanation in Schedule O	44 d		<del></del>					
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	, -	X					
t	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X					
		orm 990	)-EZ (	2013)					

					Y	es No	
	Did the organization engage, directly or indirectly				73-X M	<b>198 3</b> 0.3	Ž
	candidates for public office? If 'Yes,' complete So		<u> </u>	· · · · · · · · · · · · · · · · · · ·	46	X	_
Part	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		stions 47-49b and 5	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI				7
						s No	_
	Did the organization engage in lobbying activities complete Schedule C. Part II		•	-	47	Х	_
	Is the organization a school as described in sect					$\frac{\lambda}{X}$	_
	Did the organization make any transfers to an ex		•			X	_
	If 'Yes,' was the related organization a section 52	-				Х	_
	Complete this table for the organization's five hig employees) who each received more than \$100,				key		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated am other compens		-
NONE							_
NOM							
					· · · · · · · · · · · · · · · · · · ·		-
						_	_
- <b>-</b> -							
							_
51	Total number of other employees paid over \$100 Complete this table for the organization's five hig compensation from the organization if there is n	hest compensated inde	pendent contractors who	each received more than	\$100,000 of		_
	(a) Name and business address of each independent con	<del></del>	(b) Type o	of service	(c) Compens	atron	_
NONE							-
							_
		·	<u> </u>				_
							_
							_
52	Total number of other independent contractors each of the organization complete Schedule A? <b>Note</b> charitable trusts must attach a completed Schedu	. All section 501(c)(3) or	ganizations and 4947(a)	(1) nonexempt	. ► X Yes	□ <sub>No</sub>	-
	enalties of perjury, I declare that I have examined this return, incl rect, and complete Declaration of preparer (other than officer) is			of my knowledge and belief, it is		_ !::-	-
rue, con	rect, and complete Declaration of preparer (other than officer) is	basepon all mormation of which	n preparer has any knowledge		177		-
Sign Here	Signature of officer	ortess	Trec	Date	<del>                                     </del>		-
	Type or print name and little	~, Fc .30	<del>' ) ' 1 ' ' '</del>	<u> </u>			_
	Print/Type preparer's name	Preparer's signature	Date	Check If	TIN		_
Paid	Karen E. Heerschap, CPA	Kalen Ellers	Chap 1-9-17	1	00636439		_
Prepa		P.C.					
Use O	-	ST	00 01000	Firm's EIN	33-102455		_
	PUEBLO	n above? See metal	CO 81003	Phone no (71		$\overline{}$	-
viay th	ne IRS discuss this return with the preparer show	m above? See instruction	118		. ► X Yes	No (2012	_
					I OIIII 99U-E	ت رکان اع	,

84-1041211

Page 4

Form 990-EZ (2013) PUEBLO KIWANIS CLUB FOUNDATION, INC.

## **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

Open to Public Inspection

Name of the organization Employer Identification number PUEBLO KIWANIS CLUB FOUNDATION, INC 84-1041211 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) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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. Type III - Functionally integrated d Type III - Non-functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) A family member of a person described in (i) above? . . . . 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11 g (iii) Provide the following information about the supported organization(s) h (II) EIN (I) Name of supported (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the (v) Did you notify the organization in (vI) Is the organization in column (I) organized in the (vil) Amount of monetary he organization column (i) of your support? organization organization in column (i) listed in your governing support Yes Yes Yes No No No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you chee	cked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the	е
organization fails to qualify	y under the tests listed below, please complete Part III.)	

Sec	tion A. Public Support			<del></del>			<del></del>
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	40,874.	24,290.	17,399.	10,400.		92,963.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		İ				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	40,874.	24,290.	17,399.	10,400.		92,963.
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)	,					
6	Public support. Subtract line 5 from line 4				1	1	92,963.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	( <b>e</b> ) 2013	(f) Total
7	Amounts from line 4	40,874.	24,290.	17,399.	10,400.		92,963.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,514.	6,098.	4,978.	4,242.		20,832.
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		· _ i		,	*	113,795.
12	Gross receipts from related activiti	es, etc (see instruc	tions)			12	2
13	First five years. If the Form 990 is organization, check this box and s	for the organization	on's first, second, t	hırd, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 2013	3 (line 6, column (f	divided by line 11	, column (f))		14	81.69%
15	Public support percentage from 20	112 Schedule A, Pa	rt II, line 14			15	79.94%
16 a	33-1/3% support test — 2013. If it and stop here. The organization of	the organization di jualifies as a public	d not check the bo ly supported organ	x on line 13, and th	ie line 14 is 33-1/3	3% or more, chec	ck this box
t	33-1/3% support test — 2012. If the and stop here. The organization of	he organization did qualifies as a public	I not check a box only supported orga	on line 13 or 16a, ai nization	nd line 15 is 33-1/	3% or more, che	eck this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	st check this box a	nd stop here. Ext	olain in Part IV h	ow —
	o 10%-facts-and-circumstances te or more, and if the organization mo organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	circumstances' test. The organization	st, check this box a i qualifies as a publ	nd <b>stop here.</b> Exp licly supported org	olain in Part IV h janization	ow the ···· ►
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	c and see instruc	ctions

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.)

