Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

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 and its instructions is at www.irs.gov/form990.

A	For t		nd end	ing			
В	Check	if applicable: C Name of organization Pueblo City-County Library District		D Employer	identif	ication number	
Ш	Addres	s change Doing business as					
	Name o	Number and street (or P.O. box if mail is not delivered to street address) Room/su	uite	84-0616785	j		
=		100 East Abriendo Ave		E Telephone	numbe	er.	
Ш	Initial re	NAME LOSSING NAME 1997 1		(719) 562-5	652		
П	Final retu	un/terminated Pueblo CO 81004			002		_
\Box		Foreign country name Foreign province/state/county Foreign ed return	postal cod	G Gross reco	sipts \$	10,263	3.760
П	Applica	tion pending F Name and address of principal officer:		et te mie			_
_		Jon Walker 100 East Abriendo Ave, Pueblo, CO 81004	100	a) is this a group return f			=
				b) Are all subordinate			_ No
			527	If "No," attach a lis	t. (see i	nstructions)	
J	Websit	te: ▶ www.pueblolibrary.org	H(c) Group exemption r	umber	D	
K	Form of	organization: X Corporation Trust Association Other ▶					-
-	art I	Summary	2 100.0	formation: 1985	ms	tate of legal domicile:	CO
_0.5	-			70.00			
	1	Briefly describe the organization's mission or most significant activities:	Provide	public library ser	vice t	o the	
Activities & Governance		citizens of the City & County of Pueblo, Colorado		**********			
Ĕ	1						
Ne.	2	Check this box ▶ ☐ if the organization discontinued its operations or dispo	sed of	more than 25% of	f its n	et assets	
Ö	3	Number of voting members of the governing body (Part VI, line 1a)			3	or adduto.	7
60	4	Number of independent voting members of the governing body (Part VI, line 1	b)		4		7
E G	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) .	5				
Σ	6	Total number of volunteers (estimate if necessary)		6		159	
PC	7a	Total unrelated business revenue from Part VIII, column (C), line 12	* ***	_		235	
ः	Ь	Net unrelated business taxable income from Form 990-T, line 34	(A) 400.00	a kin kin	7a		0
_	-	Net difference beariess taxable from a form of the 350-1, fill 6 34	· · ·		7b		0
79204	8	Contributions and grants (Part VIII, line 1h)		Prior Year	400	Current Year	
ä	9	Program service revenue (Part VIII, line 2g)		521	-	The state of the s	,249
Revenue	100	Program service revenue (Part VIII, line 2g)	-	9,333,392		9,325	,711
8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-22	36	,724	
10.55	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	: -		836	20	,951
_	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		9,887	390	10,141	,635
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		83,	655		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0		0
63	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		4,595,	432	4,580	199
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. [0		0
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0		911	COLO I TELEVISION	
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,501,	672	5,877,	644
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,180,		10,457,	-
	19	Revenue less expenses. Subtract line 18 from line 12		-293,	_		-
5 6				ginning of Current Y		-316,	208
are	20	Total assets (Part X, line 16)	1	51,009.		End of Year	040
Age Ba	21	Total liabilities (Part X, line 26)			-	51,094,	
Net Assets Fund Balanc	22	Net assets or fund balances. Subtract line 21 from line 20	8	20,311,		20,712,	
	APPROXIMATE OF THE PARTY OF THE	Signature Block		30,697,	038	30,381,	430
Pai			anta - 1				
and h	elief it is	es of perjury, I declare that I have examined this return, including accompanying schedules and statem strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of v	ents, and	to the best of my kno	wledge		
		A service and the property of the service of the se	minuri prej	raid: 1185 any knowled	ge.		
in		150					

Form 9	990 (2014)	Pueblo City-County Library Distric	1	84-0616785	Page 2
Pa	rt III	Statement of Program Service	Accomplishments response or note to any line in this Pa	rt III	
1	Provide	escribe the organization's mission: public library service to the citizens of t	ne City & County of Pueblo, Colorado		the second secon
2	the prior	organization undertake any significant pr Form 990 or 990-EZ?	rogram services during the year which wer	e not listed on	s X No
3	services		significant changes in how it conducts, an		s X No
4	expense		complishments for each of its three largest nizations are required to report the amount n program service reported.		
4a	Provide	public library service to the citizens of the graph of the citizens of the graph of the citizens of the graph of the citizens	.465,808 including grants of \$ ne City & County of Pueblo, Colorado,		
4b			including grants of \$		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1	x	1
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		×
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.			×
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,			
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	_5		X
7	"Yes," complete Schedule D, Part I	6		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
9	complete Schedule D, Part III	8	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	151	X
a	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		100	
b	Schedule D, Part VI	11a	Х	
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
b	Schedule D, Parts XI and XII	12a		X
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	13	-	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	14a		X
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X

623.F	and the second s		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		×
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		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	_^	X
c	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		×
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		-
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	26		×
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):			Â
а	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
С	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,	31		×
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		×
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		×
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	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
	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		
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	

102			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	20	100	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		190	
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	100		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15	9		
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)		1000	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	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	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	-	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	1	+^
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		×
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		 ^
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	100	100	100
	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		
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			-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	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		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		E R	
9	sponsoring organization have excess business holdings at any time during the year?	8	-	
	Did the sponsoring organization make any taxable distributions under section 4966?	04/29	11 1	100
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b	-	
	Section 501(c)(7) organizations. Enter:	30	COLDS	800
	Initiation fees and capital contributions included on Part VIII, line 12	100	8.3	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	130	m.	
	Section 501(c)(12) organizations. Enter:		10.00	70
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	200		100
	against amounts due or received from them.)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	1.6		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7 If there are material differences in voting rights among members of the governing body, or	100	8.1	10
	if the governing body delegated broad authority to an executive committee or similar		96.0	
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent 1b		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			No.
-	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			1
•	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			
0.00	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,			
- 71	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:	100		
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
Sect	1 - B. B. VI (This Section B requests information about policies not required by the Internal Revenue	2-4-	1	
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	J00e.		-
000		_	Yes	-
	Did the organization have local chapters, branches, or affiliates?	10a		-
	Did the organization have local chapters, branches, or affiliates?	10a		-
10a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	-
10a	Did the organization have local chapters, branches, or affiliates?	10a		-
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	-
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	X	-
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	-
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	X	X
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	X X X	X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	X X X	X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	X X X	X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10a 10b 11a 12a 12b 12c	X X X	X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	X X X X	X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official.	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X	X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official.	10a 10b 11a 12a 12b 12c 13	X X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10a 11a 12a 12b 12c 13 14	X X X X X X X	x
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10a 11a 12a 12b 12c 13 14	X X X X X X X	X

