PUBLIC DISCLOSURE COPY

| Form | 9 | 9 | 0 | |
|------|---|---|---|--|
| | | | | |

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

| ► Go to www.irs.gov/Form990 for instructions and the | |
|--|--------------------|
| P Go to www.iis.gov/Furiliggu for instructions and the | latest information |

OMB No. 1545-0047 2018 **Open to Public**

| For the 2018 calendar year, or tax year beginning 07/01,2018, and end Check if applicable: C Name of organization JEWISHCOLORADO Address change Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Name change 300 S. DAHLIA STREET Final return final return ferminated Amended City or town, state or province, country, and ZIP or foreign postal code | | |
|--|-----------------------------------|-------------------------------------|
| Address change Doing business as Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suil Initiat return 300 S. DAHLIA STREET 300 Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code Denvire | | 06/30, 20 19 entification number |
| change Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suit Initiat return 300 S. DAHLIA STREET 300 Finat return/ terminated City or town, state or province, country, and ZIP or foreign postal code DENUER | 01-083 | |
| Initial return 300 S. DAHLIA STREET 300 Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code 300 | | |
| Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code State Amended DENVER CO | ite E Telephone n | umber |
| Amended DENVER CO 80246 | (303) 32 | 21-3399 |
| | | |
| | G Gross receip | ts\$ 59,125,00 |
| Application F Name and address of principal officer: JAY STREAR | H(a) is this a gr | oup return for Yes X |
| 300 S. DAHLIA STREET, DENVER, CO 80246 | subordinate H(b) Are all subor | 187 |
| Tax-exempt status: X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or | | attach a list. (see instructions) |
| Website: WWW, JEWISHCOLORADO. ORG | | nption number |
| Form of organization: X Corporation Trust Association Other ► L Yea | ar of formation: 2005 M | State of legal domicile; |
| Summary | | |
| 1 Briefly describe the organization's mission or most significant activities: CENTRAL SOUL | RCE FOR LONG-TE | SRM PHILANTHROPY |
| ENDOWMENT AND GIVING IN OUR COLORADO JEWISH COMMUNITY | • | |
| | | |
| 2 Check this box > if the organization discontinued its operations or disposed of more | than 25% of its net asset | IS. |
| 3 Number of voting members of the governing body (Part VI, line 1a) | | 3 3 |
| • Number of independent voting members of the governing body (Part VI, line 1b) | | 4 3 |
| 3 Foral number of individuals employed in calendar year 2018 (Part V, line 2a) | | 5 4 |
| o rotal number of volunteers (estimate if necessary) | | 6 1,00 |
| a rotal unrelated business revenue from Part VIII, column (C), line 12 | | 7a -75 |
| b Net unrelated business taxable income from Form 990-T, line 38 | | 7b -75. |
| | Prior Year | Current Year |
| 8 Contributions and grants (Part VIII, line 1h) | 42.058.87 | |
| 9 Program service revenue (Part VIII, line 2g) | 1,127 85 | |
| To investment income (Part VIII, column (A), lines 3, 4, and 7d). | 2.808.01 | |
| The other revenue (Part VII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). | 66.72 | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 46.061.47 | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 13,164 48 | |
| T4 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. |
| Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,354,75 | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 849,378. | 12,49 | |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 849, 378. | * | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 4,431,30 | 3. 3,226,120 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 20,963,03 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 25,098,43 | |
| | Beginning of Current Y | ,, |
| 20 Total assets (Part X, line 16) | 87,416,06 | |
| | 23,245,92 | |
| 21 Total lipbilities (Part X, line 20) | 64,170,14 | V· |
| 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20. | | |

| Cumulative E-File History 2018 | | | | | | | | | |
|--------------------------------|------------------------|-------|--|--|--|--|--|--|--|
| FED | | | | | | | | | |
| Locator: 71280Z | | | | | | | | | |
| Taxpayer Na | ame: JEWISHCOLORADO | | | | | | | | |
| Return T | ype: 990, 990 | | | | | | | | |
| Submitted Date | 10/25/2019 12:47:25 PM | | | | | | | | |
| Acknowledgement Date | | | | | | | | | |
| Status | | | | | | | | | |
| Submission ID | 84022720192985000048 | | | | | | | | |
| Print | | Close | | | | | | | |

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| | | | | | |

| | JEWISHCOLORADO | 01-0831698 |
|------------|---|----------------------------|
| For | rm 990 (2018) | Page 2 |
| Ρ | art III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | THE MISSION OF JEWISHCOLORADO IS TO STEWARD AND STRENGTHEN JEWISH | |
| | COMMUNITY IN COLORADO, ISRAEL AND THE WORLD. | |
| | | |
| _ | | 1 41 |
| 2 | Did the organization undertake any significant program services during the year which were not lister | |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | |
| 2 | | araaram |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any services? | |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest progra | m services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gran | |
| | the total expenses, and revenue, if any, for each program service reported. | |
| | | |
| 4a | a (Code:) (Expenses \$13,069,547. including grants of \$13,854,124.) (Revenue \$_ | 690,786.) |
| | ATTACHMENT 1 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <u>4</u> h | (Code:) (Expenses \$ 5,327,998. including grants of \$ 1,954,100.) (Revenue \$ | 273,151.) |
| 75 | JEWISHCOLORADO (JCO) INVESTS IN THE NEXT GENERATION THROUGH | / |
| | COMMUNITY PROGRAMS THAT INCLUDE EVERYTHING FROM EARLY CHILDHOOD | |
| | EDUCATION SCHOLARSHIPS, TO JEWISH SUMMER CAMP, TO A ROBUST YOUNG | |
| | ADULT DEPARTMENT (YAD) THAT ENGAGES 21-45 YEAR OLDS IN HOW TO | |
| | LIVE, GIVE, AND LEAD JEWISHLY. JCO ALSO DISTRIBUTES DOLLARS | |
| | LOCALLY AND GLOBALLY TO HELP FEED THE HUNGRY, CARE FOR THE SICK | |
| | AND ELDERLY AND HELP BUILD A STRONG AND SUPPORTIVE JEWISH WORLD. | |
| | FINALLY, JCO SUPPORTS ISRAEL AND ADVOCATES FOR THE JEWISH WORLD. | |
| | JCO EDUCATES, EMPOWERS AND CONNECTS THE COLORADO COMMUNITY TO THE | |
| | GLOBAL JEWISH PEOPLE THROUGH STRATEGIC GRANT MAKING, COMMUNITY | |
| | PROGRAMS, AND SUPPLEMENTAL CAMPAIGN INITIATIVES. | |
| | | |
| 4c | : (Code:) (Expenses \$ including grants of \$) (Revenue \$) |) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | d Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 18,397,545. | |
| ISA | | - 000 (00 (0 |

| - | 90 (2018) | | F | Page 3 |
|------------|--|------------|--------|---------|
| Part | IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | v | |
| • | complete Schedule A | 1 | X X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | 2 | A | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | <u>э</u> | | |
| - | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | х | |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, | | | |
| • | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | Х | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | v | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| • | VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| a | complete Schedule D, Part VI | 11a | х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | 114 | | |
| - | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 37 | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 4.01 | | Х |
| 40 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . | 12b | | X |
| 13 14 a | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 144 | | |
| - | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | v |
| <u> </u> | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | <u></u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | х | |
| JSA | | | | |

Form 990 (2018)

Page **4**

| Part | IV Checklist of Required Schedules (continued) | | | |
|------|--|------------|-----|--------|
| | | | Yes | No |
| 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 | | Х |
| 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 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| 27u | \$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 | | Х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | |
| | | 240 | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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 | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I. | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 21 | | |
| 20 | | | | |
| - | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | 20- | | х |
| | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | v |
| | 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 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 35 2 | 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 | 554 | | |
| U | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35h | | |
| 26 | | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 20 | | v |
| ~- | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | v |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | v | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V. | | | |
| | |] | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| JSA | | | 990 | (2018) |
| JUA | | | | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a | 46 ns? 2b | Yes | No |
|---|---------------------|-----|----|
| | | Yes | No |
| | | | |
| | | | |
| | ns? 2b | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax return | | Х | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | Х |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority o | | | |
| a financial account in a foreign country (such as a bank account, securities account, or other financial account) | | | Х |
| b If "Yes," enter the name of the foreign country: ► | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB | AR). | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | Х |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | |
| 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? | - | | Х |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions | | | |
| gifts were not tax deductible? | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good | ods | | |
| and services provided to the payor? | | | Х |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v | vas | | |
| required to file Form 8282? | . 7c | | Х |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra | ct? 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir | ed? 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C | ? 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by | the | | |
| sponsoring organization have excess business holdings at any time during the year? | 8 | | X |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| against amounts due or received from them.) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | . <u>13a</u> | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| the organization is licensed to issue qualified health plans | | | |
| c Enter the amount of reserves on hand | 4.4 | | x |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration | | | х |
| excess parachute payment(s) during the year? | . 15 | | |
| If "Yes," see instructions and file Form 4720, Schedule N. | ne? 16 | | х |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment incon If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2018)

| Form § | JEWISHCOLORADO 01-0831 | 698 | F | Page 6 |
|--------|---|-------|--------|--------|
| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, | and | for a | "No" |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | | | tions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Χ |
| Sect | ion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 33 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 33 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| - | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| ~ | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| - | the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 | | Х |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | .) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T | (Sec | tion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest | policy | , and |
| | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record THE ORGANIZATION 300 S. DAHLIA STREET DENVER, CO 80246 303-316-6455 | s 🕨 | | |
| | | | 000 | (0015) |
| JSA | | ⊢orm | 220 | (2018) |

Page 7

| Part VII | Compensation | of | Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | anc |
|----------|----------------|-------|-----------|------------|-----------|-----|------------|---------|-------------|------------|-----|
| | Independent Co | ontra | actors | | | | | | | | |

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | | | | C) sition | | | (D) | (E) | (F) |
|------------------------------|---|-----------------------------------|-----------------------|---------|---------------------|------------------------------|--------|-----------------|--------------------------|--|
| Name and Title | Average | | | | | e than c | | Reportable | Reportable | Estimated |
| | hours per | | | | | is both | | compensation | compensation from | amount of |
| | week (list any hours for | | | | | | | from the | related organizations | other compensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1)DIANA ZEFF ANDERSON | 5.00 | | | | | | | | | |
| BOARD CHAIR | 0. | x | | Х | | | | 0. | 0. | 0. |
| (2)EDWARD SHAOUL | 5.00 | | | | | | | | | |
| SECRETARY | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (3)ALAN BRANDT | 5.00 | | | | | | | | | |
| TREASURER | 0. | x | | Х | | | | 0. | 0. | 0. |
| (4)TIFFANY GLUCKSMAN APPEL | 5.00 | | | | | | | | | |
| DEVELOPMENT CHAIR | 0. | X | | Х | | | | 0. | Ο. | 0. |
| (5)ADRIANE GREENBERG | 5.00 | | | | | | | | | |
| YAD CHAIR | 0. | Х | | | | | | 0. | 0. | 0. |
| (6)ARON GRODINSKY | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (7) ^{AZA} SQUARER | 5.00 | | | | | | | | | |
| BOULDER ISRAEL ENGAGEMENT | 0. | Х | | | | | | 0. | 0. | 0. |
| (8)BEN LUSHER | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (9)BRIAN DEMAIN | 5.00 | | | | | | | | | |
| INVESTMENT COMMITTEE CHAIR | 0. | Х | | | | | | 0. | 0. | 0. |
| (10)CARL ROSSOW | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (11)CINTRA POLLACK | 5.00 | | | | | | | | | |
| PLANNING & GRANT CHAIR | 0. | Х | | | | | | 0. | 0. | 0. |
| (12)CRAIG GARDENSWARTZ | 5.00 | | | | | | | | | |
| AGENCY REP | 0. | Х | | | | | | 0. | 0. | 0. |
| (13) DAN FEINER | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (14) ^{ELLEN} ABRAMS | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |

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Form 990 (2018)

| (A) | (B) (C) (D) | | | | | | | | ed Employees (co | (F) |
|---|--|------|------|----------------------|-----------------------|--|----|--|--|---|
| Name and title | Average hours per week (list any hours for related organizations below dotted line) | box, | unle | Pos heck ss pe | ition more rson | e than o is both or/trus employee | an | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| 15) GARY KLEIMAN | 5.00 | | | | | ed | | | | |
| BOARD MEMBER | 0. | x | | | | | | 0. | 0. | C |
| 16) HOLLY STEIN SOLLOD | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | х | | | | | | 0. | 0. | C |
| 17) JACKIE COOPER MELMED | 5.00 | | | | | | | | | |
| JRCC CHAIR | 0. | x | | | | | | 0. | 0. | C |
| 18) JACKIE WONG | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | x | | | | | | 0. | 0. | (|
| 19) JAIME MILLER ALTMAN | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | X | | | | | | 0. | 0. | (|
| 20) JASON WILLIAMSON | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | X | | | | | | 0. | 0. | (|
| 21) JIMMY MILLER | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | (|
| 22) JJ SLATKIN | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | (|
| 23) KEREM SZCZEBAK | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | (|
| 24) LISA MINTZ | 5.00 | | | | | | | | | |
| JEWISH WOMEN'S PHIL. COMMITTEE | 0. | Х | | | | | | 0. | 0. | (|
| 25) NANCY GART | 5.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | (|
| 1b Sub-total | | | | | | | ► | 0. | 0. | (|
| c Total from continuation sheets to Part VII, S | ection A | | | | | | ► | 426,202. | 0. | 74,083 |
| d Total (add lines 1b and 1c) | | | | | • • | | | 426,202. | 0. | 74,083 |

| 3 | Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual |
|---|---|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person |
| ~ | |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|----------------------------|
| ATTACHMENT 2 | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 1 | | |

Х

Х

Х

3

4

5

| ı a | rt VII Section A. Officers, Directors, Tru | | ;y ⊑⊓ | ipic | | | | ngi | | | |
|-----|---|--|---------|------------|---------------------------------|----------------------|--|-----------|--|--|---|
| | (A) Name and title | (B) Average hours per week (list any hours for | box, | unles | ss pei d a di | tion more rson | than o is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | | related organizations below dotted line) | | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations | | | | |
| 26) | NEIL OBERFELD BOARD MEMBER | 5.00 | x | | | | | | 0. | 0. | 0 |
| 27) | RABBI SALOMON GRUENWALD RMRC REP | 5.00 | x | | | | | | 0. | 0. | 0 |
| 28) | ROB KAUFMANN BOARD MEMBER | 5.00 | x | | | | | | 0. | 0. | 0 |
| 29) | RUTH MALMAN BOARD CHAIR-ELECT | 5.00 | x | | | | | | 0. | 0. | 0 |
| 30) | SETH WONG BOARD MEMBER | 5.00 | x | | | | | | 0. | 0. | 0 |
| 31) | SHERYL FEILER BOARD MEMBER | 5.00 | x | | | | | | 0. | 0. | 0 |
| 32) | STEVE ABELMAN BOARD MEMBER | 5.00 | x | | | | | | 0. | 0. | 0 |
| 33) | WHITNEY CHOTIN WOLZ BOARD MEMBER | 5.00 | x | | | | | | 0. | 0. | 0 |
| 34) | AMY TOLTZ-MILLER IMMEDIATE PAST CHAIR | 5.00 | x | | | | | | 0. | 0. | 0 |
| 35) | RABBI JAY STEAR PRESIDENT/CEO (BEG 07/18) | 37.00 | | | x | | | | 85,222. | 0. | 16,810 |
| 36) | BETHANY FRIDAY VICE PRESIDENT OF FINANCE | 37.00 | | | x | | | | 85,125. | 0. | 27,199 |
| С | Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) | | · · · · | ••• ••• | | | | | | | |
| 2 | Total number of individuals (including but not reportable compensation from the organizatio | | | liste 2 | d ab | ove | e) who | o re | ceived more than | \$100,000 of | |
| 3 | Did the organization list any former offic employee on line 1a? If "Yes," complete Sched | | | | | | | | | | Yes No 3 X |
| 4 | For any individual listed on line 1a, is the organization and related organizations granizations granizations graning individual. | eater than | \$15 | 50,0 | 00? | lf | "Yes | s," (| complete Schedu | le J for such | 4 X |
| 5 | Did any person listed on line 1a receive or | accrue co | mpen | sati | | | | un | related organization | | |

Section B. Independent Contractors

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

| | (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|--------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► | | |

| | - |
|------|---|
| Page | 8 |

| | (A) Name and title | (B) Average hours per week (list any hours for related | box, office | not che unless er and | perso a dire | ore than o in is both ctor/trus | an ee) | (D) Reportable compensation from the | (E) Reporta compensatio relate organizat | on from d tions | Estin amou otl compe | F) mated ount of her ensation n the |
|----------------------------------|--|---|-----------------------------------|-----------------------------|-----------------|---------------------------------------|-----------|--|--|----------------------------|-------------------------------|---|
| | | organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099 | -MISC) | organ and r | nization related izations |
| 37) | NNEKA MCPHEE CHIEF OF STAFF | 37.00 | | | | x | | 120,855. | | 0. | | 30,07 |
| 38) | MARSHA HURWITZ PRESIDENT/CEO (END 06/18) | 37.00 0. | | | | | x | 135,000. | | 0. | | 50,07 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| С | Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c) | ection A | | | • • • | | | | | | | |
| | Total number of individuals (including but not l reportable compensation from the organization | imited to tl | hose l | | | | o re | ceived more than | \$100,000 (| of | | |
| 3 | Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | | Yes N X |
| 4 | For any individual listed on line 1a, is the sorganization and related organizations grain individual | eater than | \$15 | 0,00 | 0? | lf "Yes | s," | complete Schedu | sation from | the such | 4 | x |
| | Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue col | mpen | satio | n fro | m any | un | related organization | | | 5 | |
| | ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year. | | | | | | | | | | | |
| (A) Name and business address | | | | | | | | (B) Description of se | ervices | (C) Compensation | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | Check if Schedule O contains a resp | Ĩ | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from t under sections 512-514 |
|----------|--|-------------------|----------------------|--|---|--|
| 1a | Federated campaigns 1a | | | | | |
| b | | | | | | |
| c | | 497,709. | | | | |
| d | اسه ا | | | | | |
| е | Government grants (contributions) . 1e | | | | | |
| f | ·····, 5···, 5···, | | | | | |
| | and similar amounts not included above . 1f | 13,619,027. | | | | |
| g h | | | 14,116,736. | | | |
| | | Business Code | | | | |
| 2a | EVENT INCOME | 812900 | 604,891. | 604,891. | | |
| b | | 812900 | 359,046. | 359,046. | | |
| c | : | _ | | | | |
| d | | _ | | | | |
| e | | _ | | | | |
| f | All other program service revenue | | | | | |
| g | | | 963,937. | | | |
| 3 | Investment income (including divid and other similar amounts) | | 2,011,757. | | -755. | 2,012,5 |
| 4 | Income from investment of tax-exempt bo | | 0. | | , | 2701275 |
| 5 | Royalties | | 0. | | | |
| | (i) Real | (ii) Personal | | | | |
| 6a | Gross rents | D. | | | | |
| b | | | | | | |
| c | Rental income or (loss) | D. | | | | |
| d | | | 12,440. | | | 12,4 |
| 7a | | (ii) Other | | | | |
| | assets other than inventory 41,821,19 | 1,333. | | | | |
| b | Less: cost or other basis | | | | | |
| | and sales expenses | | | | | |
| c d | | | 1,781,889. | | | 1,781,8 |
| 8a | Gross income from fundraising | | 1,701,0051 | | | 1,701,0 |
| | events (not including \$497,709. | | | | | |
| | of contributions reported on line 1c). | a 194,970. | | | | |
| b | See Part IV, line 18 | b 317,438. | | | | |
| c b | · · · · · · · · · · · · · · · · · · · | | -122,468. | | | -122,4 |
| 9a | | | | | | |
| b | | | | | | |
| c | Net income or (loss) from gaming activitie | | 0. | | | |
| 10a | returns and allowances | | | | | |
| b c | | | 0. | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| 11a | MISCELLANEOUS REVENUE | 900099 | 2,652. | | | 2,6 |
| b | | | | | | |
| c b | | | | | | |
| d | | | | | | |
| e | | | 2,652. | | | |
| 12 | Total revenue. See instructions. | | 18,766,943. | 963,937. | -755. | 3,687,0 |

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JEWISHCOLORADO

JEWISHCOLORADO Part IX Statement of Functional Expenses

| Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b, | - | (B) | (C) | |
|---|-----------------------|-----------------------------|---------------------------------|---------------------------------------|
| 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to domestic organizations | | | | · · |
| and domestic governments. See Part IV, line 21 | 15,808,224. | 15,808,224. | | |
| 2 Grants and other assistance to domestic | | | | |
| individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign | | | | |
| organizations, foreign governments, and foreign | 0. | | | |
| individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, | 299,855. | 88,637. | 160,060. | 51,158 |
| trustees, and key employees | 200,000. | 00,037. | 100,000. | 51,150 |
| 6 Compensation not included above, to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 135,000. | 39,906. | 72,062. | 23,032 |
| 7 Other salaries and wages | 2,099,343. | 620,566. | 1,120,608. | 358,169 |
| 8 Pension plan accruals and contributions (include | | , • | , | |
| section 401(k) and 403(b) employer contributions) | 64,773. | 19,147. | 34,575. | 11,051 |
| 9 Other employee benefits | 448,458. | 132,565. | 239,382. | 76,511 |
| 0 Payroll taxes | 190,444. | 56,295. | 101,657. | 32,492 |
| 1 Fees for services (non-employees): | | | | |
| a Management | Ο. | | | |
| b Legal | 11,731. | | 11,731. | |
| c Accounting | 60,331. | | 60,331. | |
| d Lobbying | 30,507. | | 30,507. | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 538,378. | | 538,378. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 11g expenses on Schedule O.) | 435,604. | 277,167. | 155,233. | 3,204 |
| 12 Advertising and promotion | 51,181. | 34,028. | 13,157. | 3,996 |
| 13 Office expenses | 446,174. | 161,243. | 223,386. | 61,545 |
| 4 Information technology | 81,186. | 29,340. | 40,647. | 11,199 |
| I 5 Royalties | 0. | 22 490 | 102 402 | 1 0.05 |
| I6 Occupancy | 732,355. | 32,480. | 103,493. 19,386. | 1,805 |
| 7 Travel | 132,355. | 090,907. | 19,300. | 15,902 |
| 8 Payments of travel or entertainment expenses | 0. | | | |
| for any federal, state, or local public officials | 31,151. | 20,300. | 5,948. | 4,903 |
| I9 Conferences, conventions, and meetings | 0. | 20,300. | 5,510. | 1,503 |
| 20 Interest | 0. | | | |
| Payments to affiliates | 37,290. | 9,498. | 27,792. | |
| 22 Depreciation, depletion, and amortization 23 Insurance | 81,262. | 31,493. | 49,769. | |
| 24 Other expenses. Itemize expenses not covered | | | | |
| above (List miscellaneous expenses in line 24e. If | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O.) | | | | |
| aEVENTS | 448,106. | 271,006. | 11,346. | 165,754 |
| bSUBSCRIPTIONS, PUBLICATIONS | 75,009. | 68,663. | 5,846. | 500 |
| cBAD DEBT EXPENSE | 28,077. | | | 28,077 |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 22,272,217. | 18,397,545. | 3,025,294. | 849,378 |
| 26 Joint costs. Complete this line only if the | | | | |
| organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| fundraising solicitation. Check here if | | | | |
| following SOP 98-2 (ASC 958-720) | 0. | | | |