Sec	tion A. Public Support	·	<del></del>		<del>,</del>		<del></del>
Caler	ndar year (or fiscal yr beginning in) 🕨 👚	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include						
2	any 'unusual grants ')	\ <del></del>	<del></del>	<u> </u>			
2	sions, 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 business under section 513		İ				
4	Tax revenues levied for the						· · · · · ·
	organization's benefit and either paid to or expended on		i				
	its behalf	ļ				1	[
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge					· 	
	Total. Add lines 1 through 5						
7 8	a Amounts included on lines 1, 2, and 3 received from					•	1
	disqualified persons						
ŧ	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						1
	Add lines 7a and 7b						
	Public support (Subtract line		The state of the	o mediation	SA ALLEGERA	JUNEAU NEWS	
	7c from line 6)					A CONTRACTOR	
Sec	tion B. Total Support	,	······		·		
Caler	ndar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6				·		
10 a	a Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources						1
E	Unrelated business taxable						
	income (less section 511						1
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						<del></del>
11						-	
	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						
	čapital assets (Explain in Part IV )					<u> </u>	
13	čapital assets (Explain in Part IV)					! 	
13 14	čapital assets (Explain in Part IV)	s for the organization	on's first, second, t	hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
14	capital assets (Explain in Part IV)			hırd, fourth, or fifth	tax year as a sect	on 501(c)(3)	▶ □
14 Sec	Capital assets (Explain in Part IV)	blic Support P	ercentage				▶ □
14 Sec 15	Capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f	ercentage divided by line 13	, column (f))		15	
14 Sec 15 16	Capital assets (Explain in Part IV)	<b>blic Support P</b> 3 (line 8, column (f 12 Schedule A, Pa	ercentage divided by line 13 ort III, line 15	, column (f))		15	96
14 Sec 15 16	Capital assets (Explain in Part IV)  Total Support. (Add Ins 9,10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and station C. Computation of Pul  Public support percentage for 2013  Public support percentage from 20	blic Support P 3 (line 8, column (f 12 Schedule A, Pa estment Incor	ercentage divided by line 13 art III, line 15 ne Percentage	, column (f))		15	90 90 90
14 Sec 15 16 Sec 17	Capital assets (Explain in Part IV)  Total Support. (Add Ins 9,10c, 11 and 12)  First five years. If the Form 990 is organization, check this box and station C. Computation of Pul Public support percentage for 2013 Public support percentage from 20 ition D. Computation of Inv	blic Support P 3 (line 8, column (f 112 Schedule A, Pa estment Incor 2013 (line 10c, col	ercentage divided by line 13 art III, line 15 ne Percentage umn (f) divided by	; column (f))	)	15	\\ \&\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
14 Sec 15 16 Sec 17 18	Capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f) 12 Schedule A, Pa estment Incor 2013 (line 10c, column 2012 Schedule A) the organization di	ercentage divided by line 13 art III, line 15 ne Percentage lumn (f) divided by A, Part III, line 17 d not check the bo	s, column (f))	)	15 16 17 18	\$ % \$ %
14 Sec 15 16 Sec 17 18	Capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f) 12 Schedule A, Pa estment Incor 2013 (line 10c, column 2012 Schedule A) the organization disbox and stop hother organization disherences.	ercentage divided by line 13 art III, line 15 ne Percentage lumn (f) divided by A, Part III, line 17 d not check the boere. The organization of the check a box	l, column (f))	ne 15 is more than	15 17 17 18 a 33-1/3%, and line organization more than 33-1/39	% % % e 17 ▶ []
14 Sec 15 16 Sec 17 18 19 a	Capital assets (Explain in Part IV)	blic Support P 3 (line 8, column (f) 12 Schedule A, Pa estment Incor 2013 (line 10c, column 2012 Schedule A) the organization do the organization di check this box and	ercentage divided by line 13 int III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the boere. The organizate d not check a box stop here. The organization	c, column (f))	ne 15 is more than ublicly supported of 9a, and line 16 is is	15 16 17 18 a 33-1/3%, and linerganization more than 33-1/39 ported organizatio	% % % e 17 ▶ ☐ 6, and n ▶ ☐

			or 990-EZ)		PUEBL	O KIWA	NIS CLU	B FOUNDA	ATION,	INC.	84-1041211	Page 4
Ϋ́F.	art IV	or 17b; a	mental In and Part structions	III, line 1	ion. Pro	vide the	explanat	ions requi	red by P	art II, line 1 I informatio	0: Part II. line 17a	
_												
_												
_					<del>-</del> -							~
_												
_	- <b></b> -			. – – <i>–</i> –	- <b>-</b>		<b></b>		- <b>--</b>	<b></b>		
							<b></b>					
							<del>-</del> -					
- · - ·			· <b>-</b>				·					
	<b></b>					- <b></b> -						<b>-</b>
		<b>-</b> -		· <del></del>		- <b></b> -				- <b>-</b>		
				·								

BAA