	Part VII Section A. Officers, Directors, Tro (A) Name and title	(B) Average hours per	(do r box,	not ci unle: er an	Pos neck ss pe	c) sition more erson direct	than is both	one n an tee)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of	10.00
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	0 8	other empensi from the rganiza and rela ganizat	ation ne tion ted
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1b	Sub-total			_	_	-1		D	235,265	0	_	-	400
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ď	Total (add lines 1b and 1c)	* * * * * * * * * * * * * * * * * * *					*:	▶	235,265	0		54	,400
2	Total number of individuals (including but not ling reportable compensation from the organization	ited to those list	ted at	ove 2) w	ho r	eceiv	red	more than \$100,	000 of			,100
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu	tor, or trustee, k	ey er	nplo	yee				compensated		3	Yes	100
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	reportable com er than \$150,00	pensa 0? If '	atior 'Yes	, " c	d of	ther c	Sch	pensation from edule J for such				X
5	Did any person listed on line 1a receive or accru	e compensation	from	any	un	rela	ted o	rga	nization or individ	dual	4	X	
-	for services rendered to the organization? If "Yestion B. Independent Contractors	s, complete Sci	edule	3 1 1	or s	uch	pers	on.			5		X

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

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 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, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a director organization organization organization organization organizations box and a director trustee) organization organization organization organization organization organization organization o			lighest Comp	s, H	vee:	pla	Em	ev	es. K	tors. Truste	Compensation of Officers, Dire	Part VII	
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Vice President	-0-	-0-	-0-		\perp	_	Х		X			President	
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(9) Christina Brogan 50.00 X 106,269 -0-	21,489	-0-	106,269				х				a Brogan		

	t VII	Statement of Revenue Check if Schedule O contains	a reconnece es	note to any line !-	this Dest VIII			
(4.)			W Partie	note to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क क	1a	이상, 프로젝트 전환경 등면서 100 전 100 100 100 100 100 100 100 100 1			The same of the sa	100000000000000000000000000000000000000	11 11 11 17 17	The second
Contributions, Gifts, Grants and Other Similar Amounts	b	그걸시아(시아)(1905년 - 1915년 - 1915년 - 1915년						
rAn r	d							Section 1
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tion er Si	f				1000			1999
g th		similar amounts not included abo	Company Company	62,802		THE RESERVE		No.
Con	g	Noncash contributions included in I		0		and the second		
-	h	Total. Add lines 1a-1f	1 1 1 1 1 1 1	Business Code	758,249			
92	2a	Charges for Services, Sales & Fi	nes	162,440	160 440			
Seve	b	Property & Specific Ownership To		561499 519100	9,163,271	9,163,271		
8	С			0.0.00	0	5,100,271		
Program Service Revenue	d				0			
E	e		**********		0			
iB 0	f	All other program service revenue			0			
α.	g	Total. Add lines 2a-2f			9,325,711	- 1		Second Ar
	3	Investment income (including divi other similar amounts)			20.040	1		3000000000
- 1	4	Income from investment of tax-ex			38,849			38,849
- 1	5	Royalties			0			
- 1			(i) Real	(ii) Personal				1638 C-E
	6a	Gross rents	1,000		Profit VENE	West and sold		Carlotte I
	ь	Less: rental expenses						BOWNER OF
	c	Rental income or (loss)	1,000	0	- County of Paris			PERMIT IN
- 1	d 72	Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other	1,000			1,000
- 1	/ a	assets other than inventory	0	120,000				
- 1	b	Less: cost or other basis		120,000		-		and the same of the
		and sales expenses	0	122,125	1-20-10			MANUAL OF
	c	Gain or (loss) [0	-2,125	1			HENRY THE
- 1	d	Net gain or (loss)		▶	-2,125			-2,125
	2.0	(2) 130 S S S S S S S S S S S S S S S S S S S		11/	1 3 3 1 1 2 1		STATISTICS.	Wied Park
Other Revenue	8a	Gross income from fundraising events (not including \$	0		No.	SHAPE SHAPE		Date Sal
e ve		of contributions reported on line 1	0	1 1				American Later
Œ.		See Part IV, line 18		2,885				THE PARTY OF THE P
the l	b	Less: direct expenses		0	190	sancella was 7		19121
۰ I		Net income or (loss) from fundrais		>	2,885			2,885
	9a	Gross income from gaming activiti				I amount of the	Senson of	
- 1	100	See Part IV, line 19		0	W1600-10			AMILES TO
		Less: direct expenses		0	10.40			Mary Life .
- 1	C	Gross sales of inventory, less	activities		0			
١,	0a							A COLUMN TO A COLU

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).

2 (1) 3 (1) 4 E 5 (1) 6 (1)	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			expenses
2 (1) 3 (1) 4 E 5 (1) 6 (1)	domestic governments. See Part IV, line 21	0			
2 (i 3 (i 4 E 5 (i 6 (i	Grants and other assistance to domestic individuals. See Part IV, line 22	0		Charles and	WALL WALL
3 (1 4 E 5 (1 6 (1 6 (1 6 (1 6 (1 6 (1 6 (1 6 (1	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 E 5 (organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				CALL ALBERT
4 E 5 (individuals. See Part IV, lines 15 and 16				
4 E 5 () 1 6 () F	Benefits paid to or for members				
5 (6 (Compensation of current officers, directors,	01			E LER
6 (District Control
6 (277		222.555	
t	trustees, and key employees	235,265		235,265	
ŗ	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)	3,357,967	2,329,544	1 000 400	
	Other salaries and wages	3,307,907	2,329,344	1,028,423	
	Pension plan accruals and contributions (include	484,388	301,543	192 045	
	section 401(k) and 403(b) employer contributions)	411,363	225,978	182,845 185,385	
	Other employee benefits	91,216	56,719	34,497	
	Payroll taxes	31,210	50,715	34,487	
	Fees for services (non-employees):	0			
	Management, , , , , , , , , , , , , , , , , , ,	0			
	Legal	0			
	Lobbying	0			
e F	Professional fundraising services. See Part IV, line 17.	0			
	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	405,520	191,970	213,550	
	Advertising and promotion	62,676	62,676		
	Office expenses	346,211	112,622	233,589	
	Information technology	224,245		224,245	
	Royalties	0			
	Occupancy	761,888	733,477	28,411	
	Travel	7,907		7,907	
18 F	Payments of travel or entertainment expenses				
f	for any federal, state, or local public officials	0			
19 (Conferences, conventions, and meetings	0			
	Interest	374,525	374,525		
21 F	Payments to affiliates	0			
22 [Depreciation, depletion, and amortization	1,962,170	1,556,298	405,872	
	Insurance	65,873	43,572	22,301	
a li	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.)	4 440 447	1 410 147	Tallian Straig	
46.0	Books, Videos & Periodicals	1,418,147 127,446	1,418,147	407.446	
b (County Treasurer's Fee	127,440		127,446	