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Form 990 (2018)

| k if Schedule O contains a response or note to any line in this F | Port Y | | |
|---|--|--|--|
| | | | |
| | (A) Beginning of year | | (B) End of year |
| non-interest-bearing | 0. | 1 | 474,958 |
| and temporary cash investments | 3,361,612. | 2 | 10,519,707 |
| s and grants receivable, net | 6,414,640. | 3 | 5,479,334 |
| ts receivable, net | 0. | 4 | 14,900 |
| and other receivables from current and former officers, directors, | | | |
| , key employees, and highest compensated employees. | | | |
| te Part II of Schedule L d other receivables from other disqualified persons (as defined under section 1)), persons described in section 4958(c)(3)(B), and contributing employers nsoring organizations of section 501(c)(9) voluntary employees' beneficiary tions (see instructions). Complete Part II of Schedule L | 0. | 5 | 0 |
| ind loans receivable, net | 1,367,965. | 7 | 1,714,038 |
| ries for sale or use | | 8 | 3,830 |
| expenses and deferred charges | | 9 | 0 |
| uildings, and equipment: cost or | | 9 | |
| asis. Complete Part VI of Schedule D 10a 8,241,091. | | | |
| ccumulated depreciation | | 10c | 7,425,916 |
| ents - publicly traded securities | | 11 | 54,069,014 |
| ents - publicity traded securities ents - other securities. See Part IV, line 11 | 3,121,558. | 12 | 2,544,970 |
| ents - order securities. See Part IV, line 11 | | 12 | 0 |
| | - | 13 | 0 |
| le assets | | 14 | 73,061 |
| ssets. See Part IV, line 11 | | 15 | 82,319,728 |
| ssets. Add lines 1 through 15 (must equal line 34) | 604,814. | 17 | 470,103 |
| ts payable and accrued expenses | - | 17 | 2,765,526 |
| | | 10 | 218,518 |
| d revenue | | - | 210,510 |
| empt bond liabilities | | 20 | C |
| or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | L. L |
| and other payables to current and former officers, directors, | | | |
| s, key employees, highest compensated employees, and | 0. | | C |
| fied persons. Complete Part II of Schedule L | | 22 | 2,361,629 |
| d mortgages and notes payable to unrelated third parties | | 23 | 2,301,029 |
| red notes and loans payable to unrelated third parties | 0. | 24 | 0 |
| abilities (including federal income tax, payables to related third | | | |
| and other liabilities not included on lines 17-24). Complete Part X | 19,737,846. | 0.5 | 16,946,210 |
| dule D abilities. Add lines 17 through 25 | 23,245,920. | 25 26 | 22,761,986 |
| | 23,243,720. | 20 | 22,701,900 |
| zations that follow SFAS 117 (ASC 958), check here X and ate lines 27 through 29, and lines 33 and 34. | | | |
| | 46,277,791. | 27 | 45,991,383 |
| arily restricted net assets | 8,367,507. | 28 | 0 |
| ently restricted net assets | 9,524,849. | 20 | 13,566,359 |
| | 5,521,015. | 29 | 13,300,333 |
| | | | |
| • | | 20 | |
| or capital surplus or land building or equipment fund | | | |
| d earnings, endowment, accumulated income, or other funds | | | |
| | 64 170 147 | | 59,557,742 |
| a asses of turiu valatives | | | 82,319,728 |
| ati e St or d | ions that do not follow SFAS 117 (ASC 958), check here and lines 30 through 34. tock or trust principal, or current funds | ions that do not follow SFAS 117 (ASC 958), check here and lines 30 through 34. tock or trust principal, or current funds and capital surplus, or land, building, or equipment fund earnings, endowment, accumulated income, or other funds assets or fund balances | ions that do not follow SFAS 117 (ASC 958), check herelines 30 through 34.andtock or trust principal, or current funds30r capital surplus, or land, building, or equipment fund31earnings, endowment, accumulated income, or other funds32assets or fund balances64,170,147. |

Form 990 (2018)

| Form 99 | 90 (2018) | | | Pa | ge 12 |
|---------|--|------------|------|-------|--------------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI. | <u>.</u> | | | Χ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18,7 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 22,2 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -3,5 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 64,1 | .70,1 | 47. |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,0 | 49,1 | .01. |
| 6 | Donated services and use of facilities | 6 | | | 0. |
| 7 | Investment expenses | 7 | | | 0. |
| 8 | Prior period adjustments | 8 | | | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | - | -58,0 |)30. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | <u>33,</u> column (B)) | 10 | 59,5 | 57,7 | /42. |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain in | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | ted on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for | oversight | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent ac | countant? | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, o | explain in | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | lergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | dits. | 3b | | |
| | | | Form | 990 | (2018) |

| SCHEDULE A |
|----------------------|
| (Form 990 or 990-EZ) |

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.

OMB No. 1545-0047 6

| | | t of the Treasury venue Service | | ► Go to www.irs.go | //Form990 for instruction | ons and t | he latest i | nformation. | Inspection |
|--------------------------|--------|--|--|---|---|--|------------------------------------|---|-----------------------------|
| Name of the organization | | | | | | | | Employer identif | |
| _ | | ICOLORADO | | | | | | 01-08316 | |
| | rt I | | | • | rganizations must o | | | , | S |
| The | orga | | • | | is: (For lines 1 through | - | | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) . | | | | | | | |
| 2 | | | | | . (Attach Schedule E | - | | | |
| 3 | | | - | - | rganization described | | | | |
| 4 | | A medical res hospital's nam | - | | conjunction with a ho | spital de | scribed ir | n section 170(b)(1)(A |)(iii). Enter the |
| 5 | | • | • | or the benefit of complete Part II.) | a college or universit | y owne | d or ope | rated by a governme | ental unit described in |
| 6 | | A federal, sta | te, or local go | vernment or gover | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | |
| 7 | Х | An organizati | on that norma | ally receives a sub | stantial part of its su | pport fr | om a go | vernmental unit or fr | om the general public |
| | | described in s | ection 170(b) | (1)(A)(vi). (Compl | ete Part II.) | | | | |
| 8 | | A community | trust describe | d in section 170(b |)(1)(A)(vi). (Complete | Part II.) | | | |
| 9 | | An agricultura | I research org | ganization describe | ed in section 170(b)(1 |)(A)(ix) | operated | in conjunction with a | land-grant college |
| | | or university of | or a non-land- | grant college of ag | riculture (see instruct | ions). E | nter the i | name, city, and state c | f the college or |
| | | university: | | | | | | | |
| 10 11 | | receipts from support from acquired by th | activities rela gross investm ne organizatio | ted to its exempt f ient income and u n after June 30, 19 | ore than 331/3 % of its unctions - subject to nrelated business tax 975. See section 509 usively to test for publi | certain e able inco (a)(2). (0 | exception ome (less Complete | s, and (2) no more tha s section 511 tax) from Part III.) | an 331/3 %of its |
| 12 | | • | • | • | • | | | | carry out the purposes |
| | | - | - | - | - | - | | | See section 509(a)(3). |
| | | | | | | | | | nes 12e, 12f, and 12g. |
| а | | | | - | , supervised, or contr | | | - | - |
| u | | | | | regularly appoint or e | | | | |
| | | | - | | e Part IV, Sections A | | ajonty of | | |
| h | | | - | - | | | with ite | supported organizati | on(c) by boying |
| b | | | | | ed or controlled in co | | | | |
| | | | - | | rganization vested in | the sam | e person | | lage the supported |
| _ | | | | - | , Sections A and C. | | | n | II into anote alith |
| С | | | | | ng organization opera | | | | lly integrated with, |
| | | | - | | s). You must comple | | | | |
| d | | | - | | porting organization c | - | | | |
| | | | - | | nization generally mus | - | | | d an attentiveness |
| | | - · | • | , | omplete Part IV, Sect | | | | U T |
| е | | | - | | a written determinatio | | | | п, туре п |
| | Ent | | | | ionally integrated sup | porting c | organizat | ion. | |
| f | | | | 0 | orted organization(s). | | | | ••••• |
| g | | ame of supported | | (ii) EIN | (iii) Type of organization | (iv) is the | organization | (v) Amount of monetary | (vi) Amount of |
| | (1) 13 | ame of supported (| organization | | (described on lines 1-10 | | ur governing | support (see | other support (see |
| | | | | | above (see instructions)) | | ment? | instructions) | instructions) |
| | | | | | | Yes | No | | |
| (A) | | | | | | | | | |
| | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (0) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| - | | | | | | | | | |
| Tota | al | | | | | | | | |
| For I | aper | work Reduction A | ct Notice, see the | e Instructions for Form | 990 or 990-EZ. | | | Schedule A | A (Form 990 or 990-EZ) 2018 |

1187044

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

| Sec | tion A. Public Support | | | | | | |
|----------|---|------------------|--------------------|-------------------|-----------------|------------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 17,877,591. | 16,882,831. | 13,140,320. | 42,058,871. | 14,116,736. | 104,076,349. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 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 | 17,877,591. | 16,882,831. | 13,140,320. | 42,058,871. | 14,116,736. | 104,076,349. |
| 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) | | | | | | 26,323,727. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 77,752,622. |
| | tion B. Total Support | | | | [| | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 8 | Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, | 17,877,591. | 16,882,831. | 13,140,320. | 42,058,871. | 14,116,736. | 104,076,349. |
| | rents, royalties, and income from similar sources | 1,409,462. | 902,747. | 1,052,076. | 1,048,429. | 2,024,952. | 6,437,666. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 2,219. | 11,599. | 0. | 0. | | 13,818. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets | 17,273. | 55,351. | 264,468. | 62,384. | 2,652. | 402,128. |
| | (Explain in Part VI.) | 11,213. | 55,351. | 204,400. | 02,304. | 2,032. | 110,929,961. |
| 11 | Total support. Add lines 7 through 10 . | · , , , , | | | | 12 | 3,259,812. |
| 12 13 | Gross receipts from related activities, etc. (s First five years. If the Form 990 is f organization, check this box and stop here | or the organizat | ion's first, secon | d, third, fourth, | or fifth tax ye | ar as a section | 501(c)(3) |
| Sec | tion C. Computation of Public Sup | | | | | <u> </u> | |
| 14 | Public support percentage for 2018 (li | • | - | 11 column (f)) | | 14 | 70.09% |
| 14 | Public support percentage for 2018 (ii Public support percentage from 2017 | | • | | | 15 | 71.85% |
| - | | | | | | | |
| Iu | a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | | | | | | |
| b | b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check | | | | | | |
| | this box and stop here. The organizati | | | | | | |
| 17a | 10%-facts-and-circumstances test - 2 | | | - | | | |
| | 10% or more, and if the organization | | | | | | |
| | Part VI how the organization meets t | | | | | | |
| | organization | | | - | - | | |
| b | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 15 is 10% or more, and if the orga | | - | | | | |
| | Explain in Part VI how the organizati | | | | | | • |
| | supported organization | | | | - | - | |
| 18 | Private foundation. If the organization | did not check a | a box on line 13 | , 16a, 16b, 17a | , or 17b, check | this box and see | ; |
| | instructions | | | | | | ▶∟ |

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

| Caler | tion A. Public Support ndar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|------------------|---|--|--|---|---|---|-------------------------|
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Sect | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar sources | | | | | | |
| a | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly | | | | | | |
| 12 | carried on | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is f | or the organiza | ation's first, seco | nd third fourth | or fifth tax ve | ear as a section | 501(c)(3) |
| | organization, check this box and stop here . | 0 | , | | | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2018 (line 8) | • | | mn (f)) | | . 15 | % |
| 16 | Public support percentage from 2017 Sche | | • | | | 16 | % |
| - | tion D. Computation of Investmen | | | | | | /0 |
| | | | | 13. column (f)) | | 17 | % |
| | Investment income percentage for 2018 (iii | | | | | | |
| 17 | Investment income percentage for 2018 (line investment income percentage from 2017 states) | Schedule A Part | t III. line 17 | | | | -/^ |
| 17 18 | Investment income percentage from 2017 | | | | | 18 e than 331/3% | |
| 17 18 | Investment income percentage from 2017 3 331/3% support tests - 2018. If the org | ganization did n | ot check the box | c on line 14, and | d line 15 is mor | e than 331/3%, | and line |
| 17 18 19 a | Investment income percentage from 2017 331/3% support tests - 2018. If the organization of the state of the | ganization did n is box and sto | ot check the box p here. The org | k on line 14, and anization qualifie | d line 15 is mor s as a publicly | e than 331/3%, supported organ | and line ization . ► |
| 17 18 19 a | Investment income percentage from 2017 3 331/3% support tests - 2018. If the org | ganization did n is box and sto anization did not | ot check the boy p here. The org check a box on | c on line 14, and anization qualifie line 14 or line 19 | d line 15 is mor s as a publicly 9a, and line 16 is | e than 331/3%, supported organ s more than 331/ | ization .► |

01-0831698

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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 12a or 12b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).
- **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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

JSA

| - | le A (Form 990 or 990-EZ) 2018 | | F | Page 5 |
|------------------|--|------------|-----|--------|
| Part | V Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 110 | | |
| h | below, the governing body of a supported organization? A family member of a person described in (a) above? | 11a 11b | | |
| | 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. | 11c | | |
| | on B. Type I Supporting Organizations | | | |
| <u></u> | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on 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 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | Vee | Na |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | Yes | No |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 1 | | |
| - | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | - | | |
| 1 a b c | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | | | |
| 2 | Activities Test. Answer (a) and (b) below. | | 103 | 110 |
| 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | | |

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| Schedule A (Form 990 or 990-EZ) 2018 | | - | Page |
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | | | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organic | | | |
| | | nust complete Sectio | (B) Current Year |
| Section A - Adjusted Net Income | | (A) Prior Year | (optional) |
| 1 Net short-term capital gain | 1 | | (optional) |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| · · · | 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) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| 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 | | |
| 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 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 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 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

| Prove Type III Non-Functionally Integrated 508(a)(3) Supporting Organizations (continued) Current Year 2 Amounts paid to supported organizations to accomplish exempt purposes Current Year Current Year 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations Current Year 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Current Year 4 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations Current Year 4 Amounts paid to acquire exempt-use assets Current Year 5 Qualified service exempt-use assets Current Year 6 Other distributions (describe in Part VI). See instructions. Ford annual distributions describe in Part VI). See instructions 9 Distributable amount for 2018 from Section C, line 6 Underdistributions 10 Line 8 amount divided by line 9 amount (i) 2 Underdistributions, if any, for years prior to 2018 (mission in Part VI). See instructions. Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | Sched | JEWISHCOLORADO | | | -0631696 Page 7 |
|---|-------|---|--------------------------|--------------------|-----------------------------|
| Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations. Image: Comparizations to accomplish exempt purposes of supported organizations 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Image: Comparizations to comparizations 4 Administrative expenses paid to accomplish exempt purposes of supported organizations Image: Comparizations to comparizations to which the organizations 5 Cualified est-aside amounts (prior IRS approval required) Image: Comparizations to which the organizations to which the organizations to which the organizations (comparizations to which the organizations to which the organizations (comparizations) Image: Comparizations (comparizations to which the organizations (comparizations) 9 Distributable amount for 2018 from Section C, line 6 Image: Comparizations (comparizations to 2018) Image: Comparizations (comparizations) Image: Comparization (comparizations) Image: Comparization (comparizations) Image: Comparizations (comparizations) Image: Comparization (comparization (comparizations) Image: Comparization (comparization (comparization (comparization)) Image: Comparization (comparization | | | Supporting Organizat | tions (continued) | rage I |
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Schedule B (Form 990, 990-EZ.

| or 990-PF) |
|--|
| Department of the Treasury Internal Revenue Service |
| Name of the organization |

JEWISHCOLORADO

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

01-0831698

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 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

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 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I

(a)

No.

Employer identification number 01-0831698

(d)

Type of contribution

| | | \$768,970. | 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 |
| | | \$1,352,976. | 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 | | \$500,000. | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$333,800. | 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 |
| | | \$543,972. | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(c)

Total contributions

(b)

Name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

8E1253 1.000 7128OZ 5974 6/5/2020 12:18:31 PM V 18-8.6F

JSA

| Schedule | B (Form 990, | 990-EZ, or 990-PF) (2018) |
|----------|--------------|---------------------------|
| Name of | organization | JEWISHCOLORADO |

| Part II | I Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|---------------------------|--|--|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (b) (c) FMV (or estimate) (See instructions.) | | | | |
| | MARKETABLE SECURITIES | | | | | |
| 3 | | | | | | |
| | | \$ | 12/27/2018 | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| 7 | MARKETABLE SECURITIES | | | | | |
| | | \$537,408. | 12/26/2018 | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

| me of organiza | 990, 990-EZ, or 990-PF) (2018) ttion JEWISHCOLORADO | | Page Employer identification number |
|---------------------------|--|--|--|
| ine er erganize | | | 01-0831698 |
| (10) the cont | | year from any one contribut completing Part III, enter the t ar. (Enter this information one | t or. Complete columns (a) through (e) an total of <i>exclusively</i> religious, charitable, etc |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Trans Transferee's name, address, and ZIP + 4 | | elationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

(e) Transfer of gift

| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | |
|---------------------------|---|-----------------|--|-------------------------------------|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gif | ft | (d) Description of how gift is held | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (e) Transfer of | gift | | | |
| | | | | | | |
| | Transferee's name, address, and | d ZIP + 4 | Relation | nship of transferor to transferee | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

JSA

1187044

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| | • | on Form 990, Part IV, line 3, or Forn Complete Parts I-A and B. Do not comp | | 6 (Political Campaign Activi | ties), then |
|--------|-------------------------------------|--|-------------------------|---|---|
| | ()() | on 501(c)(3)) organizations: Complete | | Do not complete Part I-B | |
| | Section 527 organizations: Com | | | Do not complete i art i D. | |
| | . . | on Form 990, Part IV, line 4, or Form | 990-EZ. Part VI. line 4 | 7 (Lobbving Activities), ther | ı |
| | • | that have filed Form 5768 (election ur | | | |
| • | Section 501(c)(3) organizations | that have NOT filed Form 5768 (electi | on under section 501(h | n)): Complete Part II-B. Do no | t complete Part II-A. |
| If the | e organization answered "Yes," | on Form 990, Part IV, line 5 (Proxy | • | | - |
| | (see separate instructions), ther | | | | |
| | Section 501(c)(4), (5), or (6) orga | anizations: Complete Part III. | | F | |
| | e of organization | | | | ntification number |
| _ | VISHCOLORADO | | | 01-0833 | |
| Pai | • | organization is exempt under | · · · · | • | |
| 1 | • | organization's direct and indirect | political campaign a | ctivities in Part IV. (see in | nstructions for |
| | definition of "political campa | . , | | | |
| 2 | | xpenditures (see instructions) | | | |
| 3 | | campaign activities (see instructio | | | |
| Par | | organization is exempt under | | | |
| 1 | Enter the amount of any exc | ise tax incurred by the organizatic | n under section 495 | 55▶\$ | |
| 2 | Enter the amount of any exc | sise tax incurred by organization m | anagers under sect | tion 4955 🕨 \$ | |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form | 4720 for this year? | | Yes No |
| 4a | Was a correction made? | | | | Yes No |
| | If "Yes," describe in Part IV. | | | | |
| Par | t I-C Complete if the c | organization is exempt under | section 501(c), e | xcept section 501(c)(3 |). |
| 1 | | xpended by the filing organizatio | | | |
| 2 | | ng organization's funds contributed | | | |
| 2 | | es | | | |
| 3 | Total exempt function expe | enditures. Add lines 1 and 2. Er | ter here and on F | orm 1120-POL, | |
| 4 | | e Form 1120-POL for this year? | | | |
| 5 | Enter the names, addresses | and employer identification numb | oer (EIN) of all secti | on 527 political organization | ations to which the filing |
| - | | s. For each organization listed, er | | | |
| | | ributions received that were prom | | | |
| | as a separate segregated fur | nd or a political action committee (| PAC). If additional s | pace is needed, provide i | nformation in Part IV. |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | - | | |
| (2) | | | - | | |
| (3) | | | - | | |
| (4) | | | | | |
| | | | | | |
| (5) | | | - | | |
| (6) | | | - | | |
| For F | Paperwork Reduction Act Notice | e, see the Instructions for Form 990 o | ∣ r 990-EZ | Schedul | e C (Form 990 or 990-EZ) 2018 |
| | appendent readerion Act NOLICE | , see the man denotes for 1 of 11 330 0 | | ocneuur | ο ο (rom σσο σι σσυ-∟∠j 2010 |

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527



(Form 990 or 990-EZ)

SCHEDULE C

Complete if the organization is described below. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

| 2018 |
|------------------------------|
| Open to Public Inspection |

| _ | ,, | ICOHOICADO | 01 0 | SSICSC Page Z |
|--|---|---|----------------------------------|------------------------------------|
| Pa | art II-A Complete if the organizat section 501(h)). | on is exempt under section 501(c)(3) and | filed Form 5768 (elec | tion under |
| Α | | elongs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures). | ach affiliated group mem | per's name, |
| В | Check ► if the filing organization ch | ecked box A and "limited control" provisions app | oly. | |
| | | oying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in bot columns. | | | | |
| | If the amount on line 1e, column (a) or (b) is | The lobbying nontaxable amount is: | | |
| | Not over \$500,000 | 20% of the amount on line 1e. | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| | Over \$17,000,000 | \$1,000,000. | | |
| | | 5% of line 1f) | | |
| ł | | ess, enter -0- | | |
| i | | ess, enter -0- | | |
| j | | on either line 1h or line 1i, did the organiza | | |
| | | [,] | | Yes No |
| | | 4-Year Averaging Period Under Section 501(h) | | |

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|------------------|--|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total | |
| 2a Lobbying nontaxable amount | | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | |
| c Total lobbying expenditures | | | | | | |
| d Grassroots nontaxable amount | | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| f Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

| Page | 3 |
|------|---|
| | |

| Schedule C (Form 990 or 990-EZ) 2018 | | | | | |
|--------------------------------------|--|--|--|--|--|
| Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 | | | | |
| | (election under section 501(h)). | | | | |

| For | or each "Vea" reasonance on lines to through the below provide in Port IV a datailed | | a) | (b) | |
|---------|---|--------|--------|---------|--|
| | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity. | Yes | No | Amount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local | | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | | |
| | referendum, through the use of: | 37 | | | |
| а | Volunteers? | Х | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. | | Х | | |
| с | Media advertisements? | | Х | | |
| d | Mailings to members, legislators, or the public? | | Х | | |
| е | Publications, or published or broadcast statements? | | Х | | |
| f | Grants to other organizations for lobbying purposes? | | Х | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | v | | 30,507 | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | | |
| i | Other activities? | | Х | | |
| i | Total. Add lines 1c through 1i | | | 30,507 | |
| , 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Х | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Pa | t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). | (c)(5) | , or s | section | |

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | | |

| Part III-B | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or s | ectio | n |
|------------|--|----------|---------------|
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Pa | rt III-/ | A, line 3, is |
| | answered "Yes." | | |
| | | | |

| 1 | Dues, assessments and similar amounts from members | 1 | |
|---|--|----|--|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | | |
| | political expenses for which the section 527(f) tax was paid). | - | |
| а | Current year | 2a | |
| | Carryover from last year. | | |
| | Total | - | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. | 3 | |
| | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | 4 | |
| | and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Schedule C (Form 990 or 990-EZ) 2018

Page 4

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE C, PART II-B, LINE 1

JEWISHCOLORADO ENGAGES PROFESSIONAL LOBBYISTS TO: ADVISE ON STATE-LEVEL POLICY ISSUES; IDENTIFY BILLS OF INTEREST; AND TO BUILD RELATIONSHIPS WHILE REPRESENTING JEWISHCOLORADO'S INTERESTS IN WORKING WITH MEMBERS OF THE GENERAL ASSEMBLY, THE GOVERNOR'S OFFICE AND EXECUTIVE BRANCH, CABINET MEMBERS, AND AGENCIES.

1187044

| SCHEE | DULE D |
|-------|--------|
| (Form | 990) |

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

| | | Part IV, line 6, 7, | 8, 9, 10, 11a, 11b, 11c, | 11d, 1 | 1e, 11f, 12a, or | , 12b. | | ∕∠⊎∎ | |
|---|-----------------------|--|---------------------------|------------|-------------------|-----------|-----------------------|-------------------|--------|
| Department of the Treasury | | Attach to Form 990. | | | | | Open to Pu | blic | |
| Internal Revenue Service Go to www.irs.gov/ | | | /Form990 for instructio | ns and | the latest inform | nation. | | Inspection | |
| Nam | e of the organization | | | | | Em | ployer identifica | ation number | |
| JEV | VISHCOLORADO | | | | | | 01-08316 | 98 | |
| Pa | | tions Maintaining Donor Adv | | | | Acco | ounts. | | |
| | Complete | e if the organization answered | "Yes" on Form 990 |), Part | IV, line 6. | | | | |
| | | | (a) Donor ad | vised fu | | | (b) Funds and | other accounts | |
| 1 | Total number at e | nd of year | | | 238. | | | | |
| 2 | | of contributions to (during year) | | | 357,941. | | | | |
| 3 | Aggregate value o | of grants from (during year) | | | 69,073. | | | | |
| 4 | Aggregate value a | it end of year | | 22,1 | 75,857. | | | | |
| 5 | Did the organizati | ion inform all donors and donor | advisors in writing t | that th | e assets held | in do | nor advised | | |
| | funds are the orga | nization's property, subject to the | organization's exclus | sive le | gal control? | | | X Yes | No |
| 6 | Did the organizati | on inform all grantees, donors, a | and donor advisors in | writin | g that grant f | unds c | an be used | | |
| | only for charitable | purposes and not for the bene | fit of the donor or do | onor a | dvisor, or for a | any oth | ner purpose | | 1 |
| | conferring imperm | issible private benefit? | | | | | | X Yes | No |
| Pa | | tion Easements. | | | | | | | |
| | | e if the organization answered | | | | | | | |
| 1 | | servation easements held by the | | all that a | | | | | |
| | | n of land for public use (e.g., rec | reation or education) | | | | - | portant land are | ea |
| | | of natural habitat | | | Preservation | of a c | ertified histo | ric structure | |
| | | n of open space | | | | | | | |
| 2 | • | through 2d if the organization he | eld a qualified conser | vation | contribution in | the fo | | | |
| | | ast day of the tax year. | | | | | Held at the | End of the Tax | rear |
| а | | onservation easements | | | | 2a | | | |
| b | - | tricted by conservation easements | | | | 2b | | | |
| c | | vation easements on a certified | | | | 2c | | | |
| d | | rvation easements included in (c | | | | | | | |
| • | | isted in the National Register | | | | 2d | here the second | | d |
| 3 | | rvation easements modified, trar | isterrea, releasea, ex | tinguis | ned, or termin | nated | by the organ | nization during | the |
| | tax year ► | | wation accoment is la | aatad | • | | | | |
| 4 | | where property subject to conse | | | | lion h | andling of | | |
| 5 | | ation have a written policy reg | | | | | | | |
| e | | orcement of the conservation ea hours devoted to monitoring, inspec | | | | | | | _ No |
| 6 | | nours devoted to monitoring, inspec | ung, nandling of violati | ons, ar | ia enforcing cor | iservat | ion easements | s during the year | |
| 7 | Amount of expense | es incurred in monitoring, inspec | ting bandling of violat | ione a | nd onforcing c | oncon | vation assom | onte durina the | woor |
| 7 | ►\$ | | ting, narioling of violat | 10113, 6 | | 011361 | valion easem | ients during the | year |
| 8 | | vation easement reported on line 2 | 2(d) above satisfy the | require | ements of secti | ion 17(|)(h)(4)(R)(i) | | |
| • | |)(4)(B)(ii)? | | | | | | Yes | No |
| 9 | In Part XIII. descri | be how the organization reports | conservation easeme | ents in | its revenue and | d expe | nse stateme | | |
| - | | d include, if applicable, the text of | | | | | | | |
| | | ounting for conservation easeme | | 5 | | | | | |
| Pa | rt III Organiza | tions Maintaining Collections | of Art, Historical 1 | Freasu | ures, or Othe | r Sim | ilar Assets | | |
| | Complete | e if the organization answered | "Yes" on Form 990 |), Part | IV, line 8. | | | | |
| 1a | | | | | | reven | ue statemen | t and balance | sheet |
| | works of art, hist | n elected, as permitted under SF orical treasures, or other simila vide, in Part XIII, the text of the fo | ar assets held for pu | ublic e | xhibition, edu | cation | , or researc | ch in furtheran | ice of |
| в. | | | | | | | | | |
| b | | n elected, as permitted under solution of the similation of the si | | | | | | | |
| | | vide the following amounts relati | | | | Gation | , or researc | | |
| | | ded on Form 990, Part VIII, line 1 | • | | | | ►\$ | | |
| | | d in Form 990, Part X | | | | | | | |
| 2 | | n received or held works of a | | | | | | | |

2 the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: included on Form 990 Part VIII line 1 D,

| For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D | | | | |
|---|---|-----|----|--|
| b | Assets included in Form 990, Part X | ► 3 | \$ | |
| а | Revenue included on Form 990, Part VIII, line 1 | | Þ | |

OMB No. 1545-0047 ୬**ଲ10**

| Sche | dule D (Form 990) 2018 | | | | | | | | | | | age 2 |
|-----------|--|-----------------------|---------------------|-------------|---------------------|---------------|--------------|--------------|-----------|--------------|----------|--------------|
| Ра | rt III Organizations Maintaini | ng Collections of A | Art, Histori | cal Trea | sures | , or | Other \$ | Similar A | ssets (c | continue | ed) | |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): | | | | | | | | | | | |
| а | Public exhibition d Loan or exchange programs | | | | | | | | | | | |
| b | Scholarly research | | e | Other | ononia | inge i | program | | | | | |
| c | Preservation for future gene | rations | | | | | | | | | | |
| 4 | Provide a description of the organ | | and explain | how the | ev fur | ther - | the ora | anization's | exemp | t purpos | e in | Part |
| • | XIII. | | una explan | i now the | by run | | the erg | | exemp | r puipor | | i uit |
| 5 | During the year, did the organization | | | | | | | | _ | | | - |
| | assets to be sold to raise funds rath | er than to be mainta | ained as part | of the org | ganiza | tion's | s collect | tion? | [| Yes | | No |
| Pa | Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | | | | |
| 1a | Is the organization an agent, truste | e, custodian or othe | r intermedia | ry for cor | ntributi | ions d | or other | assets not | | | | |
| | included on Form 990, Part X? | | | | | | | | [| Yes | | No |
| b | If "Yes," explain the arrangement in | n Part XIII and comp | lete the follo | wing table |): | | | | · · · · L | | | - |
| | | | | 0 | Γ | | | | Amount | | | |
| с | Beginning balance | | | | [| 1c | | | | | | |
| d | Additions during the year | | | | | 1d | | | | | | |
| е | Distributions during the year | | | | | 1e | | | | | | |
| f | Ending balance | | | | | 1f | | | | | | |
| 2a | | | | | | or cus | stodial a | account liat | oility? | Yes | | No |
| b | If "Yes," explain the arrangement in | n Part XIII. Check he | ere if the exp | lanation h | as bee | en pro | o bebivc | n Part XIII | | | | 1 |
| Ра | rt V Endowment Funds. | | | 000 D | | P | 4.0 | | | | | |
| | Complete if the organiza | | | | | | | | | | | |
| | | (a) Current year | (b) Prior y | | (c) Two | | | (d) Three ye | | (e) Four | | |
| 1a | Beginning of year balance | 8,942,572. | 8,311 | | | | 480. | | | | | |
| b | Contributions | 2,857,951. | 841 | ,624. | 1,5 | 533, | 330. | 126 | ,771. | 3,100,9 | | 960. |
| С | Net investment earnings, gains, | 400 501 | | 100 | - | | | | 45.0 | | | |
| | and losses | 492,521. | 306 | ,129. | | b62, | 52,44276,456 | | ,456. | | -42, | 904. |
| d | Grants or scholarships | | | | | | | | | | | |
| е | Other expenditures for facilities | 1 405 100 | F 1 F | 000 | - | - 0.1 | 400 | 405 | 2.4.1 | | 101 | 1 6 0 |
| | and programs | 1,425,172. | 517 | ,030. | | 521, | 403. | 425 | ,341. | - | 181, | 169. |
| f | Administrative expenses | 10.000.000 | 0.040 | 500 | 0.7 | | 0.4.0 | 6 828 | 100 | | 110 | 500 |
| g | End of year balance | 10,867,872. | 8,942, | ,572. | 8,3 | <u>, LT 3</u> | 849. | 6,737 | ,480. | 1, | L12, | 506. |
| 2 | Provide the estimated percentage | | | (line 1g, c | olumn | (a)) ł | neld as: | | | | | |
| a | Board designated or quasi-endown | | _% | | | | | | | | | |
| b | Permanent endowment 96.7 | | | | | | | | | | | |
| С | Temporarily restricted endowment | | 0.001 | | | | | | | | | |
| • | The percentages on lines 2a, 2b, a | | | | | | | | L . | | | |
| 3a | Are there endowment funds not in | the possession of th | ie organizatio | on that ar | e neic | a and | admini | stered for t | ne | Г | Yes | No |
| | organization by: | | | | | | | | | | X | |
| | (i) unrelated organizations | | | | | | | | | 3a(i) | <u>л</u> | X |
| L | (ii) related organizations If "Yes" on line 3a(ii), are the relate | | | | | | | | | 3a(ii) 3b | | <u></u> |
| | | 0 | • | | | · • • | | | • • • • | 30 | | |
| 4 Po | Tescribe in Part XIII the intended unter the intended unter the second s | | lion's endowr | ment runa | s. | | | | | | | |
| Pa | rt VI Land, Buildings, and Equ Complete if the organization | ation answered "Ye | es" on Form | n 990, Pa | art IV, | line | 11a. S | ee Form | 990, Pa | rt X, lin | e 10 | |
| | Description of property | (a) Cost or | other basis (| (b) Costoro | other ba | | (c) Accu | umulated | |) Book va | | |
| 4 - | Lond | (invest | ment) | (othe | er) 5,00 | 0 | depre | ciation | | | 45,0 | 00 |
| 1a ⊾ | Land | | | | <u>5,00</u> 1,60 | | E / | 1,606. | | | 1,0 | |
| b | Buildings | | | 54 | ±,00 | <u>.</u> | 54 | | | | | |
| لم ام | Leasehold improvements | | | <u>ົ</u> | 5,55 | 1 | 1 | 8,210. | | | 7 3 | 41. |
| d | Equipment | | | 7,62 | | | | 5,359. | | 7,3 | | |
| e Tota | Other I. Add lines 1a through 1e. <i>(Column</i> | (d) must equal Form | 1000 Part V | | | | | | | 7,3 | | |
| 1018 | | (a) musi eyuai FUII | 1990, Fait A | , | וווו , <i>נ</i> ם | | ··/ | <u></u> | | ,, ±. | | <u> </u> |

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 | | Pag |
|---|-------------------|--|
| Part VII Investments - Other Securities. | | |
| Complete if the organization answered | "Yes" on Form 990 |), Part IV, line 11b. See Form 990, Part X, line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments - Program Related. | "Yes" on Form 990 |), Part IV, line 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (4) | | |
| <u>(1)</u> (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |
| Part IX Other Assets. | | |
| · · · · · | |), Part IV, line 11d. See Form 990, Part X, line 15. |
| | scription | (b) Book value |
| (1) | | |
| <u>(2)</u> | | |
| <u>(3)</u> | | |
| <u>(4)</u> | | |
| (5) | | |
| $\frac{(6)}{(7)}$ | | |
| <u>(7)</u> | | |
| (8) (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) I | ine 15.) | |
| Part X Other Liabilities. | | |
| | "Yes" on Form 990 |), Part IV, line 11e or 11f. See Form 990, Part X, |
| line 25. | | |
| 1. (a) Description of liability | (b) Book valu | le |
| (1) Federal income taxes | | |
| (2) TRUST OBLIGATIONS | 1,192, | |
| (3) FUNDS HELD FOR OTHERS | 15,753, | 789. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 16,946,210.

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

Х

| Schedu | e D (Form 990) 2018 | | | | Page 4 | | |
|--------|---|---------|------------------|------|---------------|--|--|
| Part | | | | า. | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV | /, line | e 12a. | | 14 210 051 | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 14,310,951. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -1,049,101. | | | | |
| b | Donated services and use of facilities | 2b | | | | | |
| с | Recoveries of prior year grants | 2c | | | | | |
| d | Other (Describe in Part XIII.) | 2d | 259,408. | | | | |
| е | Add lines 2a through 2d | | | 2e | -789,693. | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 15,100,644. | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 538,378. | | | | |
| b | Other (Describe in Part XIII.) | 4b | 3,127,921. | | | | |
| С | Add lines 4a and 4b | | | 4c | 3,666,299. | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 18,766,943. | | |
| Part | XII Reconciliation of Expenses per Audited Financial Statements W | /ith E | xpenses per Retu | ırn. | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV | /, line | e 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 18,923,356. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | | |
| а | Donated services and use of facilities | 2a | | | | | |
| b | Prior year adjustments | 2b | | | | | |
| c | Other losses. | 2c | | | | | |
| d | Other (Describe in Part XIII.) | 2d | 317,438. | | | | |
| e | Add lines 2a through 2d | | | 2e | 317,438. | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 18,605,918. | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | · · · | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 538,378. | | | | |
| b | Other (Describe in Part XIII.) | 4b | 3,127,921. | | | | |
| c | Add lines 4a and 4b | | | 4c | 3,666,299. | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | | | 5 | 22,272,217. | | |
| - | 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.

SEE PAGE 5

Schedule D (Form 990) 2018 **JEWISHCOLORADO** 01-0831698 Page 5 Part XIII Supplemental Information (continued) SCHEDULE D, PART X, LINE 2 UNCERTAIN TAX POSITIONS: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS. SCHEDULE D, PART V, LINE 4 DESCRIPTION OF INTENDED USES OF ENDOWMENT FUNDS: PROVIDING LONG-TERM RESOURCES TO SUSTAIN THE JEWISH COMMUNITY INTO THE FUTURE. PART XI, LINE 2D - OTHER ADJUSTMENTS: 20,817 - CHANGE IN VALUE OF LIFE INSURANCE (78,847) - CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 317,438 - SPECIAL EVENT EXPENSE 259,408 - TOTAL TO SCHEDULE D, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS: 3,127,921 - DONOR-DESIGNATED CONTRIBUTIONS PART XII, LINE 2D - OTHER ADJUSTMENTS: 317,438 - SPECIAL EVENT EXPENSE

3,127,921 - DONOR DESIGNATED CONTRIBUTIONS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

JSA

| SCHEDULE F Sta | | | nent of A | ctivities | Outside the Unit | ted States | OMB No. 1545-0047 |
|----------------|--|--------------------------|---|---|--|---|---|
| (For | m 990) | | | | "Yes" on Form 990, Part IV, | | 2018 |
| | ment of the Treasury I Revenue Service | ►G | io to www.irs.go | | to Form 990. nstructions and the latest int | formation. | Open to Public Inspection |
| | of the organization | | | | | Employer identit | |
| JEW: Part | ISHCOLORADO | formation | n Activitios | Outsida tha | United States. Compl | 01-0831 | |
| Fall | | Part IV, line 14 | | | United States. Compi | ete il the organization | answered res of |
| | assistance, the grants or assistance | antees' eligibili ce? | ty for the grant | ts or assistanc | substantiate the amount of e, and the selection criteri | a used to award the | Yes No |
| | outside the United | | | | | | |
| 3 | | ion. (The follow | | | e duplicated if additional sp | , | |
| | (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| (1) | MIDDLE EAST AND N | IORTH AFRICA | 0. | 0. | INVESTMENTS | | 978,017. |
| (2) | MIDDLE EAST AND N | IORTH AFRICA | 0. | 0. | PROGRAM SERVICES | EDUCATION | 557,000. |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| <u>(10)</u> | | | | | | | |
| <u>(11)</u> | | | | | | | |
| <u>(12)</u> | | | | | | | |
| <u>(13)</u> | | | | | | | |
| <u>(14)</u> | | | | | | | |
| <u>(15)</u> | | | | | | | |
| <u>(</u> 16) | | | | | | | |
| <u>(17)</u> | 0.1.4.5.1 | | | | | | _ |
| 3a b | Subtotal Total from sheets to Part I | continuation | | | | | 1,535,017. |

c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 8E1274 1.000 7128OZ 5974 6/5/2020

1,535,017.