THE RESERVE OF THE PARTY OF THE	
Part X	Balance Sheet

		Check if Schedule O contains a response of	or note to	any line in this Part X .		4 .	
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		STREET BOX IN DOM I	1,463,319	1	1,032,959
	2	Savings and temporary cash investments	15 5 K 15	7858 NOT 15 NOT 162	7,496,562	2	3,648,983
	3	Pledges and grants receivable, net	183 153	[0	3	0
	4	Accounts receivable, net			8,672,825	4	8,741,330
	5	Loans and other receivables from current and	former off	ficers, directors,	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		patential of
		trustees, key employees, and highest compens Complete Part II of Schedule L				5	the horses reserved. It
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), sponsoring organizations of section 501(c)(9) voluntary	and contrib employees'	uting employers and beneficiary	rakina dalah pelilika dalah	ir G	
9	1	organizations (see instructions). Complete Part II of Sch				6	
Assets	7	Notes and loans receivable, net	5 193 3		0	7	60,000
_	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	15 7 9	es esta es a	258,766	9	314,462
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	47,889,335			O MANAGE 17
	b	Less: accumulated depreciation	10b	10,592,756	32,998,003	10c	37,296,579
	11	Investments-publicly traded securities	The state of the		0	11	07,230,079
	12	Investments-other securities. See Part IV, line		0	12	0	
	13	Investments-program-related. See Part IV, lin		0	13	0	
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11		120,000	15	0	
	16	Total assets. Add lines 1 through 15 (must equ			51,009,475		51,094,313
	17	Accounts payable and accrued expenses			192,653	17	1,037,941
	18	Grants payable			102,000	18	1,007,041
	19	Deferred revenue	8,515,249	19	8,589,026		
	20	Tax-exempt bond liabilities	10,985,000		10,550,000		
	21	Escrow or custodial account liability. Complete	10,000,000	21	10,550,000		
89	22	Loans and other payables to current and forme		THE SHALLS HAVE AN	76010	Charles of the same	
Liabilities	1000	trustees, key employees, highest compensated		THE PERSON NAMED IN	em25		
豆		disqualified persons. Complete Part II of Sched				22	
Ë	23	Secured mortgages and notes payable to unrela			0	23	0
	24	Unsecured notes and loans payable to unrelate		Section of the sectio	0	24	0
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	ayables to s 17-24).	related third Complete			
		Part X of Schedule D			618,935	25	535,916
	26	Total liabilities. Add lines 17 through 25			20,311,837	26	20,712,883
nces		Organizations that follow SFAS 117 (ASC 956 complete lines 27 through 29, and lines 33 ar	nd 34.				
ala	27	Unrestricted net assets				27	
ä	28	Temporarily restricted net assets		Committee of the commit		28	
Ĕ	29	Permanently restricted net assets				29	
ts or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check her	e ▶ X and			
H	30	Capital stock or trust principal, or current funds	* 151	* ** ** * *	1,846,298	30	1,260,211

Par				Pa	
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	×		on i	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	- 5	10,14	1,635
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,45	THE REAL PROPERTY.
3	Revenue less expenses. Subtract line 2 from line 1	3		-310	6,208
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	- //	30,69	7,638
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	65,89			
	column (B))	10	- 9	30,38	1,430
ar	XII Financial Statements and Reporting				_
044100	Check if Schedule O contains a response or note to any line in this Part XII	0.00		, ¥	Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1,00		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		And the second		
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	b., .	2a		×
2a		bo i	2a		×
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	de e	2a		×
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	ba r	2a		×
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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			×	x
2a b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?			x	x
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?			X	×
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?			x	×
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant? 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 X Consolidated basis Both consolidated and separate basis			x	×
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?		. 2b		x
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?		. 2b	X	×
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?		. 2b		×
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?		. 2b		x
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?		. 2b		
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?		. 2b		x
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant?	2.4.	. 2b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service Name of the organization

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

Employer identification number

Pueblo City-County Library District 84-0616785 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), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 0 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetan (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B)

Page 2

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.)

	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	258,022	268,945	369,674	521,150	758,249	2,176,040
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	7,745,256	7,919,388	8,427,598	9,138,215	9,163,271	42,393,728
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	8,003,278	8,188,333	8,797,272	9,659,365	9,921,520	44,569,768
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)			DEPOSITE OF	01.00	(Table 1)	0
6	Public support. Subtract line 5 from line 4.	FULL OF	D 20 16 1	Carry and Carry			44,569,768
	tion B. Total Support		#1.0044 T	(-) 2042	(4) 2042	(a) 2014	(D.T. ()
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	8,003,278	8,188,333	8,797,272	9,659,365	9,921,520	44,569,768
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,427	32,313	42,438	40,271	38,849	204,298
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10	THE SHALL	ALERA WILLIAM			a of the	44,774,066
12	Gross receipts from related activities, etc. (see	instructions)				12	1,238,914
13	First five years. If the Form 990 is for the org organization, check this box and stop here.	anization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3	9)	· · · · • •
	tion C. Computation of Public Supp						
	Public support percentage for 2014 (line 6, col					14	99.54%
	Public support percentage from 2013 Schedule					15	99.53%
	33 1/3% support test—2014. If the organizat and stop here. The organization qualifies as a	a publicly supporte	d organization				. X
	33 1/3% support test—2013. If the organizat box and stop here. The organization qualifies	as a publicly supp	oorted organization		era en jar s	* * * * * * * * * *	· · · · > 🗀
17a	10%-facts-and-circumstances test—2014. is 10% or more, and if the organization meets Part VI how the organization meets the "facts-	the "facts-and-circ	umstances" test, c	heck this box and	stop here. Explain	ı in	8