Schedule F (Form 990) 2018

| Page | 2 |
|------|---|
| Fage | ~ |

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|-------------------|-----------------------------|--------------------------|---------------------------------------|--|---|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
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| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

►

JSA

Page 3

| | _ | | | |
|----------|----|------|------|------|
| Schedule | F١ | Form | 990) | 2018 |

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|---------------------------------|---------------------------------------|--|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| 10) | | | | | | | |
| 11) | | | | | | | |
| 12) | | | | | | | |
| 13) | | | | | | | |
| 14) | | | | | | | |
| 15) | | | | | | | |
| 16) | | | | | | | |
| 17) 18) | | | | | | | |

JEWISHCOLORADO

| Sched | ule F (Form 990) 2018 | | F | Page 4 |
|-------|---|------|------|---------------|
| Part | IV Foreign Forms | | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No | |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No | |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No | |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No | |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No | |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No | |

Part V

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 3, COLUMN (F)

THE ORGANIZATION ACCOUNTS FOR FOREIGN EXPENDITURES ACCORDING TO THE

ACCRUAL BASIS USING EXPENSE REPORTS OR OTHER APPROPRIATE DOCUMENTATION.

| SCHEDULE G | Supplemental | Information Re | garding | Fundra | ising or Gamir | ng Activities | OMB No. 1545-0047 |
|--|--|--|---------------|---|--------------------------------------|--|---|
| (Form 990 or 990-EZ) | | he organization answer organization entered n | | | | 9, or if the | 2018 |
| Department of the Treesury | | - | | or Form 990 | - | | Open to Public |
| Department of the Treasury Internal Revenue Service | ►G | o to www.irs.gov/Forms | 990 for instr | uctions and | the latest instructions | | Inspection |
| Name of the organization | | | | | | Employer identificati | on number |
| JEWISHCOLORADO | ing Activities Com | plata if the area | nization | | | 01-0831698 | . 17 |
| | ing Activities. Com 0-EZ filers are not | | | | res on Form | 990, Part IV, Illie | ; 17. |
| 1 Indicate whether | the organization rais | sed funds through a | any of the | following | activities. Check a | all that apply. | |
| a Mail solicita | tions | е | | | non-government g | | |
| | email solicitations | f | | | government grants | S | |
| c Phone solic | | g | | cial fundra | ising events | | |
| d In-person so 2a Did the organiza | | r oral agroomont w | ith any ind | hividual (in | oluding officers d | liroctore tructooe | |
| | es listed in Form 990 | | | | | | Yes No |
| b If "Yes," list the | 10 highest paid indi | viduals or entities | | | | - | fundraiser is to be |
| compensated at | least \$5,000 by the | organization. | | | | | |
| | | | 1 | | | | |
| (i) Name and addr or entity (fu | | (ii) Activity | custody o | draiser have r control of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |
| List all states in registration or lic | which the organization which the organization which the organization which we have a set of the organization of the organizati | tion is registered o | r licensed | I to solicit | contributions or | has been notified | I it is exempt from |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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 71280Z 5974 6/5/2020
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 1187044
 Schedule G (Form 990 or 990-EZ) 2018

PAGE 42

| | tt II Fundraising Events. Comple more than \$15,000 of fundratic events with gross receipts gree | aising event contribut | | | |
|------------------------|--|-------------------------------|--|------------------|---|
| | | (a) Event #1 MEN ' S EVENT | (b) Event #2 JCRC LUNCHEON | (c) Other events | (d) Total events (add col. (a) through |
| Ð | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 Gross receipts | 544,296. | 84,041. | 64,342. | 692,679 |
| R | 2 Less: Contributions3 Gross income (line 1 minus) | 444,296. | 36,556. | 16,857. | 497,709 |
| | line 2) | 100,000. | 47,485. | 47,485. | 194,970 |
| | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| enses | 6 Rent/facility costs | 90,217. | 9,389. | 31,572. | 131,178 |
| Direct Expenses | 7 Food and beverages | 62,555. | 21,512. | 32,260. | 116,327 |
| Direc | 8 Entertainment | 13,362. | | 4,217. | 17,579 |
| | 9 Other direct expenses | 23,884. | 17,001. | 11,469. | 52,354 |
| | 10 Direct expense summary. Add lin | es 4 through 9 in colu | mn (d) | | 317,438 |
| | 11 Net income summary. Subtract li rt III Gaming. Complete if the org | | | | -122,468 |
| | \$15,000 on Form 990-EZ, lin | | | | · · · · · · · · · · · · · · · · · · · |
| Revenue | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 Gross revenue | | | | |
| ses | 2 Cash prizes | | | | |
| Direct Expenses | 3 Noncash prizes | | | | |
| irect E | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | Yes % | Yes% No | Yes% | |
| | 7 Direct expense summary. Add lin | es 2 through 5 in colu | mn (d) | | |
| | 8 Net gaming income summary. Su | ubtract line 7 from line | 1, column (d) | . | |
| 9 a b | | duct gaming activities | in each of these state | es? | YesNo |
| 10a k | Were any of the organization's gaming | | | | Yes No |

Schedule G (Form 990 or 990-EZ) 2018

| JEWISHCOLORADC |
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| | 0 EWISHCOLORADO | 01-003 | 1090 | |
|--------|---|-----------|---------|---------------|
| Sched | ule G (Form 990 or 990-EZ) 2018 | | | Page 3 |
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent | | | |
| | formed to administer charitable gaming? | | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | | 120 | | % |
| a L | The organization's facility | | | <u>~</u> % |
| b | An outside facility | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events boo records: | ks and | | |
| | records: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives | | | |
| | revenue? | | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ | and the | | |
| | amount of gaming revenue retained by the third party ► \$ | | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name ▶ | | | |
| | Address ► | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name ► | | | |
| | | | | |
| | Gaming manager compensation ► \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming pr | oceeds to | | |
| | retain the state gaming license? | | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt or | | | |
| ~ | or spent in the organization's own exempt activities during the tax year \triangleright \$ | | | |
| Part | | (iii) and | (v) and | |
| r ai | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition | | | |
| | (see instructions). | | nution | |
| | (| | | |
| | | | | |

Schedule G (Form 990 or 990-EZ) 2018

| Governments, and Individuals in the United States Image Complete if the organization answered "vise" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Statech to Form 990. Complete if the organization answered "vise" on Form 990. Complete if the organization of the statest information. Description of Complex | SCHEDULE I Grants and Other Assistance to Organizations, | | | | | | | OMB No. 1545-0047 | | | |
|--|--|-----------------|------------------|-----------------------|-------------------|-----------------------------|------------------|---------------------|--|--|--|
| Description Description Description Description Term all sevenue sevenue 01-0831698 Description Description Term all sevenue sevenue 01-0831698 Description Description 2 Term 3 House Sevenue 01-0831698 Description Description 2 Term 3 House Sevenue 01-0831698 Description Description 2 Term 3 House Sevenue Description Description Description Description 2 Description In Part II Weith or organization sevenue Comparizations and Demestic Governments. Complete if the organization answered "Yes" on Form 990. Part II Grants and Other Assistance to Demestic Organization and Demestic Governments. Complete if the organization answered "Yes" on Form 990. Part II Sevenue (0) Anount of each (0) Anount | | | • | | | | | 2018 | | | |
| Description of the Beauty Internal Research Seekers Inspection Inspection Name of the organization DEVELOPED CORRECTION Employer identification number 01-083.1659 01-083.1659 2MTL SECOLORADO UPONE INSPECTIVE Development of the selection orients and Assistance Image: Correct Information maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orients and other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (a) Name and address of organization (b) Env (e) Received (c) | | | | | | | | | | | |
| Nume of the organization Employer identification number 01-0831698 TENT General Information on Grants and Assistance 01-0831698 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection ortheria used to award the grants or assistance? Image: Comparison of Compa | Department of the Treasury | | | | | | | | | | |
| UNITERICULORADO 01-0831698 Partl General Information maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparization aniswered "Vest" on Form 9900. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Comparization answered "Vest" on Form 9900. 2 Describe in Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Purpose of grant or governments. Complete if the organization answered "Vest" on Form 9900. 1 (a) Name and address of organization of government exercise and address of organization. (b) EN (i) ES section (i) applicate) (i) Monut of each of address in eacded. (ii) Purpose of grant or assistance (iii) Purpose of grant or assistance (iiii) Distance Strutture Strutuse Comparization Str | | ► Go | to www.irs.gov | /Form990 for the I | atest information | 1. | | | | | |
| Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance? | Name of the organization | | | | | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orteria used to award the grants or assistance? Image: Control of Contrecontrol of Control of Con | | | | | | | 01-083 | 1698 | | | |
| the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Complete if the organization answered "Ves" on 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. Image: Complete if the organization answered "Ves" on 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. Image: Complete if the organization answered "Ves" on 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. Image: Complete if the organization answered "Ves" on 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. Image: Complete if the organization answered "Ves" on 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. Image: Complete is the organization answered "Ves" on 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. Image: Organization answered "Ves" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (1) Ios AnterLiss Mistrue Nort Network, La, Ca, 80026 F4-0402701 Sol((1) Sol 21, 2000 Part II can be dupli | Part I General Information on Grants an | d Assistanc | e | | | | | | | | |
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| Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) RC section grant (a) Amount of non- grant (b) Amou | the selection criteria used to award the gran | ts or assistand | e? | | | | | X Yes No | | | |
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| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 10) Since 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 10) Since 20, Since | Part II Grants and Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | vernments, Com | plete if the organiz | ration answere | d "Yes" on Form 990 | | | |
| 1 (a) Name and address of organization or government (b) EN (c) IRC section (f applicable) (d) Amount of cash grant (e) Amount of cash grant (f) Motion or cash assistance (f) Motion or cash assistance (f) Motion or cash assistance (g) Amount of cash grant (g) Amount of cash grant (g) Amount of cash grant (g) Amount of cash assistance (g) Amount of cash grant (g) Amount of cash | | | • | | | | | | | | |
| Chi Chi Cong government Chi Chi Cong grant Constrained Constraine Constrained Cons | | | | 1 | | - | | | | | |
| 100 S. THE GROVE DERIVE, LA. CA. 90036 46-853824 \$01(2)(3) 499,750. SUPPORT (2) FEWISH FAMILY SERVICE OF COLORADO, INC. BENERAL OPERATING SUPPORT SUPPORT (3) ANTIONAL JEMISH HEALTH GENERAL OPERATING SUPPORT SUPPORT (4) THE SHALMAN INSTITUTE OF NORTH AMERIC 74-2044647 \$01(2)(3) 331,500. SUPPORT (4) THE SHALMAN INSTITUTE OF NORTH AMERIC 74-2044647 \$01(2)(3) 331,500. SUPPORT (5) JEWISH COMMUNITY CENTERS OF DENVER 330,000. SUPPORT SUPPORT (5) JEWISH COMMUNITY CENTERS OF DENVER 3300,000. SUPPORT SUPPORT (6) DEVENE SHISE DAY SCHOOL 261,708. SUPPORT SUPPORT (7) CONGREGATION SHAMEL 501(2)(3) 239,670. SUPPORT (6) DEVENE SUPURE, CO 80220 84-040268 501(2)(3) 72,21,643. SUPPORT (5) THE JEWISH DAY SUPURE, CO 80224 84-150357 501(2)(3) 72,32,643. SUPPORT (6) THE JEWISH AVERLINER, CO 80224 84-150357 501(2)(3) 147,832. SUPPORT (7) CONGREGATION BANAMEL SUPPORT | | (b) EIN | | | | (book, FMV, appraisal, | | | | | |
| (2) JEWISH FAMILY SERVICE OF COLORADO, INC. SENERAL OPERATING 3201 S TANARAC DR. 4200 DENVER, CO 80231 84-0402701 501(C)(3) 573,245. SENERAL OPERATING (3) HATIONAL JEWISH HEALTH GENERAL OPERATING GENERAL OPERATING 1400 JACKSON ST MILD DENVER, CO 80206 74-2044647 501(C)(3) 311,500. SUPPORT (4) THE SHALOM HARTMAN INSTITUTE OF NORTH AMERI 13-3014387 501(C)(3) 300,000. SUPPORT (5) JEWISH DR STE 1450 NFC, NY 10115 13-3014387 501(C)(3) 261,708. SUPPORT (6) DENVER JEWISH DAY SCHOOL 84-0404245 501(C)(3) 261,708. SUPPORT (7) CORRECATION EMANUFEL SUPPORT SUPPORT SUPPORT (7) CORRECATION EMANUFEL SUPPORT SUPPORT SUPPORT (8) HE JEWISH COR OF NORTH AMERICA INC SUPPORT SUPPORT SUPPORT (16) DENVER, CO 80220 84-0402454 501(C)(3) 239,670. SUPPORT (17) CORRECATION EMANUFEL SUPPORT SUPPORT SUPPORT | (1) LOS ANGELES MUSEUM OF THE HOLOCAUST MARTYRS | | | | | | | GENERAL OPERATING | | | |
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| (6) DENVER JEWISH DAY SCHOOLGENERAL OPERATING SUPPORT2450 S. WABASH STREET DENVER, C0 8023184-1476467501(C)(3)239,670.GENERAL OPERATING SUPPORT(7) CONGREGATION EMANUELSeneral OPERATING SUPPORTGENERAL OPERATING SUPPORTGENERAL OPERATING SUPPORT(8) THE JEWISH FEDERATIONS OF NORTH AMERICA INC 25 BROADWAY, SUITE 1700 NEW YORK, NY 1000413-1624240501(C)(3)7,213,643.GENERAL OPERATING SUPPORT(9) THE JEWISH EXPERIENCE 399 S MONACO PKWY DENVER, CO 8022484-1530357501(C)(3)147,832.GENERAL OPERATING SUPPORT(10) JEWISH AGENCY FOR ISRAEL-NORTH AMERICAN COU 2564 S KRAMERIA ST DENVER, CO 8022323-0053483501(C)(3)141,913.SUPPORT(11) ANTI-DEPAMATION LAGUE MOUNTAIN STATES REGI 1120 LINCOLN ST., STE 1301 DENVER, CO. 8022313-1818723501(C)(3)144,601.GENERAL OPERATING SUPPORT(12) CHABAD JEWISH CENTER INC 9950 LONE TREE PARKWAY LONE TREE, CO 8012420-0285036501(C)(3)127,964.GENERAL OPERATING SUPPORT2< Enter total number of section 501(C)(3) and government organizations listed in the line 1 table | (5) JEWISH COMMUNITY CENTERS OF DENVER | | | | | | | GENERAL OPERATING | | | |
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| (8) THE JEWISH FEDERATIONS OF NORTH AMERICA INC 25 BROADWAY, SUITE 1700 NEW YORK, NY 1000413-1624240501(C)(3)7,213,643.GENERAL OPERATING SUPPORT(9) THE JEWISH EXPERIENCE84-1530357501(C)(3)147,832.GENERAL OPERATING SUPPORT399 S MONACO PKWY DENVER, CO 8022484-1530357501(C)(3)147,832.GENERAL OPERATING SUPPORT(10) JEWISH AGENCY FOR ISRAEL-NORTH AMERICAN COU 2564 S KRAMERIA ST DENVER, CO 8022223-0053483501(C)(3)141,913.GENERAL OPERATING SUPPORT(11) ANTI-DEFAMATION LEAGUE MOUNTAIN STATES REGI 1120 LINCOLN ST., STE 1301 DENVER, CO. 8020313-1818723501(C)(3)144,601.GENERAL OPERATING SUPPORT(12) CHABAD JEWISH CENTER INC 9950 LONE TREE PARKWAY LONE TREE, CO 8012420-0285036501(C)(3)127,964.GENERAL OPERATING SUPPORT2< Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | (7) CONGREGATION EMANUEL | | | | | | | GENERAL OPERATING | | | |
| 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004 13-1624240 501(C)(3) 7,213,643. SUPPORT (9) THE JEWISH EXPERIENCE 399 S MONACO PKWY DENVER, CO 80224 84-1530357 501(C)(3) 147,832. SUPPORT (10) JEWISH AGENCY FOR ISRAEL-NORTH AMERICAN COU 23-0053483 501(C)(3) 141,913. SUPPORT (11) ANTI-DEFAMATION LEAGUE MOUNTAIN STATES REGI 23-0053483 501(C)(3) 141,913. SUPPORT (12) CHABAD JEWISH CENTER INC 30-0285036 501(C)(3) 127,964. GENERAL OPERATING 9950 LONE TREE PARKWAY LONE TREE, CO 80124 20-0285036 501(C)(3) 127,964. SUPPORT 2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table SUPPORT | 51 GRAPE ST DENVER, CO 80220 | 84-0402688 | 501(C)(3) | 189,267. | | | | SUPPORT | | | |
| (9) THE JEWISH EXPERIENCESENERAL OPERATING399 S MONACO PKWY DENVER, CO 8022484-1530357501(C)(3)147,832.GENERAL OPERATING(10) JEWISH AGENCY FOR ISRAEL-NORTH AMERICAN COUGENERAL OPERATINGGENERAL OPERATING2564 S KRAMERIA ST DENVER, CO 8022223-0053483501(C)(3)141,913.GENERAL OPERATING(11) ANTI-DEFAMATION LEAGUE MOUNTAIN STATES REGIGENERAL OPERATINGSUPPORT1120 LINCOLN ST., STE 1301 DENVER, CO. 8020313-1818723501(C)(3)144,601.SUPPORT(12) CHABAD JEWISH CENTER INCGENERAL OPERATINGGENERAL OPERATING9950 LONE TREE PARKWAY LONE TREE, CO 8012420-0285036501(C)(3)127,964.GENERAL OPERATING2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 tableLittle | (8) THE JEWISH FEDERATIONS OF NORTH AMERICA INC | | | | | | | GENERAL OPERATING | | | |
| 399 S MONACO PKWY DENVER, CO 80224 84-1530357 501(C)(3) 147,832. SUPPORT (10) JEWISH AGENCY FOR ISRAEL-NORTH AMERICAN COU GENERAL OPERATING GENERAL OPERATING 2564 S KRAMERIA ST DENVER, CO 80222 23-0053483 501(C)(3) 141,913. SUPPORT (11) ANTI-DEFAMATION LEAGUE MOUNTAIN STATES REGI GENERAL OPERATING SUPPORT 1120 LINCOLN ST.,STE 1301 DENVER, CO. 80203 13-1818723 501(C)(3) 144,601. SUPPORT (12) CHABAD JEWISH CENTER INC GENERAL OPERATING SUPPORT GENERAL OPERATING 9950 LONE TREE PARKWAY LONE TREE, CO 80124 20-0285036 501(C)(3) 127,964. GENERAL OPERATING 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004 | 13-1624240 | 501(C)(3) | 7,213,643. | | | | SUPPORT | | | |
| (10) JEWISH AGENCY FOR ISRAEL-NORTH AMERICAN COU 23-0053483 501(C)(3) 141,913. GENERAL OPERATING 2564 S KRAMERIA ST DENVER, CO 80222 23-0053483 501(C)(3) 141,913. GENERAL OPERATING (11) ANTI-DEFAMATION LEAGUE MOUNTAIN STATES REGI GENERAL OPERATING GENERAL OPERATING 1120 LINCOLN ST., STE 1301 DENVER, CO. 80203 13-1818723 501(C)(3) 144,601. SUPPORT (12) CHABAD JEWISH CENTER INC GENERAL OPERATING GENERAL OPERATING SUPPORT 9950 LONE TREE PARKWAY LONE TREE, CO 80124 20-0285036 501(C)(3) 127,964. GENERAL OPERATING 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table L L L | (9) THE JEWISH EXPERIENCE | | | | | | | GENERAL OPERATING | | | |
| 2564 S KRAMERIA ST DENVER, CO 80222 23-0053483 501(C)(3) 141,913. SUPPORT (11) ANTI-DEFAMATION LEAGUE MOUNTAIN STATES REGI GENERAL OPERATING GENERAL OPERATING 1120 LINCOLN ST., STE 1301 DENVER, CO. 80203 13-1818723 501(C)(3) 144,601. SUPPORT (12) CHABAD JEWISH CENTER INC GENERAL OPERATING GENERAL OPERATING SUPPORT 9950 LONE TREE PARKWAY LONE TREE, CO 80124 20-0285036 501(C)(3) 127,964. GENERAL OPERATING 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table L L L | 399 S MONACO PKWY DENVER, CO 80224 | 84-1530357 | 501(C)(3) | 147,832. | | | | SUPPORT | | | |
| (11) ANTI-DEFAMATION LEAGUE MOUNTAIN STATES REGI Image: constant of the state is a state image: constant of the state image: constate image: constant of the state image: con | (10) JEWISH AGENCY FOR ISRAEL-NORTH AMERICAN COU | | | | | | | GENERAL OPERATING | | | |
| 1120 LINCOLN ST., STE 1301 DENVER, CO. 80203 13-1818723 501(C)(3) 144,601. SUPPORT (12) CHABAD JEWISH CENTER INC 9950 LONE TREE PARKWAY LONE TREE, CO 80124 20-0285036 501(C)(3) 127,964. GENERAL OPERATING SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Lizz, 964. Lizz, 964. Lizz, 964. | 2564 S KRAMERIA ST DENVER, CO 80222 | 23-0053483 | 501(C)(3) | 141,913. | | | | SUPPORT | | | |
| (12) CHABAD JEWISH CENTER INC General OPERATING 9950 LONE TREE PARKWAY LONE TREE, CO 80124 20-0285036 501(C)(3) 127,964. Image: Content of the section sec | (11) ANTI-DEFAMATION LEAGUE MOUNTAIN STATES REGI | | | | | | | GENERAL OPERATING | | | |
| 9950 LONE TREE PARKWAY LONE TREE, CO 80124 20-0285036 501(C)(3) 127,964. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 1120 LINCOLN ST., STE 1301 DENVER, CO. 80203 | 13-1818723 | 501(C)(3) | 144,601. | | | | SUPPORT | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | (12) CHABAD JEWISH CENTER INC | _ | | | | | | GENERAL OPERATING | | | |
| | 9950 LONE TREE PARKWAY LONE TREE, CO 80124 | 20-0285036 | 501(C)(3) | 127,964. | | | | SUPPORT | | | |
| 3 Enter total number of other organizations listed in the line 1 table | | 0 | 0 | | | | | ▶ | | | |
| | 3 Enter total number of other organizations lis | ted in the line | 1 table | <u></u> | | <u></u> | | | | | |

| SCHEDULE I Grants and Other Assistance to Organizations, | | | | | | | OMB No. 1545-0047 | | | | |
|--|------------------|------------------------------------|-----------------------------|---------------------------------------|---|-------------------------------------|--------------------------------------|--|--|--|--|
| (Form 990) Go | vernme | nts, and Ir | ndividuals ii | n the Unite | d States | | 2018 | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | | | | | |
| ► Attach to Form 990. | | | | | | | | | | | |
| Internal Revenue Service | ► Go | to www.irs.gov | /Form990 for the I | atest information |). | | Inspection | | | | |
| Name of the organization | | | | | | Employer identi | fication number | | | | |
| JEWISHCOLORADO | | | | | | 01-083 | 1698 | | | | |
| Part I General Information on Grants and | | | | | | | | | | | |
| 1 Does the organization maintain records to su | ubstantiate th | he amount of the | e grants or assista | nce, the grantees | eligibility for the grant | s or assistance, a | and | | | | |
| the selection criteria used to award the grant | | | | | | | X Yes No | | | | |
| 2 Describe in Part IV the organization's proceed | dures for mor | nitoring the use | of grant funds in the | e United States. | | | | | | | |
| Part II Grants and Other Assistance to D | omestic Or | anizations ar | d Domestic Gov | ernments Con | nlete if the organiz | ation answered | 1 "Yes" on Form 990 | | | | |
| Part IV, line 21, for any recipient the | | - | | | | | | | | | |
| | | | · | | • | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistan | | | | | |
| (1) BOULDER JEWISH COMMUNITY CENTER | | | | | | | GENERAL OPERATING | | | | |
| 6007 OREG AVE BOULDER, CO 80303 | 84-1322996 | 501(C)(3) | 143,253. | | | | SUPPORT | | | | |
| (2) HILLEL OF CU BOULDER | | | | | | | GENERAL OPERATING | | | | |
| 2795 COLORADO AVE BOULDER, CO 80302 | 83-3395525 | 501(C)(3) | 109,509. | | | | SUPPORT | | | | |
| (3) YESHIVA TORAS CHAIM (TALMUDIC SEMINARY OF D | | | | | | | GENERAL OPERATING | | | | |
| 1555 STUART ST DENVER, CO 80204 | 84-0576800 | 501(C)(3) | 104,310. | | | | SUPPORT | | | | |
| (4) ANTI-DEFAMATION LEAGUE, NY | | | | | | | GENERAL OPERATING | | | | |
| 605 THIRD AVE NEW YORK, NY 10158 | 13-1818723 | 501(C)(3) | 94,672. | | | | SUPPORT | | | | |
| (5) HILLEL OF COLORADO | | | | | | | GENERAL OPERATING | | | | |
| 2390 S. RACE STREET DENVER, CO 80210 | 53-0238141 | 501(C)(3) | 88,291. | | | | SUPPORT | | | | |
| (6) SHALOM PARK | | | | | | | GENERAL OPERATING | | | | |
| 14800 E BELLEVIEW DR AURORA, CO 80015 | 74-2376546 | 501(C)(3) | 96,216. | | | | SUPPORT | | | | |
| (7) DENVER HEBREW EDUCATIONAL ALLIANCE | | | | | | | GENERAL OPERATING | | | | |
| 3600 S IVANHOE ST DENVER, CO 80237 | 84-0447472 | 501(C)(3) | 74,365. | | | | SUPPORT | | | | |
| (8) CONGREGATION BMH-BJ | | | | | | | GENERAL OPERATING | | | | |
| 560 S. MONACO PKWY. DENVER, CO 80224 | 84-0412568 | 501(C)(3) | 69,290. | | | | SUPPORT | | | | |
| (9) MERKAZ TORAH VCHESED | _ | | | | | | GENERAL OPERATING | | | | |
| 6572 E. DAKOTA AVE DENVER, CO 80224 | 27-4079064 | 501(C)(3) | 51,000. | | | | SUPPORT | | | | |
| (10) DENVER COMMUNITY KOLLEL | _ | | | | | | GENERAL OPERATING | | | | |
| 1395 WOLFF ST DENVER, CO 80204 | 84-1520391 | 501(C)(3) | 53,868. | | | | SUPPORT | | | | |
| (11) COMMUNITY FOOD SHARE, INC. | _ | | | | | | GENERAL OPERATING | | | | |
| 650 S. TAYLOR AVE LOUISVILLE, CO 80027 | 74-2227731 | 501(C)(3) | 50,000. | | | | SUPPORT | | | | |
| (12) JEWISH NATIONAL FUND -KEREN KAYEMETH LEISRA | _ | | | | | | GENERAL OPERATING | | | | |
| 6000 E EVANS AVE STE 2-221 DENVER,CO. 80222 | | 501(C)(3) | 41,838. | | | | SUPPORT | | | | |
| 2 Enter total number of section 501(c)(3) and | • | • | | | | | ▶ | | | | |
| 3 Enter total number of other organizations list | ted in the line | 1 table | <u></u> | | <u></u> | | • | | | | |
| - Can Damamuraule Daduatian Aat Natioa, ass the Instruct | iana fan Fanns (| 000 | | | | | 0 - h - dud - 1 (E - m - 000) (0040) | | | | |

| Governments, and Individuals in the United States Complete if the organization newered "vise" on Form 990, Part IV, line 21 or 22. | | | | Assistance t | | | | OMB No. 1545-0047 |
|---|--|-----------------|----------------|---------------------|--------------------|------------------------|------------------|----------------------|
| Department of the Tensor Depart of the Second | | | • | | | | | 2018 |
| Department of the Beakery Inspection Inspection Name of the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection offening used to award the grants or assistance? Image: Comparization animalian records to substantiate the amount of the grants or assistance, the grant set assistance and the selection offening used to award the grants or assistance? Image: Comparization animalian records to substantiate the amount of the grants or assistance, the grant set assistance and the selection offening used to award the grants or assistance? Image: Comparization aniswered "Yes" on Form 1900, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Comparization aniswered "Yes" on Form 1900, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Comparization aniswered "Yes" on Form 1900, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Comparization aniswered "Yes" on Form 1900, or aniswered "Yes" on Form 1900, or aniswered "Yes" on Form 1900, or aniswered "Yes" on Form 1900, and the set additional space is needed. Image: Comparization aniswered "Yes" on Form 1900, or aniswered "Yes" on Form 1900, or aniswered "Yes" on Form 1900, or aniswered additional space is needed. Image: Comparization aniswered "Yes" on Form 1900, or aniswered "Ye | Com | plete if the o | - | | | , line 21 or 22. | | Open to Bublic |
| Name of the eigenvection Employer identification number JEWI SECOLORADO 01-0831698 Part I General Information on Grants and Assistance Image: comparison of the eigenvector of the eigenvector of the eigenvector of the eigenvector relation vector relation vectorerelation vector relation vector relatin vector relat | | | - | | | | | - |
| UENTSHEOLORAD 01-0831698 Partl General Information maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparization aniswere "Yes" No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Comparization answered "Yes" No 2 Describe in Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Comparization answered "Yes" Oh Purpose of grant or assistance, and the assistance of comparization answered "Yes" on 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. Image: Comparization and Comparization and Comparization answered "Yes" on 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. Image: Comparization answered "Yes" on Form 990, Part IV, line 21, for any recipient on the space is needed. Image: Comparization answered "Yes" on Form 990, Part IV, line 21, for any recipient data sets and or generation of additional space is needed. Image: Comparization answered "Yes" on Form 990, Part IV, line 21, for any recipient data sets and the set or generation of additional space is needed. Image: Comparization answered "Yes" on Form 990, Part IV, line 21, for adversame and the set or generation of additional space is needed. Image: Comparization additional space is needed. Image: Comparization additional space is nee | | ► Go | to www.irs.gov | Form990 for the l | atest information |). | | |
| Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparison of Compa | • | | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Content of Content | | | | | | | 01-083 | 1698 |
| the selection oriteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Formal of Carants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on 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. I (a) Name and address of organization or (b) EIN (c) (BC section (g) and address of organization answered "Ves" on 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. I) (a) Description of organization or assistance? (b) Purpose of grant or assistance? (1) (i) INTLESE. AcaDBMY EXAMPLE EXAMPLE EXAMPLE (a) Description of organization or assistance? (b) Description of organization or assistance? (c) Description of organization or assistance? (c) Description of organization organization organization or assistance? (c) Description of organization organitation orgenetamization organization organization organ | | | | | | | | |
| 2 Describe in Part IV the organizations aprocedures for monitoring the use of grant funds in the United States. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (e) Name and address dorganization Operation (if applicable) Operation (if applicable) (i) writed if additional space is needed. (i) writed if additional space is n | | | | | | | s or assistance, | |
| Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) RC section or government (a) Amount of non- or assistance (b) Amount of non- or assistance (b) Methed of valuation or assistance (b) Purpose of grant or assistance (1) HILLEL ACADEMY set 0.0246 84-0430032 501(01(3) 67,871. (c) DENK Fill (complexity) | • | | | | | | | • • • |
| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EN (c) (RC section grant (a) Amount of roats grant (a) Amount of roats grant (b) Amount of roats grant (c) Amount of roats grant (c) Amount of roats grant (c) Amount of roats grant < | · · · | | | <u> </u> | | | | |
| 1 (a) Name and address of organization of government (b) EN (c) IRC section (f applicable) (d) Amount of cash grant (e) Amount of cash grant (f) Methods (g) Description of noncesh assistance (g) Desc | | | • | | | | | d "Yes" on Form 990, |
| Corport Corport <t< th=""><th>Part IV, line 21, for any recipient t</th><th>hat received</th><th>more than \$5</th><th>,000. Part II can I</th><th>be duplicated if a</th><th>additional space is r</th><th>needed.</th><th></th></t<> | Part IV, line 21, for any recipient t | hat received | more than \$5 | ,000. Part II can I | be duplicated if a | additional space is r | needed. | |
| 450 S. HUBSON ST. DENVER. SUPPORT 450 S. HUBSON ST. DENVER. SUPPORT 9550 S. BELLEVIEW AVE GENNOOD VIL., CO.80111 84-043032 9550 S. BELLEVIEW AVE GENNOOD VIL., CO.80111 84-1322731 950 S. BELLEVIEW AVE GENNOOD VIL., CO.80111 84-1322731 950 S. BELLEVIEW AVE GENNOOD VIL., CO.80111 84-1322731 90 BOX 4124 NEW YORK, NY 10163 13-1656634 91 DIVERSITY OF COLORADO FOUNDATION GENERAL OPERATING P.O. BOX 17126 DENVER, CO 80217 84-6048811 95-4837236 501(C)(3) 39,050. (G) MIZEL MORE, CO 80217 84-6048811 501(C)(3) 36,000. 4350 S MONACO ST 5TH FL DENVER, CO 80227 68-0561084 501(C)(3) 39,150. (G) MIZEL MORE MART MERSION INC GENERAL OPERATING SUPPORT 100 W 14TH AVENUE FIRMY DENVER, CO 80224 501(C)(3) 30,500. SUPPORT (G) INSEL MORE MART MERSION INC GENERAL OPERATING SUPPORT 100 W 14TH AVENUE FIRMY DENVER, CO 80224 501(C)(3) 30,500. SUPPORT (G) INSEL MART MARKEN DENVER, CO 80224 23-189550 501(C)(3) 30,000. SUPPORT | | (b) EIN | | | | (book, FMV, appraisal, | | |
| 450 S. HUBSON ST. DENVER. SUPPORT 450 S. HUBSON ST. DENVER. SUPPORT 9550 S. BELLEVIEW AVE GENNOOD VIL., CO.80111 84-043032 9550 S. BELLEVIEW AVE GENNOOD VIL., CO.80111 84-1322731 950 S. BELLEVIEW AVE GENNOOD VIL., CO.80111 84-1322731 950 S. BELLEVIEW AVE GENNOOD VIL., CO.80111 84-1322731 90 BOX 4124 NEW YORK, NY 10163 13-1656634 91 DIVERSITY OF COLORADO FOUNDATION GENERAL OPERATING P.O. BOX 17126 DENVER, CO 80217 84-6048811 95-4837236 501(C)(3) 39,050. (G) MIZEL MORE, CO 80217 84-6048811 501(C)(3) 36,000. 4350 S MONACO ST 5TH FL DENVER, CO 80227 68-0561084 501(C)(3) 39,150. (G) MIZEL MORE MART MERSION INC GENERAL OPERATING SUPPORT 100 W 14TH AVENUE FIRMY DENVER, CO 80224 501(C)(3) 30,500. SUPPORT (G) INSEL MORE MART MERSION INC GENERAL OPERATING SUPPORT 100 W 14TH AVENUE FIRMY DENVER, CO 80224 501(C)(3) 30,500. SUPPORT (G) INSEL MART MARKEN DENVER, CO 80224 23-189550 501(C)(3) 30,000. SUPPORT | (1) HILLEL ACADEMY | | | | | | | GENERAL OPERATING |
| 9550 F. BELLEVIEW AVE GRNWOOD VIL., CO.80111 84-1322731 501(C)(3) 38,532. SUPPORT (3) AMERICAN JENTES JOINT DISTRIBUTION COMMITTE FO BOX 4124 MEW YORK, NY 10163 13-1656634 501(C)(3) 37,352. SUPPORT (4) UNIVERSITY OF COLGRADO FOURMATION F.O. BOX 17126 DENNER, CO 80217 84-6049811 501(C)(3) 39,050. SUPPORT (5) CHABAD OF GLENALE AND THE FOOTHILL COMMUNI A39 W KENNER, CO 80217 84-6049811 501(C)(3) 39,050. SUPPORT (6) MIZEL MUSEUM GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT SUPPORT (6) MIZEL MUSEUM GENERAL OPERATING SUPPORT SUPPORT SUPPORT (7) DENVER ART MUSEUM INC 100 W 147H AVENUE PKWY DENVER, CO 80224 64-058240 501(C)(3) 30,500. SUPPORT (6) B'NAI HAVURAH 6445 E OHIO AVE DENVER, CO 80224 23-7189650 501(C)(3) 30,280. SUPPORT (9) AMERICAN FIENDSO PLEKET ISRAEL, INC. PO BOX 2030 TEANECK, NJ 07666 20-8202424 501(C)(3) 30,000. SUPPORT (10) AZERTION MOVENENT FOR CULTURAL UNDERSTADIN 101 ENCENARTED AVED ROUGEN, CO 80401 27-4343527 501(C)(3) 30,000. SUPPORT (11) POSINE CENTER FOR UNERSTADIN 101 ENCENARTED | \rightarrow 7 | 84-0430032 | 501(C)(3) | 67,871. | | | | SUPPORT |
| 9550 F. BELLEVIEW AVE GRNWOOD VIL., CO.80111 84-1322731 501(C)(3) 38,532. SUPPORT (3) AMERICAN JENTES JOINT DISTRIBUTION COMMITTE FO BOX 4124 MEW YORK, NY 10163 13-1656634 501(C)(3) 37,352. SUPPORT (4) UNIVERSITY OF COLGRADO FOURMATION F.O. BOX 17126 DENNER, CO 80217 84-6049811 501(C)(3) 39,050. SUPPORT (5) CHABAD OF GLENALE AND THE FOOTHILL COMMUNI A39 W KENNER, CO 80217 84-6049811 501(C)(3) 39,050. SUPPORT (6) MIZEL MUSEUM GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT SUPPORT (6) MIZEL MUSEUM GENERAL OPERATING SUPPORT SUPPORT SUPPORT (7) DENVER ART MUSEUM INC 100 W 147H AVENUE PKWY DENVER, CO 80224 64-058240 501(C)(3) 30,500. SUPPORT (6) B'NAI HAVURAH 6445 E OHIO AVE DENVER, CO 80224 23-7189650 501(C)(3) 30,280. SUPPORT (9) AMERICAN FIENDSO PLEKET ISRAEL, INC. PO BOX 2030 TEANECK, NJ 07666 20-8202424 501(C)(3) 30,000. SUPPORT (10) AZERTION MOVENENT FOR CULTURAL UNDERSTADIN 101 ENCENARTED AVED ROUGEN, CO 80401 27-4343527 501(C)(3) 30,000. SUPPORT (11) POSINE CENTER FOR UNERSTADIN 101 ENCENARTED | (2) AISH DENVER | | | | | | | GENERAL OPERATING |
| PO BOX 4124 NEW YORK, NY 10163 13-1656634 501(C)(3) 37,352. SUPPORT (4) UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126 DEWVER, CO 80217 84-6049811 501(C)(3) 39,050. SUPPORT (5) CHABAD OF GLENDALE AND THE FOOTHILL COMMUNT 439 W KENNETH RD GLENDALE, CA 91202 95-4837236 501(C)(3) 36,000. SUPPORT (6) MIZEL MUSEUM GENERAL OPERATING GENERAL OPERATING SUPPORT (7) DENVER ART MUSEUM INC GENERAL OPERATING SUPPORT (8) B'NAI HAVENUE PKWY DENVER, CO 80224 84-6038240 501(C)(3) 39,150. SUPPORT (9) AMERICAN FRIENDS OF LENVER, CO 80224 84-6038240 501(C)(3) 30,500. SUPPORT (9) AMERICAN FRIENDS OF LENVER, CO 80224 23-7189650 501(C)(3) 30,250. SUPPORT (9) AMERICAN FRIENDS OF LENET ISRAEL, INC. GENERAL OPERATING SUPPORT (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN GENERAL OPERATING SUPPORT 101 EXCHANTED R DG OLDEN, CO 80401 27-4343527 501(C)(3) 30,000. SUPPORT 111 POSNER CENTER FOR INTERNATIONAL DEVELOPMENT GENERAL OPERATING SUPPORT SUPPORT | | 84-1322731 | 501(C)(3) | 38,532. | | | | SUPPORT |
| PO BOX 4124 NEW YORK, NY 10163 13-1656634 501(C)(3) 37,352. SUPPORT (4) UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126 DEWVER, CO 80217 84-6049811 501(C)(3) 39,050. SUPPORT (5) CHABAD OF GLENDALE AND THE FOOTHILL COMMUNT 439 W KENNETH RD GLENDALE, CA 91202 95-4837236 501(C)(3) 36,000. SUPPORT (6) MIZEL MUSEUM GENERAL OPERATING GENERAL OPERATING SUPPORT (7) DENVER ART MUSEUM INC GENERAL OPERATING SUPPORT (8) B'NAI HAVENUE PKWY DENVER, CO 80224 84-6038240 501(C)(3) 39,150. SUPPORT (9) AMERICAN FRIENDS OF LENVER, CO 80224 84-6038240 501(C)(3) 30,500. SUPPORT (9) AMERICAN FRIENDS OF LENVER, CO 80224 23-7189650 501(C)(3) 30,250. SUPPORT (9) AMERICAN FRIENDS OF LENET ISRAEL, INC. GENERAL OPERATING SUPPORT (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN GENERAL OPERATING SUPPORT 101 EXCHANTED R DG OLDEN, CO 80401 27-4343527 501(C)(3) 30,000. SUPPORT 111 POSNER CENTER FOR INTERNATIONAL DEVELOPMENT GENERAL OPERATING SUPPORT SUPPORT | (3) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTE | | | | | | | GENERAL OPERATING |
| P.O. BOX 17126 DENVER, CO 80217 84-6049811 501(C) (3) 39,050. SUPPORT (5) CHABAD OF GLENDALE AND THE FOOTHILL COMMUNI 439 W KENNETH RD GLENDALE, CA 91202 95-4837236 501(C) (3) 36,000. SUPPORT (6) MIZEL MUSEUM GENERAL OPERATING GENERAL OPERATING SUPPORT (7) DENVER ART MISSUM INC GENERAL OPERATING GENERAL OPERATING 100 W 14TH AVENUE PKWY DENVER, CO 80224 84-6038240 501(C) (3) 30,500. SUPPORT (8) PINAL HAURAH GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING 6445 E OHIO AVE DENVER, CO 80224 23-7189650 501(C) (3) 30,250. SUPPORT (9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. GENERAL OPERATING GENERAL OPERATING SUPPORT 101 ENCHANTED RD GOLDEN, CO 80401 27-4343527 501(C) (3) 30,000. SUPPORT (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT GENERAL OPERATING GENERAL OPERATING SUPPORT (12) RECONSTRUCTIONIST RABBINICAL COLLEGE 23-1710675 501(C) (3) 25,000. SUPPORT (12) POWER RUTCHING ST STOLOLOGGE 23-1710675 501(C) (3) 25,000. | | 13-1656634 | 501(C)(3) | 37,352. | | | | SUPPORT |
| (5) CHARAD OF GLENDALE AND THE FOOTHILL COMMUNI 439 W KENNETH RD GLENDALE, CA 91202 95-4837236 501(C)(3) 36,000. GENERAL OPERATING SUPPORT (6) MIZEL MUSEUM GENERAL OPERATING GENERAL OPERATING 4350 S MONACO ST 5TH FL DENVER, CO 80237 68-0561084 501(C)(3) 39,150. SUPPORT (7) DENVER ART MUSEUM INC GENERAL OPERATING GENERAL OPERATING 100 W 14TH AVENUE PKWY DENVER, CO 80204 84-6038240 501(C)(3) 30,500. SUPPORT (6) D'NAI HAVURAH GENERAL OPERATING GENERAL OPERATING 6445 E OHIO AVE DENVER, CO 80224 23-7189650 501(C)(3) 30,250. SUPPORT (9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. GENERAL OPERATING GENERAL OPERATING PO BOX 2090 TEANECK, NJ 07666 20-8202424 501(C)(3) 30,000. SUPPORT (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN GENERAL OPERATING GENERAL OPERATING 101 ENCHARTER DR OGLDEN, CO 80205 46-4406422 501(C)(3) 30,000. SUPPORT 1031 33RD ST STE 140 DENVER, CO 80205 46-4406422 501(C)(3) 25 | (4) UNIVERSITY OF COLORADO FOUNDATION | | | | | | | GENERAL OPERATING |
| 439 W KENNETH RD GLENDALE, CA 91202 95-4837236 501(C)(3) 36,000. SUPPORT (6) MIZEL MUSEUM GENERAL OPERATING GENERAL OPERATING 4350 S MONACO ST 5TH FL DENVER, CO 80237 68-0561084 501(C)(3) 39,150. SUPPORT (7) DENVER ART MUSEUM INC GENERAL OPERATING GENERAL OPERATING 100 W 14TH AVENUE PKWY DENVER, CO 80204 84-6038240 501(C)(3) 30,500. SUPPORT (6) B'NAI HAVURAH GENERAL OPERATING GENERAL OPERATING SUPPORT (10) M 14TH AVENUE PKWY DENVER, CO 80224 23-7189550 501(C)(3) 30,250. SUPPORT (9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. GENERAL OPERATING GENERAL OPERATING PO BOX 2090 TEANECK, NJ 07666 20-8202424 501(C)(3) 30,000. SUPPORT (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN GENERAL OPERATING GENERAL OPERATING 101 ENCHANTED RD GLOEN, CO 80401 27-4343527 501(C)(3) 30,000. SUPPORT (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT GENERAL OPERATING GENERAL OPERATING 1031 33RD ST STE 140 DENVER, CO 80205 46-4406422 501(C)(3) 25,000. SUPPORT (12) RECONSTRU | P.O. BOX 17126 DENVER, CO 80217 | 84-6049811 | 501(C)(3) | 39,050. | | | | SUPPORT |
| (6) MIZEL MUSEUM GENERAL OPERATING 4350 S MONACO ST 5TH FL DENVER, CO 80237 68-0561084 501(C)(3) 39,150. SUPPORT (7) DENVER ART MUSEUM INC GENERAL OPERATING GENERAL OPERATING SUPPORT 100 W 14TH AVENUE PKWY DENVER, CO 80204 84-6038240 501(C)(3) 30,500. SUPPORT (8) B'NAI HAVURAH GENERAL OPERATING GENERAL OPERATING SUPPORT (9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. Devote Denver, CO 80224 20-8202424 501(C)(3) 30,000. SUPPORT (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN Denseral OPERATING GENERAL OPERATING SUPPORT 101 ENCHANTED RD GOLDEN, CO 80401 27-4343527 501(C)(3) 30,000. SUPPORT 1031 33RD ST STE 140 DENVER, CO 80205 46-4406422 501(C)(3) 25,000. SUPPORT 1292 CHURCH RD WINCOTE, PA 19095 23-1710675 501(C)(3) 25,000. SUPPORT 2 Enter total number of section 501(c)(G) and government organizations listed in the line 1 table SupPORT SupPORT | (5) CHABAD OF GLENDALE AND THE FOOTHILL COMMUNI | | | | | | | GENERAL OPERATING |
| 4350 S MONACO ST 5TH FL DENVER, C0 80237 68-0561084 501(C)(3) 39,150. SUPPORT (7) DENVER ART MUSEUM INC GENERAL OPERATING GENERAL OPERATING 100 W 14TH AVENUE PKWY DENVER, C0 80204 84-6038240 501(C)(3) 30,500. SUPPORT (8) B'NAI HAVURAH GENERAL OPERATING GENERAL OPERATING SUPPORT (9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. Devote Ant Novement For Cultural UNDERSTANDIN GENERAL OPERATING 101 ENCHANTED RD GOLDEN, CO 80401 27-4343527 501(C)(3) 30,000. SUPPORT (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT 27-4343527 501(C)(3) 25,000. GENERAL OPERATING 1031 33RD ST ST 140 DENVER, CO 80205 46-4406422 501(C)(3) 25,000. GENERAL OPERATING 1299 CHURCH RD WYNCOTE, PA 19095 23-1710675 501(C)(3) 25,000. SUPPORT 20 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table SUPPORT SUPPORT | 439 W KENNETH RD GLENDALE, CA 91202 | 95-4837236 | 501(C)(3) | 36,000. | | | | SUPPORT |
| (7) DENVER ART MUSEUM INC GENERAL OPERATING 100 W 14TH AVENUE PRWY DENVER, C0 80204 84-6038240 501(C)(3) 30,500. SUPPORT (8) B'NAI HAVURAH GENERAL OPERATING SUPPORT (9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. GENERAL OPERATING SUPPORT (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN GENERAL OPERATING SUPPORT (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT 27-4343527 501(C)(3) 30,000. SUPPORT (12) RECONSTRUCTIONIST RABBINICAL COLLEGE 46-4406422 501(C)(3) 25,000. SUPPORT (12) RECONSTRUCTIONIST RABBINICAL COLLEGE 23-1710675 501(C)(3) 25,000. SUPPORT (22) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 500. SUPPORT | (6) MIZEL MUSEUM | | | | | | | GENERAL OPERATING |
| 100 w 14th AVENUE PKWY DENVER, CO 80204 84-6038240 501(C)(3) 30,500. SUPPORT (8) B 'NAI HAVURAH GENERAL OPERATING GENERAL OPERATING 6445 E OHIO AVE DENVER, CO 80224 23-7189650 501(C)(3) 30,250. SUPPORT (9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. GENERAL OPERATING GENERAL OPERATING PO BOX 2090 TEANECK, NJ 07666 20-8202424 501(C)(3) 30,000. SUPPORT (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN GENERAL OPERATING GENERAL OPERATING 101 ENCHANTED RD GOLDEN, CO 80401 27-4343527 501(C)(3) 30,000. SUPPORT (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT GENERAL OPERATING GENERAL OPERATING 1031 33RD ST STE 140 DENVER, CO 80205 46-4406422 501(C)(3) 25,000. SUPPORT (12) RECONSTRUCTIONIST RABBINICAL COLLEGE GENERAL OPERATING GENERAL OPERATING 1299 CHURCH RD WYNCOTE, PA 19095 23-1710675 501(C)(3) 25,000. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SUPPORT | 4350 S MONACO ST 5TH FL DENVER, CO 80237 | 68-0561084 | 501(C)(3) | 39,150. | | | | SUPPORT |
| (8) B'NAL HAVURAH 6445 E OHIO AVE DENVER, CO 8022423-7189650501(C)(3)30,250.GENERAL OPERATING SUPPORT(9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. PO BOX 2090 TEANECK, NJ 0766620-8202424501(C)(3)30,000.GENERAL OPERATING SUPPORT(10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN 101 ENCHANTED RD GOLDEN, CO 8040127-4343527501(C)(3)30,000.GENERAL OPERATING SUPPORT(11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT 1031 33RD ST STE 140 DENVER, CO 8020546-4406422501(C)(3)25,000.GENERAL OPERATING SUPPORT(12) RECONSTRUCTIONIST RABBINICAL COLLEGE 1299 CHURCH RD WYNCOTE, PA 1909523-1710675501(C)(3)25,000.GENERAL OPERATING SUPPORT2Enter total number of section 501(c)(3) and government organizations listed in the line 1 table501(C)(3)25,000 | (7) DENVER ART MUSEUM INC | | | | | | | GENERAL OPERATING |
| 6445 E OHIO AVE DENVER, CO 80224 23-7189650 501(C)(3) 30,250. SUPPORT (9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. CONSTRUCTION MOVEMENT FOR CULTURAL UNDERSTANDIN CONSTRUCTION MOVEMENT FOR CULTURAL UNDERSTANDIN SUPPORT (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN 27-4343527 501(C)(3) 30,000. SUPPORT (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT 27-4343527 501(C)(3) 30,000. SUPPORT (12) RECONSTRUCTIONIST RABBINICAL COLLEGE 23-1710675 501(C)(3) 25,000. SUPPORT 2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table. Lement Lement Lement | 100 W 14TH AVENUE PKWY DENVER, CO 80204 | 84-6038240 | 501(C)(3) | 30,500. | | | | SUPPORT |
| (9) AMERICAN FRIENDS OF LEKET ISRAEL, INC.GENERAL OPERATING SUPPORTPO BOX 2090 TEANECK, NJ 0766620-8202424501(C)(3)30,000.GENERAL OPERATING SUPPORT(10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN 101 ENCHANTED RD GOLDEN, CO 8040127-4343527501(C)(3)30,000.GENERAL OPERATING SUPPORT(11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT 1031 33RD ST STE 140 DENVER, CO 8020546-4406422501(C)(3)25,000.GENERAL OPERATING SUPPORT(12) RECONSTRUCTIONIST RABBINICAL COLLEGE 1299 CHURCH RD WYNCOTE, PA 1909523-1710675501(C)(3)25,000.GENERAL OPERATING SUPPORT2Enter total number of section 501(c)(3) and government organizations listed in the line 1 tableL | (8) B'NAI HAVURAH | | | | | | | GENERAL OPERATING |
| PO BOX 2090 TEANECK, NJ 07666 20-8202424 501(C)(3) 30,000. SUPPORT (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN 27-4343527 501(C)(3) 30,000. GENERAL OPERATING 101 ENCHANTED RD GOLDEN, CO 80401 27-4343527 501(C)(3) 30,000. SUPPORT (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT 27-4343527 501(C)(3) 25,000. GENERAL OPERATING 1031 33RD ST STE 140 DENVER, CO 80205 46-4406422 501(C)(3) 25,000. SUPPORT (12) RECONSTRUCTIONIST RABBINICAL COLLEGE 23-1710675 501(C)(3) 25,000. GENERAL OPERATING 1299 CHURCH RD WYNCOTE, PA 19095 23-1710675 501(C)(3) 25,000. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table L L | 6445 E OHIO AVE DENVER, CO 80224 | 23-7189650 | 501(C)(3) | 30,250. | | | | SUPPORT |
| (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN general operating 101 ENCHANTED RD GOLDEN, CO 80401 27-4343527 501(C)(3) 30,000. general operating (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT general operating general operating 1031 33RD ST STE 140 DENVER, CO 80205 46-4406422 501(C)(3) 25,000. general operating (12) RECONSTRUCTIONIST RABBINICAL COLLEGE general operating general operating 1299 CHURCH RD WYNCOTE, PA 19095 23-1710675 501(C)(3) 25,000. general operating 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table the line 1 table | (9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. | | | | | | | GENERAL OPERATING |
| 101 ENCHANTED RD GOLDEN, CO 80401 27-4343527 501(C)(3) 30,000. SUPPORT (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT GENERAL OPERATING GENERAL OPERATING 1031 33RD ST STE 140 DENVER, CO 80205 46-4406422 501(C)(3) 25,000. SUPPORT (12) RECONSTRUCTIONIST RABBINICAL COLLEGE 23-1710675 501(C)(3) 25,000. GENERAL OPERATING 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Listed in the line 1 table Listed in the line 1 table | PO BOX 2090 TEANECK, NJ 07666 | 20-8202424 | 501(C)(3) | 30,000. | | | | SUPPORT |
| (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT GENERAL OPERATING 1031 33RD ST STE 140 DENVER, CO 80205 46-4406422 501(C)(3) 25,000. SUPPORT (12) RECONSTRUCTIONIST RABBINICAL COLLEGE GENERAL OPERATING GENERAL OPERATING 1299 CHURCH RD WYNCOTE, PA 19095 23-1710675 501(C)(3) 25,000. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table L L L | (10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN | | | | | | | GENERAL OPERATING |
| 1031 33RD ST STE 140 DENVER, CO 80205 46-4406422 501(C)(3) 25,000. SUPPORT (12) RECONSTRUCTIONIST RABBINICAL COLLEGE 23-1710675 501(C)(3) 25,000. GENERAL OPERATING 1299 CHURCH RD WYNCOTE, PA 19095 23-1710675 501(C)(3) 25,000. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table L | 101 ENCHANTED RD GOLDEN, CO 80401 | 27-4343527 | 501(C)(3) | 30,000. | | | | SUPPORT |
| (12) RECONSTRUCTIONIST RABBINICAL COLLEGE general OPERATING 1299 CHURCH RD WYNCOTE, PA 19095 23-1710675 501(C)(3) 25,000. general OPERATING 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table table | (11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT | | | | | | | GENERAL OPERATING |
| 1299 CHURCH RD WYNCOTE, PA 19095 23-1710675 501(C)(3) 25,000. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 1031 33RD ST STE 140 DENVER, CO 80205 | 46-4406422 | 501(C)(3) | 25,000. | | | | SUPPORT |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | (12) RECONSTRUCTIONIST RABBINICAL COLLEGE | | | | | | | GENERAL OPERATING |
| | 1299 CHURCH RD WYNCOTE, PA 19095 | 23-1710675 | 501(C)(3) | 25,000. | | | | SUPPORT |
| 3 Enter total number of other organizations listed in the line 1 table | | • | • | | | | | ▶ |
| | 3 Enter total number of other organizations lis | ted in the line | 1 table | <u></u> | | <u></u> | | • |