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.)

ginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
embership fees usual grants.")						
nerchandise lities ated to the						
are not an section 513						(
organization's expended on					7	
ties unit to the						(
	0	0	0	- 0	-	
2, and 3				- 0	0	.0
and 3 received ersons that or 1% of the						C
r						
7c from		0	0	0	0	0
						0
inning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	0	0	0	0	.0	0
nds, ans, milar sources .						0
come (less esses						0
	0	0	0	0	0	0
siness 0b, whether carried on .						0
gain or sets						
0c, 11,	0	0	0	0		0
90 is for the organiz	zation's first, sec		or fifth tax year as a	a section 501(c)(3)		0
	embership fees isual grants.") herchandise lities sted to the are not an section 513 . rganization's expended on ties unit to the 2, and 3 rsons . and 3 received ersons that or 1% of the f . a 7c from ginning in) add, ans, milar sources . come (less esses biness 0b, whether f carried on gain or seets . 0c, 11, 90 is for the organiz	embership fees isual grants.") inerchandise lities sted to the	embership fees isual grants.") nerchandise lities sted to the stated to	embership fees issual grants.") inerchandise lities ited to the inerchandise lities ited to the inerchandise lities with the inercha	embership fees issual grants.") interchandise (fibes ited to the	embership fees susual grants.") recreationalise lities lities lities section 513 . reganization's expended on ities unit to the 2, and 3 sons . and 3 received ersons that or 1% of the 3 o 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization
--

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which

	Yes	No
		A.
1	A STATE OF	
2		
3a		
2h		
3b		
3c		
4a		
4b		
		m V
4c		
	ATO	
	-	
5a		-
5b	part d	
5c		
6		
7		3311
8		W.
	-10	1
9a		
	1 -9	

Par	Supporting Organizations (continued)	,,,		Page 3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	143		100
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-	200
ь	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a	_	-
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	_	-
	tion B. Type I Supporting Organizations	11c	-	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	200	me	00
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		400	100
	controlled the organization's activities. If the organization had more than one supported organization,		July,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	100		050
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	200	1 70	25
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	120		Sec.
	supervised, or controlled the supporting organization.	2		-
Sect	ion C. Type II Supporting Organizations			_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	SAL!		11.0
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	30		200
	or management of the supporting organization was vested in the same persons that controlled or managed	mests.	(0.5)	
C4	the supported organization(s).	1	e = :	
Sect	ion D. All Type III Supporting Organizations		-	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	100	100	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	200	8	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1000	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		100	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	anniy.	圧	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	to and	100	
	significant voice in the organization's investment policies and in directing the use of the organization's	9		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	1300	200	
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr		· ·	_
а	The organization satisfied the Activities Test. Complete line 2 below.	uctions):	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
		instructi	ions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	0110	TE	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	141		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	-	
		20		
		1 1		
		1 1		
		1 1		
		1 1		
			1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C 1 Check here if the organization satisfied the Integral Part Test as a qualifyir other Type III non-functionally integrated supporting organizations must co	g trust o	on Nov. 20, 1970. See ins	tructions. All
Section A - Adjusted Net Income	inpiete.	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		2 L — Wenthelesten
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	8	0	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		77-2-200-	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use, Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	A CONTRACTOR OF THE PARTY OF TH	0
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Market and an area	0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional instructions).	lly-integ	rated Type III supporting of	organization (see

	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported	1	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ations	
	Amounts paid to acquire exempt-use assets			
-	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	the organization is respon	nsive	
9	Distributable amount for 2014 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			ASSESSMENT OF THE PARTY.
а				
b				
C				
d			THE RESERVE OF THE PERSON OF T	
0			NATIONAL BUILDINGS	
f	Total of lines 3a through e	0		MAR ROTE LE
g	Attached to the second		0	
h	Applied to 2014 distributable amount		NV. SOM BENEST OF	0
- 1	Carryover from 2009 not applied (see instructions)	In The Labor Street		
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2014 from Section			
	D, line 7: \$			
а		THE RESERVE	0	
b	Applied to 2014 distributable amount		3250 (110111)	0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		0	
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			0
7	Excess distributions carryover to 2015. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			2 1
а				
b		THE STATE OF THE S		
С				
d	Excess from 2013 0	E BURDES		
	Excess from 2014	CONTRACTOR OF CASE OF THE CONTRACTOR OF THE CONT	THE TAX SERVICE STATE OF	

Part VI	Form 990 or 990-EZ) 2014 Pueblo City-County Library District Supplemental Information. Provide the explanations required by Part II, line 10; Part	84-0616785 Page 8
I GIT VI	Part III, line 12. Also complete this part for any additional information. (See instruction	is).
	Part III, line 12. Also complete this part for any additional information, to complete this part for any additional information, to complete this part for any additional information, to complete this part for any additional information.	10/1
	***************************************	******************

		PROBLEM SOLDERS SOLDERS SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOL
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2014

Name of the organization Employer identification number Pueblo City-County Library District 84-0616785 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

Name of organization Pueblo City-County Library District Employer identification number 84-0616785

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Frank I Lamb Foundation 510 W 3rd Street Pueblo CO 81003 Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	E M Christmas Foundation 37 Calle Del Sol Road Pueblo CO 81008 Foreign State or Province: Foreign Country:	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Bob & Doris Johnston Foundation 37 Calle Del Sol Road Pueblo CO 81008 Foreign State or Province: Foreign Country:	\$ 25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LSTA 201 E Colfax Ave, Room 309 Denver CO 80203 Foreign State or Province: Foreign Country:	\$ 11,608	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Colorado State Library 201 E Colfax Ave, Room 309 Denver CO 80203 Foreign State or Province: Foreign Country:	\$ 43,374	Person X Payroll
(a)	(b)	(c)	(d)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 3 Name of organization Employer identification number Pueblo City-County Library District 84-0616785 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) Date received from FMV (or estimate) Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions)

	ganization y-County Library District		84-0616785
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the the following line entry. For organization	contributions to organizations described a year from any one contributor. Complete completing Part III, enter the total of except. (Enter this information once. See instead space is needed.	bed in section 501(c)(7), (8), or lete columns (a) through (e) and clusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