| | | | Assistance t ndividuals in | • | • | F | OMB No. 1545-0047 |
|---|-----------------|------------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| | | , | | | | | 2018 |
| Com | | - | wered "Yes" on F ttach to Form 990 | | , line 21 or 22. | | Open to Public |
| Department of the Treasury Internal Revenue Service | ► Go | | /Form990 for the I | | 1. | | Inspection |
| Name of the organization | | | | | | Employer identific | |
| JEWISHCOLORADO | | | | | | 01-0831 | |
| Part I General Information on Grants and | d Assistanc | e | | | | | |
| 1 Does the organization maintain records to su | | | a arante or accieta | nce the grantees | ' eligibility for the grant | te or assistance ar | nd |
| the selection criteria used to award the grant | | | - | - | | | X Yes No |
| 2 Describe in Part IV the organization's proceed | | | | | | | |
| . | | | 0 | | | | |
| Part II Grants and Other Assistance to D | | - | | | | | "Yes" on Form 990, |
| Part IV, line 21, for any recipient th | hat received | more than \$5 | ,000. Part II can I | be duplicated if a | additional space is r | needed. | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) DAT MINYAN INC | | | | | | | GENERAL OPERATING |
| 6825 E ALAMEDA AVE DENVER, CO 80224 | 20-4605658 | 501(C)(3) | 23,973. | | | | SUPPORT |
| (2) KESHET OF THE ROCKIES | | | | | | | GENERAL OPERATING |
| 300 S DAHLIA ST, STE. 202 DENVER, CO. 80246 | 47-0883605 | 501(C)(3) | 29,364. | | | | SUPPORT |
| (3) RAMAH IN THE ROCKIES | | | | | | | GENERAL OPERATING |
| 300 S DAHLIA ST STE 205 DENVER, CO 80246 | 20-4078988 | 501(C)(3) | 29,228. | | | | SUPPORT |
| (4) TEMPLE SINAI | | | | | | | GENERAL OPERATING |
| 3509 S GLENCOE ST DENVER, CO 80237 | 84-6050187 | 501(C)(3) | 21,921. | | | | SUPPORT |
| (5) BETH JACOB HIGH SCHOOL | | | | | | | GENERAL OPERATING |
| 5100 W. 14TH AVE. DENVER, CO 80204 | 84-0585743 | 501(C)(3) | 28,424. | | | | SUPPORT |
| (6) CHILDREN'S HOSPITAL FOUNDATION | | | | | | | GENERAL OPERATING |
| 13123 E 16TH AVE., BOX 045 AURORA, CO. 80045 | 84-0813462 | 501(C)(3) | 20,250. | | | | SUPPORT |
| (7) AMERICAN FRIENDS OF KAPLAN MEDICAL CENTER | | | | | | | GENERAL OPERATING |
| 152 BATEMAN ROAD LANGHORNE, PA 19047 | 26-0667515 | 501(C)(3) | 20,180. | | | | SUPPORT |
| (8) HIDDEN LIGHT INSTITUTE | | | | | | | GENERAL OPERATING |
| 3700 EAST JEFFERSON AVENUE DENVER, CO 80237 | 82-0709603 | 501(C)(3) | 20,118. | | | | SUPPORT |
| (9) DENVER ACADEMY OF TORAH | _ | | | | | | GENERAL OPERATING |
| 6825 E. ALAMEDA DENVER, CO 80224 | 84-1187080 | 501(C)(3) | 37,117. | | | | SUPPORT |
| (10) BAIS MENACHEM INC | _ | | | | | | GENERAL OPERATING |
| 400 S HOLLY ST DENVER, CO 80246 | 84-1571026 | 501(C)(3) | 19,340. | | | | SUPPORT |
| (11) REGENTS OF THE UNIVERSITY OF COLORADO | 4 | | | | | | GENERAL OPERATING |
| 1800 GRANT ST STE 400 DENVER, CO 80203 | 84-6000555 | 501(C)(3) | 18,000. | | | | SUPPORT |
| (12) KABBALAH EXPERIENCE | 4 | | | | | | GENERAL OPERATING |
| 2305 S SYRACUSE WAY UNIT 10 DENVER, CO 80231 | | 501(C)(3) | 17,375. | | | | SUPPORT |
| 2 Enter total number of section 501(c)(3) and | | | | | | | • |
| 3 Enter total number of other organizations list | ted in the line | 1 table | | | | | |

| (Form 990) Go | vernme | nts, and Ir | Assistance t ndividuals ir | n the United | d States | | DMB No. 1545-0047 |
|---|---------------------------------|------------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| Com | plete if the o | - | wered "Yes" on F ttach to Form 990 | | , line 21 or 22. | | Open to Public |
| Department of the Treasury | | - | /Form990 for the l | | | | Inspection |
| Internal Revenue Service Name of the organization | ► G0 | | Formago for the h | atest mormation | l. | Employer identificati | |
| JEWISHCOLORADO | | | | | | 01-083169 | |
| | d Accistana | | | | | 01-003109 | 0 |
| Part I General Information on Grants and | | | | | | | |
| Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proceed | s or assistand dures for mor | e? hitoring the use | of grant funds in the | e United States. | | | X Yes No |
| Part II Grants and Other Assistance to D | | - | | | | | es" on Form 990, |
| Part IV, line 21, for any recipient the | nat received | more than \$5 | ,000. Part II can b | be duplicated if a | additional space is r | needed. | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) BBYO | | | | | | | GENERAL OPERATING |
| 800 EIGHTH STREET, NW WASHINGTON, DC 20001 | 31-1794932 | 501(C)(3) | 27,326. | | | | SUPPORT |
| (2) BOULDER COMMUNITY HOSPITAL FOUNDATION | | | | | | | GENERAL OPERATING |
| PO BOX 9019 BOULDER, CO 80301 | 84-0772664 | 501(C)(3) | 16,000. | | | | SUPPORT |
| (3) TATE AMERICAS FOUNDATION | | | | | | | GENERAL OPERATING |
| 520 WEST 27TH STREET, UNIT #404 | 13-3453405 | 501(C)(3) | 16,000. | | | | SUPPORT |
| (4) CONGREGATION RODEF SHALOM | | | | | | | GENERAL OPERATING |
| 450 S KEARNEY ST DENVER, CO 80224 | 84-0468847 | 501(C)(3) | 15,870. | | | | SUPPORT |
| (5) THE BUDDY PROGRAM INC | | | | | | | GENERAL OPERATING |
| 110 E. HALLAM ST. ASPEN, CO 81611 | 74-2594693 | 501(C)(3) | 15,250. | | | | SUPPORT |
| (6) CHABAD CENTER AT UNIVERSITY OF COLORADO, IN | | | | | | | GENERAL OPERATING |
| 909 14TH ST BOULDER, CO 80302 | 20-2853143 | 501(C)(3) | 15,015. | | | | SUPPORT |
| (7) PARK CITY JEWISH CENTER INC | | | | | | | GENERAL OPERATING |
| PO BOX 681236 PARK CITY, UT 84068 | 87-0543584 | 501(C)(3) | 14,600. | | | | SUPPORT |
| (8) ROCKY MOUNTAIN RABBINICAL COUNCIL INC | | | | | | | GENERAL OPERATING |
| 3509 S GLENCOE ST DENVER, CO 80237 | 52-2405110 | 501(C)(3) | 14,362. | | | | SUPPORT |
| (9) JEWISH RESOURCE CENTER CHABAD OF ASPEN | | | | | | | GENERAL OPERATING |
| 435 WEST MAIN STREET ASPEN, CO 81611 | 22-3787221 | 501(C)(3) | 14,000. | | | | SUPPORT |
| (10) CLAL - THE NATIONAL JEWISH CENTER FOR LEARN | | | | | | | GENERAL OPERATING |
| 440 PARK AVENUE S., 4TH FLOOR NYC, NY 10016 | 23-7390358 | 501(C)(3) | 14,000. | | | | SUPPORT |
| (11) DAVIDSON COLLEGE | | | | | | | GENERAL OPERATING |
| PO BOX 7162 DAVIDSON, NC 28035 | 56-0529961 | 501(C)(3) | 13,600. | | | | SUPPORT |
| (12) MOISHE FOUNDATION | 4 | | | | | | GENERAL OPERATING |
| 5007 PROVIDENCE RD. CHARLOTTE, NC 28226 | 26-2599786 | 501(C)(3) | 23,500. | | | | SUPPORT |
| 2 Enter total number of section 501(c)(3) and | government | organizations lis | ted in the line 1 tab | ole | | | |
| 3 Enter total number of other organizations list | ted in the line | 1 table | | | | <u></u> | |

| SCHEDULE I | | | | Assistance t | | | ł | OMB No. 1545-0047 |
|--|-----------------|-----------------|------------------------------------|--------------------------|---------------------------------------|---|---|------------------------------|
| (Form 990) | Go | vernme | nts, and Ir | ndividuals i | n the Unite | d States | | 2018 |
| | Comp | plete if the o | - | wered "Yes" on F | | , line 21 or 22. | | |
| Department of the Treasury | | | - | ttach to Form 990 | | | | Open to Public |
| Internal Revenue Service | | ► Go | to www.irs.gov | /Form990 for the I | atest information | 1. | | Inspection |
| Name of the organization | | | | | | | | ification number |
| JEWISHCOLORADO | | | | | | | 01-083 | 1698 |
| Part I General Information o | | | | | | | | |
| 1 Does the organization maintain | | | | | | | s or assistance, | |
| the selection criteria used to av | • | | | | | | | X Yes No |
| 2 Describe in Part IV the organize | ation's proced | dures for mor | nitoring the use | of grant funds in the | e United States. | | | |
| Part II Grants and Other Ass | istance to D | omestic Or | ganizations ar | nd Domestic Gov | vernments. Con | plete if the organiz | ation answere | d "Yes" on Form 990, |
| Part IV, line 21, for any | y recipient th | nat received | more than \$5 | ,000. Part II can b | be duplicated if | additional space is r | needed. | |
| 1 (a) Name and address of organizor or government | zation | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description noncash assistar | |
| (1) SHARSHERET, INC. | | | | | | | | GENERAL OPERATING |
| 1086 TEANECK ROAD TEANECK, NJ 0 | 7666 | 13-4198529 | 501(C)(3) | 13,350. | | | | SUPPORT |
| (2) DENVER SCHOLARSHIP FOUNDATION | | | | | | | | GENERAL OPERATING |
| 789 SHERMAN ST., SUITE 610 DENV | ER, CO 80203 | 20-5143175 | 501(C)(3) | 13,000. | | | | SUPPORT |
| (3) YESHIVAS DVAR TORAH INC | | | | | | | | GENERAL OPERATING |
| 7 WHISPERING PINES LN LAKEWOOD, | NJ 08701 | 06-1544863 | 501(C)(3) | 13,000. | | | | SUPPORT |
| (4) HADASSAH DENVER | | | | | | | | GENERAL OPERATING |
| 2606 S TROY CT AURORA, CO 80014 | | 84-1079004 | 501(C)(3) | 12,900. | | | | SUPPORT |
| (5) BEBER CAMP PROPERTY INC | | | | | | | | GENERAL OPERATING |
| 8833 GROSS POINT RD STE 312 SKO | KIE IL 60077 | 27-2025066 | 501(C)(3) | 12,200. | | | | SUPPORT |
| (6) MOVING TRADITIONS | | | | | | | | GENERAL OPERATING |
| 261 OLD YORK ROAD JENKINTOWN, P. | A 19046 | 34-2015014 | 501(C)(3) | 12,500. | | | | SUPPORT |
| (7) ROCKY MOUNTAIN CHILDRENS HEALTH | FOUNDATION | | | | | | | GENERAL OPERATING |
| 5394 MARSHALL STREET ARVADA, CO | 80002 | 26-3839761 | 501(C)(3) | 11,250. | | | | SUPPORT |
| (8) UNION FOR REFORM JUDIASM | | | | | | | | GENERAL OPERATING |
| 633 THIRD AVENUE NEW YORK, NY 1 | 0017 | 13-1663143 | 501(C)(3) | 10,940. | | | | SUPPORT |
| (9) CAMP HASC INC | | | | | | | | GENERAL OPERATING |
| 1563 49TH ST BROOKLYN, NY 11219 | | 81-1146659 | 501(C)(3) | 10,000. | | | | SUPPORT |
| (10) SOUTHERN POVERTY LAW CENTER, IN | c. | | | | | | | GENERAL OPERATING |
| 400 WASHINGTON AVE MONTGOMERY, | AL 36104 | 63-0598743 | 501(C)(3) | 10,000. | | | | SUPPORT |
| (11) CHOATE ROSEMARY HALL FOUNDATION | INCORPORATE | | | | | | | GENERAL OPERATING |
| 333 CHRISTIAN ST WALLINGFORD, C | т 06492 | 06-0910420 | 501(C)(3) | 10,000. | | | | SUPPORT |
| (12) UJA FEDERATION OF NEW YORK | | 4 | | | | | | GENERAL OPERATING |
| 130 EAST 59TH STREET NEW YORK, | | 51-0172429 | 1 | 10,000. | | | | SUPPORT |
| 2 Enter total number of section 5 | | • | • | | | | | ▶ |
| 3 Enter total number of other org | anizations list | ted in the line | 1 table | | | <u></u> | | |
| East Device when Device a first Aast Matthew | | ana fan Fanns (| 00 | | | | | Cabadula I (Farm 000) (2010) |

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

| (Form 990) Go | overnme | nts, and Ir | Assistance t ndividuals in | n the Unite | d States | | DMB No. 1545-0047 |
|---|----------------------------------|------------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| | plete if the o | - | wered "Yes" on F ttach to Form 990 | | , line 21 or 22. | | Open to Public |
| Department of the Treasury Internal Revenue Service | ► Go | | /Form990 for the I | | ı. | | Inspection |
| Name of the organization | | <u></u> | | | | Employer identificati | - |
| JEWISHCOLORADO | | | | | | 01-083169 | |
| Part I General Information on Grants an | d Assistanc | e | | | | | - |
| Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce | ts or assistand dures for moi | ce? nitoring the use | of grant funds in the | e United States. | | | X Yes No |
| Part II Grants and Other Assistance to I | | - | | | | | es" on Form 990, |
| Part IV, line 21, for any recipient t | hat received | more than \$5 | ,000. Part II can b | be duplicated if a | • | needed. | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| _(1) MSE | | | | | | | GENERAL OPERATING |
| PO BOX 2468 EVERGREEN, CO 80437 | 20-2126847 | 501(C)(3) | 10,000. | | | | SUPPORT |
| (2) THE COLORADO COLLEGE | | | | | | | GENERAL OPERATING |
| 14 E CACHE LA POUDRE ST CO.SPGS, CO.80903 | 84-0402510 | 501(C)(3) | 10,000. | | | | SUPPORT |
| (3) AMERICAN JEWISH WORLD SERVICE, INC. | | | | | | | GENERAL OPERATING |
| 45 w 36TH ST NEW YORK, NY 10018 | 22-2584370 | 501(C)(3) | 9,860. | | | | SUPPORT |
| (4) UNITED AGED HOME MOSHAV SEKENIM OF JERUSALE | | | | | | | GENERAL OPERATING |
| 731 LIVINGSTON RD ELIZABETH, NJ 07208 | 22-1660813 | 501(C)(3) | 9,840. | | | | SUPPORT |
| (5) JEWISH CENTER-CHABAD OF NORTHWEST METRO DEN | | | | | | | GENERAL OPERATING |
| 4505 W 112 AVE WESTMINSTER, CO 80031 | 20-0449462 | 501(C)(3) | 11,402. | | | | SUPPORT |
| (6) ROSE COMMUNITY FOUNDATION | | | | | | | GENERAL OPERATING |
| 600 S CHERRY ST STE 1200 DENVER, CO 80246 | 84-0920862 | 501(C)(3) | 9,350. | | | | SUPPORT |
| (7) KAVOD SENIOR LIVING | | | | | | | GENERAL OPERATING |
| 22 S ADAMS ST DENVER, CO 80209 | 20-4375532 | 501(C)(3) | 19,104. | | | | SUPPORT |
| (8) JEWISH WOMENS RENAISSANCE PROJECT INC | | | | | | | GENERAL OPERATING |
| 6101 EXECUTIVE BLVD STE390 RCKVILLE,MD20852 | 38-3852989 | 501(C)(3) | 10,040. | | | | SUPPORT |
| (9) CONGREGATION BONAI SHALOM | _ | | | | | | GENERAL OPERATING |
| 1527 CHERRYVALE ROAD BOULDER, CO 80303 | 84-0891557 | 501(C)(3) | 9,500. | | | | SUPPORT |
| (10) JUDAISM YOUR WAY | _ | | | | | | GENERAL OPERATING |
| 950 S CHERRY ST STE 310 DENVER, CO 80246 | 46-0517841 | 501(C)(3) | 11,300. | | | | SUPPORT |
| (11) PEACE HOUSE INC | | | | | | | GENERAL OPERATING |
| PO BOX 682141 PARK CITY, UT 84068 | 87-0500067 | 501(C)(3) | 8,000. | | | | SUPPORT |
| (12) RMJHS/DU | _ | | | | | | GENERAL OPERATING |
| 2000 E. ASBURY AVE, DENVER, CO. 80208 | 84-0404231 | 501(C)(3) | 7,618. | | | | SUPPORT |
| 2 Enter total number of section 501(c)(3) and | government | organizations lis | sted in the line 1 tak | ble | | | |
| 3 Enter total number of other organizations lis | ted in the line | e 1 table | | | | <u></u> | |

| Governments, and Individuals in the United States Complete if the organization naneword "vise" on Form 990, Part IV, line 21 or 22. EAttach to Form 990, The 21 or 23. EAttach to Form 990, The 21 or 24. EAttach to Form 990, The 20 or 24. EAttach to Form 990, The | | | | Assistance t | | | ł | OMB No. 1545-0047 |
|---|---|-----------------|-------------------|------------------------|--------------------|------------------------|----------------------|----------------------|
| Descention of the Team of the openation Open to Public registering Howman Service Service Team of the openation of the | | | • | | | | | 2018 |
| Description of the Beauty Internal Researce Services Inspection Inspection Name of the organization DRATE SECCURATE Employer identification number 0.1-083.1659 0.1083.059 2MT Description maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orients and during search to say and the grants or assistance. In the selection orients and ther Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (a) Name and address of organization or description (ten the selection orients). (b) Purpose of grant function or description (ten the organization answered "Yes" on 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. (b) Purpose of grant function or description | Com | plete if the o | - | | | , line 21 or 22. | | Open to Rublic |
| Nume of the organization Employer identification number 01-0831698 TENT General Information on Grants and Assistance 01-0831698 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection ortheria used to award the grants or assistance? Image: Comparison of the organization answered "Yes" on 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. (a) Nume and address or organization or government (b) Purpose of grant or assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (a) Nume and address organization or government (b) Purpose of grant or assistance. (c) Description of nonceal assistance. (b) Purpose of grant or assistance. (c) Purpose of grant or | | b 0. | , | | | | | - |
| UNITERICOLOREADO D01-0831698 Partl General Information maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? No 1 Does the organization's procedures for monitoring the use of grant funds in the United States. Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No 2 Describe in Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (1) Auround address of organization of grant or assistance in grant and address of organization and address of organization of grant or and address of organization and best of grant and address of organization of grant organization and best of grant and address of organization and best of grant and address of organization of grant and address of organization of grant organization of grant organization or strekeen grant constructions (1) Auround or and best of grant organization organizatis state organization organizatis streceived organizat | | ► Go | to www.irs.gov | Form990 for the l | atest information | 1. | En la constata de la | |
| Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance? | • | | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orteria used to award the grants or assistance? Image: Control of Contrecon of Control of Control | | | | | | | 01-083 | 1698 |
| the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Ves" on 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. I (a) Name address of organization of (P) EIN (c) RCS section (grant funds in the United States. (b) Description of non-orgonement (b) Purpose of grant or assistance? (1) ASPEN COMMENTY POINTATION (a) Amount of cess (grant and States, co. 81621 (a) Amount of cess (grant and States, co. 81621 (b) Purpose of grant or assistance? (b) Description of non-orgenement (b) Description of a cess (grant and sessitization assistance? (b) Description of a cess (grant and sessitization assistance? (b) Description of a cess (grant and sessitization assistance? (b) Description of a cess (grant and sessitization assistance? (c) Description of a cess (grant and cess (grant and a cess (grant and a cess (gr | | | | | | | | |
| Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) (RC section or government (a) Amount of non- or government (b) Amount of non- or assistance (b) Amount of non- or assistance (b) Purpose of grant or assistance (c) Purpose of grant or assistance (c) LIALE LOW MARKER DAVERSE, CO B1021 84-0829226 501(C)(3) 7,500. (c) Purpose of grant or assistance (c) Purpose of grant or assistance (c) Purpose of grant or assistance (c) BLE LAW MARKER DAVERSE | the selection criteria used to award the gran | ts or assistand | e? | | | | s or assistance, | |
| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EN (b) RCS section grant (b) Amount of roam or government (b) ENC Section or government (b) ENC Section grant (b) Amount of roam or box statistics (b) Method of valuation or box statistics (b) Method of valuation of box statistics (b) Method | 2 Describe in Part IV the organization's proce | dures for mor | nitoring the use | of grant funds in the | e United States. | | | |
| 1 (a) Name and address of organization of government (b) EN (c) IRC section (f) applicable; (d) Amount of cash grant (e) Amount of cash grant (f) Motion cash assistance (f) Motion cash assistance (g) Description of noncesh assistance (g) | Part II Grants and Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | vernments. Com | plete if the organiz | ation answere | d "Yes" on Form 990, |
| Construction Construction< | Part IV, line 21, for any recipient t | hat received | more than \$5 | ,000. Part II can I | be duplicated if a | additional space is r | needed. | |
| 455 GOLD RIVERS CT STE 515 BASALT, CO 81621 84-8829226 \$01(0)(3) 7,500. SUPPORT (2) GLOBAL DOWN STURDENME FORMATION 600 FRIVER, CO 80206 26-4431001 \$01(0)(3) 7,500. SUPPORT (3) BETH MEDRASH GOVIDA OF LAKENGOD INC 601 FRIVATE MAY LAKENGOD, NJ 08701 22-3839462 \$01(0)(3) 7,100. GENERAL OPERATING (4) RUCH CHAIM INC 70 001 FRIVATE MAY LAKENGOD, NJ 08701 22-3655609 \$01(0)(3) 6,800. SUPPORT (5) SEMINARY ENOS CHAIM 388 CHESTNUT ST LAKENGOD, NJ 08701 46-3015560 \$01(0)(3) 6,600. SUPPORT (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM 6505 WILSHIER BLUD STE 800 LA, CA. 90048 95-1643388 \$01(0)(3) 6,500. SUPPORT (3) ONTABLE 79 MADISON AVE FL 2 NEW YORK, NY 10016 46-4715368 \$01(0)(3) 6,051. SUPPORT (4) DALANCE FOR CHOICE IN EDUCATION 301(0)(3) 6,051. SUPPORT SUPPORT (50 WILSHIER BLUND STE 800 LA, CA. 90048 95-1643388 \$01(0)(3) 6,050. SUPPORT (6) ONTABLE FEDERATION GENERAL OPERATING SUPPORT SUPPORT < | | (b) EIN | | | | (book, FMV, appraisal, | | |
| 455 GOLD RIVERS CT STE 515 BASALT, CO 81621 84-8829226 \$01(0)(3) 7,500. SUPPORT (2) GLOBAL DOWN STURDENME FORMATION 600 FRIVER, CO 80206 26-4431001 \$01(0)(3) 7,500. SUPPORT (3) BETH MEDRASH GOVIDA OF LAKENGOD INC 601 FRIVATE MAY LAKENGOD, NJ 08701 22-3839462 \$01(0)(3) 7,100. GENERAL OPERATING (4) RUCH CHAIM INC 70 001 FRIVATE MAY LAKENGOD, NJ 08701 22-3655609 \$01(0)(3) 6,800. SUPPORT (5) SEMINARY ENOS CHAIM 388 CHESTNUT ST LAKENGOD, NJ 08701 46-3015560 \$01(0)(3) 6,600. SUPPORT (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM 6505 WILSHIER BLUD STE 800 LA, CA. 90048 95-1643388 \$01(0)(3) 6,500. SUPPORT (3) ONTABLE 79 MADISON AVE FL 2 NEW YORK, NY 10016 46-4715368 \$01(0)(3) 6,051. SUPPORT (4) DALANCE FOR CHOICE IN EDUCATION 301(0)(3) 6,051. SUPPORT SUPPORT (50 WILSHIER BLUND STE 800 LA, CA. 90048 95-1643388 \$01(0)(3) 6,050. SUPPORT (6) ONTABLE FEDERATION GENERAL OPERATING SUPPORT SUPPORT < | (1) ASPEN COMMUNITY FOUNDATION | | | | | | | GENERAL OPERATING |
| (2) GLOBAL DOWN SYNDROME FOUNDATION SENERAL OPERATING 3239 E. 2ND AVENUE DEWVER, CO 80206 26-4431001 501(C)(3) 7,500. SENERAL OPERATING (3) BETH MEERASH GOVORA OF LAKEWOOD INC 601 FRIVATE WAY LAKEWOOD, NO 8701 22-3839462 501(C)(3) 7,100. SUPPORT (4) RUACH CHAIM INC GENERAL OPERATING GENERAL OPERATING SUPPORT (5) SENINARY BHOS CHAIM 382 CHESTNUT ST LAKEWOOD, NJ 08701 46-3015560 501(C)(3) 6,600. SUPPORT (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM 382 CHESTNUT ST LAKEWOOD, NJ 08701 46-3015560 501(C)(3) 6,600. SUPPORT (7) JEKENTH WAY ESTE 400 NEW YORK, NY 10011 13-1790715 501(C)(3) 6,500. SUPPORT (8) ONSTABLE GENERAL OPERATING GENERAL OPERATING SUPPORT (9) EXA COUNCIL OF GREATER LOS AN 6505 NILSHIRE BLVD STE 800 LA, CA. 90048 95-1643388 501(C)(3) 6,500. SUPPORT (9) EXA GENERAL OPERATING GENERAL OPERATING SUPPORT (9) EXA | | 84-0829226 | 501(C)(3) | 7,500. | | | | |
| 3233 E. 2ND AVENUE DENVER, CO 80206 26-4431001 501(C)(3) 7,500. SUPPORT (3) BETH MEDRASH GOVEN OF LAKEWOOD INC CENERAL OPERATING SUPPORT SUPPORT (4) BUCKI CHAIN INC SUPPORT SUPPORT SUPPORT (5) SEMINARY BNOD, NJ 08701 22-3839462 501(C)(3) 6,800. SUPPORT (5) SEMINARY BNOS CHAIM GENERAL OPERATING SUPPORT (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM GENERAL OPERATING SUPPORT (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM GENERAL OPERATING SUPPORT (7) JENISH FRIENDS OF MAGEN DAVID ADOM GENERAL OPERATING SUPPORT (7) JENISH FRIENDS OF MAGEN DAVID ADOM GENERAL OPERATING SUPPORT (7) JENISH FRIENDS OF MAGEN DAVID ADOM GENERAL OPERATING SUPPORT (7) JENISH FREENT ST LAKEWOOD, NJ 08701 46-4715406 6,500. SUPPORT (8) ONETABLE GENERAL OPERATING SUPPORT SUPPORT (9) BEAR GENERAL OPERATING GENERAL OPERATING (9) BEAR GENERAL OPERATING SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION GENERAL OPERATING | | | | | | | | |
| (3) BETH MEDRASH GOVOHA OF LAKEWOOD INC GENERAL OPERATING (4) RUACH CHAIM INC SUPPORT (4) RUACH CHAIM INC GENERAL OPERATING PO BOX LI KEYPORT, NJ 07735 22-3839462 501(C)(3) 6,800. (5) SEMINARY BNOS CHAIM GENERAL OPERATING SUPPORT 388 CHESTINUT ST LAKEWOOD, NJ 08701 46-3015560 501(C)(3) 6,600. SUPPORT (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM GENERAL OPERATING SUPPORT SUPPORT (7) JEWISH FEDERATION COUNCIL OF GREATER LOS AN GENERAL OPERATING SUPPORT (7) JEWISH FEDERATION COUNCIL OF GREATER LOS AN GENERAL OPERATING SUPPORT (8) ONETABLE GENERAL OPERATING SUPPORT (9) EXA SUPPORT SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION GENERAL OPERATING SUPPORT (9) EXA SUPPORT GENERAL OPERATING (10) ALLIANCE FOR CHOICE IN EDUCATION GENERAL OPERATING SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION< | | 26-4431001 | 501(C)(3) | 7,500. | | | | |
| G01 PRIVATE WAY LAKENOOD, NJ 08701 22-3839462 501(C)(3) 7,100. SUPPORT (4) RUACH CHAIM INC FD BOX 11 KEPTORT, NJ 07735 22-3665609 501(C)(3) 6,800. SUPPORT (5) SEMINARY BNOS CHAIM SEMERAL OPERATING SUPPORT SUPPORT (6) ARERICAN FRIENDS OF MAGEN DAVID ADOM SUPPORT SUPPORT SUPPORT (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM SUPPORT SUPPORT SUPPORT (7) JEMISH FEDERATION COUNCIL OF GREATER LOS AN SUPPORT SUPPORT (7) JEMISH FEDERATION COUNCIL OF GREATER LOS AN SUPPORT SUPPORT (8) ONETABLE SUPPORT SUPPORT SUPPORT (9) NETABLE GENERAL OPERATING SUPPORT SUPPORT (9) NETABLE GENERAL OPERATING SUPPORT SUPPORT (10) ALLAINCE FOR CHOICE IN EDUCATION 46-4715368 S01(C)(3) 6,051. SUPPORT (10) ALLIANCE FOR JUDIAC STUDIES S01(C)(3) 6,000. SUPPORT SUPPORT (11) CENTER FOR JUDIAC STUDIES S01(C)(3) 5,900. SUPPORT SUPPORT (11) CENTER FOR JUDI | | | | | | | | |
| (4) RUACH CHAIM INC GENERAL OPERATING PO DOX 11 KEYPORT, NJ 07735 22-3665609 \$01(C) (3) 6,800. SUPPORT (5) SEMINARY ENDS CHAIM GENERAL OPERATING GENERAL OPERATING 388 CHESTNUT ST LAKEWOOD, NJ 08701 46-3015560 \$01(C) (3) 6,600. SUPPORT (6) MERICAN FRIENDS OF MAGEN DAVID ADOM GENERAL OPERATING GENERAL OPERATING SUPPORT (7) JENISH FEDERATION COUNCIL OF GREATER LOS AN 6505 WILSHITE ELVA STE 400 NEW YORK, NY 10011 13-1790719 \$01(C) (3) 6,500. SUPPORT (8) OPERATING GENERAL OPERATING GENERAL OPERATING SUPPORT (7) JENISH EDENATION COUNCIL OF GREATER LOS AN 6505 WILSHIRE ELVA STE 800 LA, CA. 90048 95-1643388 \$01(C) (3) 6,500. SUPPORT (8) OPERATING GENERAL OPERATING GENERAL OPERATING SUPPORT (9) EXAR GENERAL OPERATING SUPPORT GENERAL OPERATING (9) EXAR GENERAL OPERATING SUPPORT GENERAL OPERATING 1010 LEVARCE FOR CHOICE IN EDUCATION 46-4715368 501(C) (3) | | 22-3839462 | 501(C)(3) | 7,100. | | | | |
| PO BOX 11 KEYPORT, NJ 07735 22-365509 501(C)(3) 6,800. SUPPORT (5) SEMINARY ENOS CHAIM GENERAL OPERATING GENERAL OPERATING SUPPORT 388 CHESTNIT ST LAKENOOD, NJ 08701 46-3015560 501(C)(3) 6,600. SUPPORT (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM GENERAL OPERATING SUPPORT GENERAL OPERATING 352 SEVENTH AVE STE 400 NEW YORK, NY 10011 13-1790719 501(C)(3) 6,580. SUPPORT (7) JURISH FEDERATION COUNCIL OF GREATER LOS AN GENERAL OPERATING GENERAL OPERATING 6505 WILSHIRE BLVD STE 800 LA, CA. 90048 95-1643388 501(C)(3) 6,500. SUPPORT (8) OMETABLE GENERAL OPERATING GENERAL OPERATING SUPPORT (9) EKAR PO BOX 460983 DENVER, CO 80246 45-1567217 501(C)(3) 6,051. SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION GENERAL OPERATING GENERAL OPERATING SUPPORT (11) CENTER FOR JUDIAC STUDIES GENERAL OPERATING SUPPORT GENERAL OPERATING 2000 E. ASBURY AVE., CO 80208 84-0404231 501(C)(3) 5,900. GENERAL OPERATING | (4) RUACH CHAIM INC | | | | | | | |
| 388 CHESTNUT ST LAKEWOOD, NJ 08701 46-3015560 501(C)(3) 6,600. SUPPORT (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM general operating general operating 352 SEVENTH AVE STE 400 NEW YORK, NY 10011 13-1790719 501(C)(3) 6,580. SUPPORT (7) JEWISH FEDERATION COUNCIL OF GREATER LOS AN 6505 WILSHIRE BLVD STE 800 LA, CA. 90048 95-1643388 501(C)(3) 6,500. SUPPORT (8) ONETABLE 79 MADISON AVE FL 2 NEW YORK, NY 10016 46-4715368 501(C)(3) 10,100. SUPPORT (9) EKAR 600 X 460983 DENVER, CO 80246 45-1567217 501(C)(3) 6,051. SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION general operating general operating SUPPORT 1201 E COLFAX AVE STE 302 DENVER, CO 80218 84-1531066 501(C)(3) 6,000. SUPPORT (11) CENTER FOR JUDIAC STUDIES 32000 E. ASEURY AVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASEEN YAVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASEEN YAVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900 | | 22-3665609 | 501(C)(3) | 6,800. | | | | SUPPORT |
| 388 CHESTNUT ST LAKEWOOD, NJ 08701 46-3015560 501(C)(3) 6,600. SUPPORT (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM general operating general operating 352 SEVENTH AVE STE 400 NEW YORK, NY 10011 13-1790719 501(C)(3) 6,580. SUPPORT (7) JEWISH FEDERATION COUNCIL OF GREATER LOS AN 6505 WILSHIRE BLVD STE 800 LA, CA. 90048 95-1643388 501(C)(3) 6,500. SUPPORT (8) ONETABLE 79 MADISON AVE FL 2 NEW YORK, NY 10016 46-4715368 501(C)(3) 10,100. SUPPORT (9) EKAR 600 X 460983 DENVER, CO 80246 45-1567217 501(C)(3) 6,051. SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION general operating general operating SUPPORT 1201 E COLFAX AVE STE 302 DENVER, CO 80218 84-1531066 501(C)(3) 6,000. SUPPORT (11) CENTER FOR JUDIAC STUDIES 32000 E. ASEURY AVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASEEN YAVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASEEN YAVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900 | (5) SEMINARY BNOS CHAIM | | | | | | | GENERAL OPERATING |
| 352 SEVENTH AVE STE 400 NEW YORK, NY 10011 13-1790719 501(C)(3) 6,580. SUPPORT (7) JEWISH FEDERATION COUNCIL OF GREATER LOS AN GENERAL OPERATING GENERAL OPERATING 6505 WILSHIRE BLVD STE 800 LA, CA. 90048 95-1643388 501(C)(3) 6,500. SUPPORT (8) ONETABLE GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT (9) EKAR GENERAL OPERATING SUPPORT GENERAL OPERATING PO BOX 460983 DENVER, CO 80246 45-1567217 501(C)(3) 6,051. SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION B4-1531066 501(C)(3) 6,000. SUPPORT (11) CENTER FOR JUDIAC STUDIES B4-0404231 501(C)(3) 5,900. GENERAL OPERATING 2000 E. ASBURY AVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASPEN JEWISH CENTER GENERAL OPERATING GENERAL OPERATING SUPPORT 77 MEADOWOOD DRIVE ASPEN, CO 81611 84-0723135 501(C)(3) 5,860. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SUPPORT SUPPORT | | 46-3015560 | 501(C)(3) | 6,600. | | | | SUPPORT |
| 352 SEVENTH AVE STE 400 NEW YORK, NY 10011 13-1790719 501(C)(3) 6,580. SUPPORT (7) JEWISH FEDERATION COUNCIL OF GREATER LOS AN GENERAL OPERATING GENERAL OPERATING 6505 WILSHIRE BLVD STE 800 LA, CA. 90048 95-1643388 501(C)(3) 6,500. SUPPORT (8) ONETABLE GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT (9) EKAR GENERAL OPERATING SUPPORT GENERAL OPERATING PO BOX 460983 DENVER, CO 80246 45-1567217 501(C)(3) 6,051. SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION B4-1531066 501(C)(3) 6,000. SUPPORT (11) CENTER FOR JUDIAC STUDIES B4-0404231 501(C)(3) 5,900. GENERAL OPERATING 2000 E. ASBURY AVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASPEN JEWISH CENTER GENERAL OPERATING GENERAL OPERATING SUPPORT 77 MEADOWOOD DRIVE ASPEN, CO 81611 84-0723135 501(C)(3) 5,860. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SUPPORT SUPPORT | (6) AMERICAN FRIENDS OF MAGEN DAVID ADOM | | | | | | | GENERAL OPERATING |
| 6505 WILSHIRE BLVD STE 800 LA, CA. 90048 95-1643388 501(C)(3) 6,500. SUPPORT (8) ONETABLE GENERAL OPERATING GENERAL OPERATING SUPPORT 79 MADISON AVE FL 2 NEW YORK, NY 10016 46-4715368 501(C)(3) 10,100. SUPPORT (9) EKAR GENERAL OPERATING SUPPORT SUPPORT SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION 45-1567217 501(C)(3) 6,000. SUPPORT (11) CENTER FOR JUDIAC STUDIES GENERAL OPERATING SUPPORT SUPPORT (12) ASPEN JEWISH CENTER GENERAL OPERATING SUPPORT (12) ASPEN, CO 81611 84-0723135 501(C) (3) 5,860. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SUPPORT | 352 SEVENTH AVE STE 400 NEW YORK, NY 10011 | 13-1790719 | 501(C)(3) | 6,580. | | | | SUPPORT |
| (8) ONETABLE GENERAL OPERATING 79 MADISON AVE FL 2 NEW YORK, NY 10016 46-4715368 501(C)(3) 10,100. SUPPORT (9) EKAR GENERAL OPERATING SUPPORT GENERAL OPERATING PO BOX 460983 DENVER, CO 80246 45-1567217 501(C)(3) 6,051. SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION GENERAL OPERATING SUPPORT GENERAL OPERATING 1201 E COLFAX AVE STE 302 DENVER, CO 80218 84-1531066 501(C)(3) 6,000. SUPPORT (11) CENTER FOR JUDIAC STUDIES GENERAL OPERATING SUPPORT GENERAL OPERATING 2000 E. ASBURY AVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASPEN JEWISH CENTER GENERAL OPERATING SUPPORT GENERAL OPERATING 77 MEADOWOOD DRIVE ASPEN, CO 81611 84-0723135 501(C)(3) 5,860. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SUPPORT SUPPORT | (7) JEWISH FEDERATION COUNCIL OF GREATER LOS AN | | | | | | | GENERAL OPERATING |
| 79 MADISON AVE FL 2 NEW YORK, NY 10016 46-4715368 501(C)(3) 10,100. SUPPORT (9) EKAR GENERAL OPERATING GENERAL OPERATING PO BOX 460983 DENVER, CO 80246 45-1567217 501(C)(3) 6,051. SUPPORT (10) ALLIANCE FOR CHOICE IN EDUCATION 45-1567217 501(C)(3) 6,051. GENERAL OPERATING 1201 E COLFAX AVE STE 302 DENVER, CO 80218 84-1531066 501(C)(3) 6,000. SUPPORT (11) CENTER FOR JUDIAC STUDIES GENERAL OPERATING GENERAL OPERATING 2000 E. ASBURY AVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASPEN JEWISH CENTER Handras Support GENERAL OPERATING SUPPORT 77 MEADWOOD DRIVE ASPEN, CO 81611 84-0723135 501(C)(3) 5,860. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Low Low Low | 6505 WILSHIRE BLVD STE 800 LA, CA. 90048 | 95-1643388 | 501(C)(3) | 6,500. | | | | SUPPORT |
| (9) EKARGENERAL OPERATING SUPPORTPO BOX 460983 DENVER, CO 8024645-1567217501(C)(3)6,051.GENERAL OPERATING SUPPORT(10) ALLIANCE FOR CHOICE IN EDUCATIONGENERAL OPERATING SUPPORTGENERAL OPERATING SUPPORT1201 E COLFAX AVE STE 302 DENVER, CO 8021884-1531066501(C)(3)6,000.GENERAL OPERATING SUPPORT(11) CENTER FOR JUDIAC STUDIESGENERAL OPERATING SUPPORTGENERAL OPERATING SUPPORT2000 E. ASBURY AVE., DENVER, CO 8020884-0404231501(C)(3)5,900.GENERAL OPERATING SUPPORT(12) ASPEN JEWISH CENTERGENERAL OPERATING SUPPORTGENERAL OPERATING SUPPORTGENERAL OPERATING SUPPORT77 MEADOWOOD DRIVE ASPEN, CO 8161184-0723135501(C)(3)5,860.GENERAL OPERATING SUPPORT2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 tableL | (8) ONETABLE | | | | | | | GENERAL OPERATING |
| Image: Note of the section Source of the se | 79 MADISON AVE FL 2 NEW YORK, NY 10016 | 46-4715368 | 501(C)(3) | 10,100. | | | | SUPPORT |
| (10) ALLIANCE FOR CHOICE IN EDUCATION general operating 1201 E COLFAX AVE STE 302 DENVER, CO 80218 84-1531066 501(C)(3) 6,000. SUPPORT (11) CENTER FOR JUDIAC STUDIES general operating general operating 2000 E. ASBURY AVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASPEN JEWISH CENTER general operating general operating 77 MEADOWOOD DRIVE ASPEN, CO 81611 84-0723135 501(C)(3) 5,860. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table the line 1 table L | (9) EKAR | | | | | | | GENERAL OPERATING |
| 1201 E COLFAX AVE STE 302 DENVER, CO 80218 84-1531066 501(C)(3) 6,000. SUPPORT (11) CENTER FOR JUDIAC STUDIES Image: Color of the section secon secon secon section section secon section section | PO BOX 460983 DENVER, CO 80246 | 45-1567217 | 501(C)(3) | 6,051. | | | | SUPPORT |
| (11) CENTER FOR JUDIAC STUDIES GENERAL OPERATING 2000 E. ASBURY AVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASPEN JEWISH CENTER GENERAL OPERATING GENERAL OPERATING SUPPORT 77 MEADOWOOD DRIVE ASPEN, CO 81611 84-0723135 501(C)(3) 5,860. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table L L | (10) ALLIANCE FOR CHOICE IN EDUCATION | | | | | | | GENERAL OPERATING |
| 2000 E. ASBURY AVE., DENVER, CO 80208 84-0404231 501(C)(3) 5,900. SUPPORT (12) ASPEN JEWISH CENTER 84-0723135 501(C)(3) 5,860. SUPPORT 77 MEADOWOOD DRIVE ASPEN, CO 81611 84-0723135 501(C)(3) 5,860. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Control table Control table | 1201 E COLFAX AVE STE 302 DENVER, CO 80218 | 84-1531066 | 501(C)(3) | 6,000. | | | | SUPPORT |
| (12) ASPEN JEWISH CENTER General OPERATING 77 MEADOWOOD DRIVE ASPEN, CO 81611 84-0723135 501(C)(3) 5,860. general OPERATING 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table table | (11) CENTER FOR JUDIAC STUDIES | | | | | | | GENERAL OPERATING |
| 77 MEADOWOOD DRIVE ASPEN, CO 81611 84-0723135 501(C)(3) 5,860. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 2000 E. ASBURY AVE., DENVER, CO 80208 | 84-0404231 | 501(C)(3) | 5,900. | | | | SUPPORT |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | (12) ASPEN JEWISH CENTER | | | | | | | GENERAL OPERATING |
| | 77 MEADOWOOD DRIVE ASPEN, CO 81611 | 84-0723135 | 501(C)(3) | 5,860. | | | | SUPPORT |
| 3 Enter total number of other organizations listed in the line 1 table | 2 Enter total number of section 501(c)(3) and | government | organizations lis | sted in the line 1 tak | ble | | | ► |
| | 3 Enter total number of other organizations lis | ted in the line | 1 table | <u></u> | | <u></u> | <u></u> | |