	Transferee's name, address, ar	(e) Transfer of gift and ZIP + 4 Relations	ship of transferor to transferee

(a) No. from Part I	For, Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	ship of transferor to transferee	
(a) No. from	For. Prov. Country (b) Purpose of gift	(a) Use of eiff	1 Water 100 to 1
Part I	(b) i dipose oi giii	(c) Use of gift	(d) Description of how gift is held
Part I	(b) (a per v - 3	(c) Use of girt	(d) Description of how gift is held
	MAX. Sec. Property of the Control of	(e) Transfer of gift	(d) Description of how gift is held
	MAX. Sec. Property of the Control of	(e) Transfer of gift	(d) Description of how gift is held
		(e) Transfer of gift and ZIP + 4 Relations	ship of transferor to transferee
	Transferee's name, address, ar	(e) Transfer of gift	

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Pa	Organizations Maintaining Done	or Advised Funds or Other Similar Fund	ds or Accounts.
-	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 6.	
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of contributions to (during year). Aggregate value of grants from (during year).		
4	Aggregate value of grants from (during year). Aggregate value at end of year		
5		nor advisors in writing that the assets held in do	Action (Co.)
•	funds are the organization's property subject	to the organization's exclusive legal control?.	
5	Did the organization inform all grantees done	ors, and donor advisors in writing that grant fund	· · · · · Yes
o.	used only for charitable purposes and not for	the benefit of the donor or donor advisor, or for	as can be
	purpose conferring impermissible private ben	efit?	any other
) ar	Conservation Easements.		Yes
al		rored "Vee" to Ferm 000 Ded IV II 7	
		rered "Yes" to Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held b	경하다 (CH) 20 (20 (20 (20 (20 (20 (20 (20 (20 (20	71454500m374507 11 10 400 07
	Preservation of land for public use (e.g., recre		a 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 organizati	ion 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 Yo
а	Total number of conservation easements	V 404 P 403 E 403 V 5 V 5 V 6 V 6 V 6 V 6 V 6 V 6 V 6 V 6	2a
b	Total acreage restricted by conservation ease	ments	2b
С	Number of conservation easements on a certi	ified historic structure included in (a)	2c
d	Number of conservation easements included in	in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Registe	M	2d
	Number of conservation easements modified,	transferred, released, extinguished, or terminat	ed by the organization
	during the tax year		
	Number of states where property subject to co		
	Does the organization have a written policy re	garding the periodic monitoring, inspection, han	dling of
	violations, and enforcement of the conservation	on easements it holds?	Yes N
	Staff and volunteer hours devoted to monitoring	ng, inspecting, and enforcing conservation ease	ments during the year
	-		B 14
	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation easement	s during the year
	▶ \$		300 C C C C C C C C C C C C C C C C C C
		n line 2(d) above satisfy the requirements of sec	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.		Yes N
	In Part XIII, describe how the organization rep-	orts conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the to	ext of the footnote to the organization's financial	statements that describes
	the organization's accounting for conservation	easements.	
1	Organizations Maintaining Collection	ctions of Art, Historical Treasures, or O	Alexa Clastica A

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.

e D (Form 990) 2014 Pueblo City-Count				84-06167	1 030
III Organizations Maintaining	g Collections of A	rt, Historical Tr	easures, or Othe	er Similar Assets	s (continued)
Using the organization's acquisition, a		ecords, check any	of the following that	t are a significant	
use of its collection items (check all th	at apply):	. []			
Yublic exhibition			or exchange program		
Scholarly research		e Other			
X Preservation for future generati			name construents on the construent and the		
Provide a description of the organizati Part XIII.	ion's collections and e	explain how they fu	rther the organization	on's exempt purpose	e in
During the year, did the organization s	solicit or receive dona	tions of art, historic	al treasures, or oth	er similar	
assets to be sold to raise funds rather		d as part of the org	anization's collection	ony	Yes No
Escrow and Custodial Arr	rangements.	0 12 12 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15			424
Complete if the organization	n answered "Yes" t	o Form 990, Par	t IV, line 9, or rep	orted an amount	on Form
990, Part X, line 21.					
s the organization an agent, trustee,				sets not	
ncluded on Form 990, Part X?					
icidade diri cim coo, i divivi			T 2003 KE 3		Yes No
"Yes," explain the arrangement in P	art XIII and complete	the following table		L	
"Yes," explain the arrangement in P	art XIII and complete	the following table:			Yes No
"Yes," explain the arrangement in P	art XIII and complete	the following table:		С	
"Yes," explain the arrangement in P seginning balance	art XIII and complete	the following table		c d	
"Yes," explain the arrangement in P teginning balance	art XIII and complete	the following table		c d e	
"Yes," explain the arrangement in P seginning balance	art XIII and complete	the following table:	10 10 10 10 10 10 10 10 10 10 10 10 10 1	c d	nount
f "Yes," explain the arrangement in P Beginning balance	art XIII and complete	the following table:	10 10 10 10 10 10 10 10 10 10 10 10 10 1	c d d e f Dount liability?	nount
f "Yes," explain the arrangement in P Beginning balance	art XIII and complete	the following table:	10 10 10 10 10 10 10 10 10 10 10 10 10 1	c d d e f Dount liability?	nount
eginning balance	art XIII and complete nt on Form 990, Part art XIII. Check here if	the following table: X, line 21, for escre the explanation ha	ow or custodial according been provided in	c d d e f Dount liability?	nount
f "Yes," explain the arrangement in P Beginning balance	art XIII and complete nt on Form 990, Part art XIII. Check here if	the following table: X, line 21, for escre the explanation has o Form 990, Par	ow or custodial accords been provided in	c d d e f f punt liability? [Part XIII	Yes X No
eginning balance	art XIII and complete nt on Form 990, Part art XIII. Check here if n answered "Yes" t	the following table: X, line 21, for escretthe explanation has to Form 990, Par (b) Prior year	ow or custodial according been provided in	c d d e f f Dunt liability? Part XIII	nount
Beginning balance	art XIII and complete nt on Form 990, Part art XIII. Check here if	the following table: X, line 21, for escre the explanation has o Form 990, Par	bw or custodial account in the state of the	c d d e f f punt liability? [Part XIII	Yes X No
f "Yes," explain the arrangement in P Beginning balance	art XIII and complete nt on Form 990, Part art XIII. Check here if n answered "Yes" t	the following table: X, line 21, for escretthe explanation has to Form 990, Par (b) Prior year	bw or custodial account in the state of the	c d d e f f Dunt liability? Part XIII	Yes X No
Beginning balance	art XIII and complete nt on Form 990, Part art XIII. Check here if n answered "Yes" t	the following table: X, line 21, for escretthe explanation has to Form 990, Par (b) Prior year	bw or custodial account in the state of the	c d d e f f Dunt liability? Part XIII	Yes X No
eginning balance	art XIII and complete nt on Form 990, Part art XIII. Check here if n answered "Yes" t	the following table: X, line 21, for escretthe explanation has to Form 990, Par (b) Prior year	bw or custodial account in the state of the	c d d e f f Dunt liability? Part XIII	Yes X No
f "Yes," explain the arrangement in P Beginning balance	art XIII and complete nt on Form 990, Part art XIII. Check here if n answered "Yes" t	the following table: X, line 21, for escretthe explanation has to Form 990, Par (b) Prior year	bw or custodial account in the state of the	c d d e f f Dunt liability? Part XIII	Yes X No
f "Yes," explain the arrangement in P Beginning balance	art XIII and complete nt on Form 990, Part art XIII. Check here if n answered "Yes" t	the following table: X, line 21, for escretthe explanation has to Form 990, Par (b) Prior year	bw or custodial account in the state of the	c d d e f f Dunt liability? Part XIII	Yes X No
f "Yes," explain the arrangement in P Beginning balance	art XIII and complete nt on Form 990, Part art XIII. Check here if n answered "Yes" t	the following table: X, line 21, for escretthe explanation has to Form 990, Par (b) Prior year	bw or custodial account in the state of the	c d d e f f Dunt liability? Part XIII	Yes X No

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bac
1a	Beginning of year balance	0	0	0	0	
b	Contributions	Wr				
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	0	0	0	0	
2	Provide the estimated percentage of the	e current year end b	alance (line 1g, co	lumn (a)) held as:		
а	Board designated or quasi-endowment	>	%			
b	Permanent endowment	%				

Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

Land, Buildings, and Equipment. Part VI

Schedule D (Form 990) 2014 Pueblo City-County Library District

X

a

b

C

Part IV

1a

b

C

d

f

2a

b Part V

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

line 25.	Ť	
1. (a) Description of liability	(b) Book value	Charles of the second s
(1) Federal income taxes	0	
(2) Compensated absences	302,687	
(3) Debt Issue Premium	345,467	
P		

Schedule D (Form 990) 2014 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 10,141,635 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2b 2c 2d 2e 3 10,141,635 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c 0 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 10,141,635 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 10,457,843 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b 2c 2e 3 10,457,843 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. . . 4a 4b 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . 5 10,457,843 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.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 2014

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Pueblo City-County Library District General Information on Grants and Assistance General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the grants or assistance and the selection criteria used to award the grants or assistance? Does the organization maintain records to substantiate the amount of the grants or assistance, and the grants or assistance? Does the organization maintain records to substantiate the amount of the grants or assistance, and the grants or assistance or assistance or an and the grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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. Name and address of organization (9) Description of grant or assistance	the amount of the grants or as ance?	sistance, the grantees' ell in the United States. mestic Governments. Il can be duplicated if (e) Amount of non- cash assistance 40,271	s. Complete if the or if additional space (f) Method of valuation (book, FMV, appraisal, other)	grants or assistance, and if the organization answerec space is needed. aluation praisal. (g) Description of non-cash assistance Staffing	ance, and ance, and ion answered "Yes" to Form 990, d. Assistance (h) Purpose of grant or assistance assistance (h) Management of Grant
General Information on Grants and Assi Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for magnates and Other Assistance to Domest Part IV, line 21, for any recipient that recein Name and address of organization (b) EIN (1 pp)	istance the amount of the grants or as ance? conitoring the use of grant funds tic Organizations and Dor ved more than \$5,000. Part section (d) Amount of cash cable c)(3)	sistance, the grantees' ell in the United States. mestic Governments. II can be duplicated if (e) Amount of non- cash assistance 40,271	iligibility for the grants	or assistance, and rganization answerr is needed. (g) Description of non-cash assistance Staffing	ed "Yes" to Form 990, (h) Purpose of grant or assistance Management of Grant
Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m. Grants and Other Assistance to Domest Part IV, line 21, for any recipient that receiv Name and address of organization (b) EIN (1 ppi)	the amount of the grants or as ance?	sistance, the grantees' eli s in the United States. mestic Governments. Il can be duplicated if (e) Amount of non- cash assistance	iligibility for the grants Complete if the or if additional space (f) Method of valuation (book, FMV, appraisal, other) Other	or assistance, and rganization answerrs needed. (g) Description of non-cash assistance Staffing	ed "Yes" to Form 990, (h) Purpose of grant or assistance Management of Grant
Grants and Other Assistance to Domest Part IV, line 21, for any recipient that receiv Name and address of organization (b) EIN (c) IRC: If appli	tic Organizations and Dorved more than \$5,000. Part section (d) Amount of cash cable grant (2)(3)	mestic Governments. Il can be duplicated if (e) Amount of non- cash assistance 40,271	complete if the of additional space (f) Method of valuation (book, FMV, appraisal, other)	rganization answers is needed. (g) Description of non-cash assistance Staffing	(h) Purpose of grant or assistance Management of Grant
Name and address of organization (b) EIN (c) IRC: If applie 100 E Abriendo Avenue Pueblo, CO 8 45-4497506 501(c)	section (d) Amount of cash grant (c)(3)	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance Staffing	(h) Purpose of grant or assistance Management of Grant
45-4497506	(5)(3)	40,271	Other	Staffing	Management of Grant
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Schedule I (Form 990) (2014)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pueblo City-County Library District

Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.		recipients	cash grant	non-cash assistance	(e) Method of Valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
	uppiemental Intormation. Prov	inde the information	required in Part I, III	ne 2, Part III, columi	(b), and any other add	itional information.
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SCHEDULE J (Form 990)

Department of the Treasury

Pueblo City-County Library District

Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

84-0616785

Part | Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization?........ 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: The organization?........ Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7

84-0616785

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a. annificable column (D) and (E) a

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Refrement and	(B) Breakdown of W-2 and/or 1099-MISC compensation	(E) Total of columns	(E) Company
Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(0)-())(8)	in column (B) reported as deferred in prior Form 990
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Schedule J (Form 990) 2014

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

A

Open to Public OMB No. 1545-0047

Inspection

Yes No (i) Pooled financing Employer identification number å Yes No (h) On behalf of issuer × Yes 84-0616785 Finance defeasance of Bond A and build Yes No (g) Defeased å O (f) Description of purpose Yes ŝ B Yes 11,793,853 (e) Issue price 6,155,975 367,860 4,702,422 813,325 122,131 å × × 2014 ⋖ Yes × (d) Date issued 9/27/2012 744712AVZ (e) CUSIP # Does the organization maintain adequate books and records to support Were the bonds issued as part of an advance refunding issue? . Were the bonds issued as part of a current refunding issue? . 84-0616785 (b) Issuer EIN Has the final allocation of proceeds been made? . . Working capital expenditures from proceeds Year of substantial completion . . . Credit enhancement from proceeds. Capital expenditures from proceeds. Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Pueblo City-Council Library District Proceeds in refunding escrows. Issuance costs from proceeds. Pueblo City-County Library District Other unspent proceeds. Amount of bonds retired. ssuer name Total proceeds of issue. Other spent proceeds.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

of bond-financed property? .

Are there any lease arrangements that may result in private business use

Was the organization a partner in a partnership, or a member of an LLC,

Private Business Use the final allocation of proceeds?.

which owned property financed by tax-exempt bonds?

Schedule K (Form 990) 2014

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Yes

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Yes

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Yes

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Yes

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Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	N N
business use of bond-financed property?		×						
If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside. counsel to review any management or service contracts relating to the financed property?								
Are there any research agreements that may result in private business use of bond-financed property?		×						
	×							
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.		0.00%		20000		2000		
se as a atlon,				800		0.00%		0.00%
Total of lines 4 and 5.		0.00%		0.00%		0.00%		%00'0
Does the bond issue meet the private security or payment test?		0.00%		0.00%		0.00%		0.00%
Has there been a sale or disposition of any of the bond-financed property to a nongovernmental								
If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%00.0		0 00%		20000		9000
If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?						8/00'0		5
Has the organization established written procedures to ensure that all								
requirements under Regulations sections 1.141-12 and 1.145-27.	×		×					
			ľ					
Has the issuer filed Form 8038-T. Arbitrade Rebate. Vield Reduction and	Voc	4		200	,			
Penalty in Lieu of Arbitrage Rebate?	×	2	201	ON	res	ON	Yes	2
If "No" to line 1, did the following apply?								
Rebate not due yet?	×							
Exception to rebate?								
No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
Is the bond issue a variable rate issue?	×							
Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		>						
Name of provider.								
Term of hedge								
Was the hedge superintegrated?								

Wen gross proceeds invested in a guarantheed investment contract (GIC)? Name of Fordoder. Term of GIC Term							200		%
Yes No		Yes				Yes	o _N	Yes	No
Sponses to questions on Schedule K (see instructions).	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
X	Name of provider.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Sponses to questions on Schedule K (see instructions).									
Sponses to questions on Schedule K (see instructions).	Term of GIC.								
Tresponses to questions on Schedule K (see instructions).	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
wigh the lable	Were any gross proceeds invested beyond an available temporary period?			1 1 1 1 1 1 1 1					
widerions When the lable the state of the s	Has the organization established written procedures to monitor the					•			
responses to questions on Schedule K (see instructions).	requirements of section 148?	×		200					
Yes No Ye	Procedures To Undertake Corrective Action			1000			100		
Tresponses to questions on Schedule K (see instructions).			No	Yes	No	,	0	٥	
for responses to questions on Schedule K (see instructions).		Yes				Yes	No	Yes	No
for responses to questions on Schedule K (see instructions).									
information for responses to questions on Schedule K (see instructions).	voluntary closing agreement program if self-remediation is not available								
mation. Provide additional information for responses to questions on Schedule K (see instructions).	under applicable regulations?	×		×					
	Supplemental Information Provide additional information for responses to question	mestions on	Schodil	o K (spp	instruction	inel			
Sehedae V (Form 990) 2014									Ì
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Application (ellipse regions)	communical (suc	
	Schadule K (For	m 0001 2014

SCHEDULE O (Form 990 or 990-EZ)

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.

20**14**

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Pueblo City-County Library District	84-0616785
Form 990, Part VI, Section B, Line 11b: An electronic copy of the form 990 was provided to all	
board members.	***************************************
Form 990, Part VI, Section B, Line 15a & 15b: In 2013 the District hired an independent	***************************************
consultant to perform a market study to analyze and adjust current salaries. A new job	***************************************
classification salary schedule was implemented, as well as a pay-for-performance compensation	***************************************
system.	
Form 990, Part VI, Section C, Line 19: All of these items are uploaded directly on the Library	
District's public website.	

	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Related Organizations and Unrelated Partnerships

Disregarded Entities Complete if the organiz (a) (if applicable) of disregarded entity	the organization answered "Yes" on Form 990, Part IV, tine 33, 34, 35b, 36, on adule R (Form 990) and its instructions is at www.irs.gov/form990, the organization answered "Yes" on Form 990, (b) (c) Primary activity Legal domicile (state or foreign country)	at www.irs.gov/form990. ss" on Form 990, Person foreign country) or foreign country)	rt IV, line 33. (d) Total income	Employer ident [84-0616785]	Open to Public Inspection Employer identification number 84-0616785 (n) In assets Direct controlling entity
Pueblo City-County Library District Identification of Disregarded Entities Complete if the organizate address, and EIN (if applicable) of disregarded entity	ion answered "Yes" (b) rimary activity or	on Form 990, Pg (e) (a) (foreign country)		Employer ident 84-0616785 d-of-year assets	Opection number (f) Direct controlling entity
	(b) timary activity or	on Form 990, Pg (c) al domicile (state foreign country)			Direct controlling entity
(a) Name, address, and EIN (if applicable) of disregarded entity		(c) (sate foreign country)			Oirect controlling entity
	_		_		
Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	if the organization	nswered "Yes" o	n Form 990, Part	IV, line 34 becau	use it had
(a) Name, address, and EIN of related organization Primary activity	(c) Legal domicite (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 51. control entity
Pueblo Library Foundation 45-4497506 Fundraising					Yes No
	3	501 (c) 3	170 (b) (1) (A) (vi) N/A	NA	×

Schedule R (Form 990) 2014

Pueblo City-County Library District

(i) Section 512(b)(13) confrolled (k) Percentage ownership °N **Cutting** Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part (j) General or managing partner? å (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1085) (g) Share of end-of-year assets (h) Disproportionale allocations? % (f) Share of lotal income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (g) Share of end-of-year assets (e)
Type of entity
(C corp., S corp., or frust) (f) Share of total income (d) Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (d) Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

Schedule R (Form 990) 2014

84-0616785

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Actual Amount	774	d	Pueblo Library Foundation
In-kind	40,271	٥	Pueblo Library Foundation
Cash	325,000	q	Pueblo Library Foundation
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	Name of related organization
on thresholds.	ationships and transacti	ne, including covered re	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
			Other transfer of cash or property from related organization(s).
-t-	000000000000000000000000000000000000000		Other transfer of cash or property to related organization(s)
1q ×	***	* * * * * * * * * *	Neimbur sement paid by related organization(s) for expenses.
t ×	* * * * * * * * * * * * * * * * * * * *		Reimbursement paid to related organization(s) for expenses.
10 ×			Sharing of paid employees with related organization(s)
1n ×	*******		Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
-t			Performance of services or membership or fundralsing solicitations by related organization(s).
* ;	* *** *** *** *		· · · · · · /ohioammiaBia paraia
±- ×			Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundraising solicitations for related organization(s).
			Lease of facilities, equipment, or other assets to related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundraising solicitations for related organization(s).
× ×			Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets to related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundralising solicitations for related organization(s).
	*** ** * * * * *		Purchase of assets from related organization(s). Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets to related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundraising solicitations for related organization(s).
1e ×			Dividends from related organization(s). Sale of assets to related organization(s). Purchase of assets from related organization(s). Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets to related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundralising solicitations for related organization(s).
1d ×			Dividends from related organization(s). Sale of assets to related organization(s). Sale of assets trom related organization(s). Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets to related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundraising solicitations for related organization(s).
1c ×			Loans or loan guarantees to or for related organization(s). Loans or loan guarantees by related organization(s). Dividends from related organization(s). Sale of assets to related organization(s). Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets to related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundralising solicitations for related organization(s).
			Giff, grant, or capital contribution from related organization(s). Loans or loan guarantees to or for related organization(s). Loans or loan guarantees by related organization(s). Dividends from related organization(s). Sale of assets to related organization(s). Exchange of assets with related organization(s). Exchange of facilities, equipment, or other assets from related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundralising solicitations for related organization(s).
			Giff, grant, or capital contribution to related organization(s). Giff, grant, or capital contribution from related organization(s). Loans or loan guarantees to or for related organization(s). Loans or loan guarantees by related organization(s). Dividends from related organization(s). Sale of assets to related organization(s). Purchase of assets from related organization(s). Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundralising solicitations for related organization(s).
1a × ×	Parts II—IV?	ed organizations listed is	interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Giff, grant, or capital contribution to related organization(s). Giff, grant, or capital contribution from related organization(s). Loans or loan guarantees to or for related organization(s). Loans or loan guarantees by related organization(s). Dividends from related organization(s). Sale of assets to related organization(s). Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Lease of facilities, equipment, or other assets from related organization(s). Performance of services or membership or fundraising solicitations for related organization(s).

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	Sections 512-514)	organiza	organizations?	assets		(Form 1065)	1065)	partner?		dwnership
	THE STATE OF THE S	Yes	No.		Yes	No.	_	Yes	°Z	
		-								
										5
# # # # # # # # # # # # # # # # # # #									-	
										0

Schedule R (Fo		Pueblo City-County Library District	84-0616785 Page 5
Part VII	Supplen	nental Information	
	Provide	additional information for responses to questions on Sch	edule R (see instructions).
5355555555			

*********		***************************************	
		······································	
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		veneral none (000 no 100 no	

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

					Description of	Basis Method	5-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
						Depreciation		
Gross Cost, other sales basis and expenses	0	0	122,125	Expense of sale and cost of	improve-	ments		
Cost, c basis and e				er basis eld only)	Donated	anjea		
	0	0	120,000	Cost or other basis (Enter one field only		Cost	2,125	120 000
Gross			100		Gross sales	bulce		120 000
	Total Public Securities:	c Securities:	Total Other Sales:		Date	plos	Various	1/31/2014
	Total Public	Total Non-Public Securities:	Total (Acquisition	method	Purchase	urchase
		To			Date	acquired	Various	12/31/2013 Purchase
						Purchaser		
				Check if purchaser	e sa	business	000000000000000000000000000000000000000	
				Check if gain/loss is from sale of	non public	securities	- 05-00-00-00-00-00-00-00-00-00-00-00-00-0	
				Check if Check if gain/loss is from sale from sale of	of public	securities	The Contraction	
						CUSIP#		

Part X, Line 7 (990) - Other Notes

	Purnose of loan	sale of vacant land
0	Allowance for doubtful accounts end of year	Sale
000'09	Balance due end of year	000'09
0	Net balance due beginning of year	0
60,000		60,000
Total:	Borrower's name	

³art X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

		201		77		0.00	Total:	47,889,335	10,933,374	10,592,756	0	32,998,003	37,296,579
			Leasehold			Check if	Check if		Beginning	Ending			
			Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
	×							2,216,032				2,216,032	2,216,032
Art & Collectibles - Not depreciated					×			87,780				87,780	87,780
		×		100000				34,720,377	6,113,079	6,759,903		23,750,911	27,960,474
				×				1,149,414	794,684	841,458		295,062	307,956
				×				110,983	89,127	96,385		21,856	14,598
				×				903,700	667,874	628,863		188,694	274,837
				×				1,444,281	233,343	485,364		1,050,159	958,917
				×				161,217	137,670	155,103		23,547	6,114
Library Books & Audio Visual Materials				×				7,095,551	2,897,597	1,625,680		4,994,625	5,469,871
					×				0			369,337	0

Part X, Line 15 (990) - Other Assets

		Total:	120,000	0
	Description		Beginning	End
1	Land held for resale		120,000	0