| SCHEDULE I | (| Grants a | nd Other A | Assistance t | o Organiza | tions, | | OMB No. 1545-0047 |
|--|---|-----------------|------------------------------------|--------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|
| (Form 990) | | | | ndividuals i | | | | 2018 |
| | Comj | plete if the oi | - | wered "Yes" on F | | , line 21 or 22. | | Open to Public |
| Department of the Treasury | | | | ttach to Form 990 | | | | Inspection |
| Internal Revenue Service Name of the organization | | ► G0 | to www.irs.gov | /Form990 for the I | atest mormation | I. | Employer identifica | |
| Ū. | | | | | | | | |
| JEWISHCOLORADO | nformation on Grants and | d Accietana | • | | | | 01-08316 | 90 |
| | | | | | | | | |
| - | zation maintain records to su | | | - | - | | | |
| | teria used to award the grant | | | | | | • • • • • • • • • • | X Yes No |
| | IV the organization's proceed | | | | | | | |
| Part II Grants ar | nd Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | vernments. Com | plete if the organiz | ation answered " | Yes" on Form 990, |
| Part IV, li | ne 21, for any recipient th | nat received | more than \$5 | ,000. Part II can b | be duplicated if a | additional space is r | needed. | |
| | d address of organization government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) WESTERN CENTER FO | DR RUSSIAN JEWRY, INC. | | | | | | | GENERAL OPERATING |
| 362 S. JASMINE DE | | 84-1271977 | 501(C)(3) | 5,680. | | | | SUPPORT |
| (2) HEBREW SENIORLIFE | | | 501(0)(0) | 5,000. | | | | GENERAL OPERATING |
| 1200 CENTRE ST BC | | 90-0183119 | 501(C)(3) | 5,650. | | | | SUPPORT |
| (3) COLORADO SEMINARY | | | | | | | | GENERAL OPERATING |
| PO BOX 910585 DEN | | 84-0404231 | 501(C)(3) | 5,608. | | | | SUPPORT |
| | DRIZONS IN JEWISH EXPERIENC | | | | | | | GENERAL OPERATING |
| | AVE AURORA, CO 80014 | 84-1572763 | 501(C)(3) | 5,550. | | | | SUPPORT |
| (5) ASPEN ART MUSEUM | | | | | | | | GENERAL OPERATING |
| 637 E HYMAN AVE A | ASPEN, CO 81611 | 84-0746671 | 501(C)(3) | 5,250. | | | | SUPPORT |
| (6) | | _ | | | | | | |
| (7) | | _ | | | | | | |
| (8) | | _ | | | | | | |
| (9) | | _ | | | | | | |
| (10) | | _ | | | | | | |
| (11) | | _ | | | | | | |
| (12) | | - | | | | | | |
| | per of section 501(c)(3) and per of other organizations list | | | | | | | 101. |
| | on Act Notice, see the Instruct | | | | | <u> </u> | | hedule I (Form 990) (2018) |

Schedule I (Form 990) (2018)

01-0831698

Page **2**

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

| | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|-------|-----------------------------|--------------------------------------|-----------------------------------|--|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| · · · | | nformation Dravido the information r | | | nformation. Provide the information required in Part I, line 2, Part III, column (b); and any o |

information.

SCHEDULE I, PART I, LINE 2

JEWISHCOLORADO (JCO) HAS AN APPLICATION PROCESS BY WHICH

ORGANIZATIONS APPLY FOR FUNDS. THE RECIPIENT ORGANIZATIONS SUBMIT

REPORTS TO JCO REPORTING ON THE PROGRAM PROGRESS AND DESCRIBING HOW

THE FUNDS WERE USED. THE DONOR DESIGNATED CONTRIBUTIONS ARE MADE BY

JCO ON BEHALF OF THE DONORS AND THESE DISBURSEMENTS DO NOT REQUIRE

PERIODIC REPORTING OR MONITORING.

| SCH | EDULE J | Compen | Isa | tion Information | 0 | MB No. | 1545-0 | 047 |
|-------|--|--|---------|---|-----------------|--------|--------|-----|
| (For | m 990) | For certain Officers, Dire | ctors | s, Trustees, Key Employees, and Highest | | എന | 18 | |
| | | | | nsated Employees nswered "Yes" on Form 990, Part IV, line 23. | | ZU | | |
| | nent of the Treasury | · · · · • • | Atta | ch to Form 990. | C | pen to | | |
| | Revenue Service of the organization | Go to www.irs.gov/Forms | 990 to | or instructions and the latest information. | r identificatio | | ectio | n |
| | ISHCOLORAD | 0 | | | -0831698 | | • | |
| Part | | s Regarding Compensation | | | 0001000 | | | |
| i ait | | ······································ | | | | | Yes | No |
| 1a | Check the app | propriate box(es) if the organization pro | ovide | ed any of the following to or for a person liste | d on Form | | | |
| | 990, Part VII, | Section A, line 1a. Complete Part III to | prov | ide any relevant information regarding these | items. | | | |
| | First-cla | ss or charter travel | | Housing allowance or residence for persona | al use | | | |
| | Travel fo | or companions | | Payments for business use of personal resid | dence | | | |
| | Tax inde | emnification and gross-up payments | | Health or social club dues or initiation fees | | | | |
| | Discretio | onary spending account | | Personal services (such as maid, chauffeur, | chef) | | | |
| b | or reimburse | ement or provision of all of the ex | pens | rganization follow a written policy regarding ses described above? If "No," complete i | Part III to | | | |
| | | | | | | 1b | | |
| 2 | • | | | reimbursing or allowing expenses incurr | | | | |
| | | stees, and onicers, including the CEC | | ecutive Director, regarding the items check | ed on line | 2 | | |
| 2 | | | | | | 2 | | |
| 3 | organization's | CEO/Executive Director. Check all the | at ap | ion used to establish the compensation of the oply. Do not check any boxes for methods used EO/Executive Director, but explain in Part III. | | | | |
| | X Comper | nsation committee | | Written employment contract | | | | |
| | Indepen | dent compensation consultant | Χ | Compensation survey or study | | | | |
| | Form 99 | 90 of other organizations | Х | Approval by the board or compensation co | mmittee | | | |
| 4 | During the year organization of | ar, did any person listed on Form 990, or a related organization: | Par | t VII, Section A, line 1a, with respect to the filin | ng | | | |
| а | Receive a sev | verance payment or change-of-control page | aym | ent? | | 4a | | Х |
| b | | | | nonqualified retirement plan? | | 4b | | X |
| С | - | | | compensation arrangement? | | 4c | | X |
| | If "Yes" to an | y of lines 4a-c, list the persons and p | rovid | le the applicable amounts for each item in I | Part III. | | | |
| | Only costion | E01(a)(2) E01(a)(4) and E01(a)(20) a | | izationa must complete lines 5.0 | | | | |
| 5 | - | 501(c)(3), 501(c)(4), and 501(c)(29) or | - | a 1a, did the organization pay or accrue any | | | | |
| 5 | • | n contingent on the revenues of: | , iirie | ra, du the organization pay of accide any | | | | |
| а | • | 5 | | | | 5a | | Х |
| | | | | | | 5b | | X |
| | - | e 5a or 5b, describe in Part III. | | | | | | |
| 6 | | | line | 1a, did the organization pay or accrue any | | | | |
| | - | n contingent on the net earnings of: | | · · · · · · | | | | |
| а | The organizat | ion? | | | | 6a | | Х |
| b | Any related of | rganization? | | | | 6b | | Х |
| | If "Yes" on lin | e 6a or 6b, describe in Part III. | | | | | | |
| 7 | | | | , line 1a, did the organization provide any | | _ | | |
| ~ | | | | ibe in Part III | | 7 | | X |
| 8 | | | | or accrued pursuant to a contract that was s | | | | |
| | | - | - | ulations section 53.4958-4(a)(3)? If "Yes," | | | | x |
| 9 | | | | the rebuttable presumption procedure de | | 8 | | |
| 3 | | . | | | | 9 | | |
| | | | | | | 1 3 | 1 | 1 |

Schedule J (Form 990) 2018

Page **2**

Part II 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 on 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 aren't listed on Form 990, Part VII.

Note: 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, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--|------|--------------------------|--|---|-----------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| NNEKA MCPHEE | (i) | 120,855. | 0. | 0. | 4,791. | 25,283. | 150,929. | |
| 1 ^{CHIEF OF STAFF} | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| MARSHA HURWITZ | (i) | 135,000. | 0. | 0. | 0. | 0. | 135,000. | |
| 2 ^{PRESIDENT/CEO (END 06/18)} | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Schedule J (Form 990) 2018

JSA

Page 3

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

20**18** Open to Public Inspection

| Name of the | organization |
|-------------|--------------|
| JEWISH | COLORADO |

| Employer identification | number |
|-------------------------|--------|
| 01-0831698 | |

| Par | Types of Property | | | | | | |
|--------|---|--------------------------------------|---|---|---|-----------|----------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d Method of c noncash contrit | eterminiı | |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household | | | | | | |
| - | goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | | 54. | 1,972,981. | FMV AT DAT | E OF S | SALE |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | |
| | or trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation | | | | | | |
| | contribution - Historic | | | | | | |
| | structures | | | | | | |
| 14 | Qualified conservation | | | | | | |
| | contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other ►() | | | | | | |
| 26 | Other ►() | | | | | | |
| 27 | Other ►() | | | | | | |
| 28 | Other ►() | | | | | | |
| 29 | Number of Forms 8283 received | by the org | anization during the tax ye | ear for contributions for | | | |
| | which the organization completed I | Form 8283, | Part IV, Donee Acknowledg | ement | 29 | | |
| | | | | | _ | Yes | s No |
| 30a | During the year, did the organizat | | | | - | | |
| | 28, that it must hold for at least the | hree years f | rom the date of the initial | contribution, and which is | sn't required | | |
| | to be used for exempt purposes for | the entire h | olding period? | | 3 | 0a | X |
| b | If "Yes," describe the arrangement i | | | | | | |
| 31 | Does the organization have a | | | | | | |
| | contributions? | | | | | 31 X | 2 |
| 32a | Does the organization hire or use | e third parti | es or related organization | s to solicit, process, or s | sell noncash | | |
| | contributions? | | | | 3 | 2a | X |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an | amount in c | olumn (c) for a type of pro | perty for which column (a) |) is checked, | | |
| | describe in Part II. | | | | | | |
| For Pa | aperwork Reduction Act Notice, see the Inst | ructions for Fo | rm 990. | | Schedule M | l (Form 9 | 90) 2018 |

Page **2**

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, COLUMN B:

NUMBER OF NONCASH CONTRIBUTIONS NUMBER DISCLOSED RELATES TO THE NUMBER OF

NON-CASH CONTRIBUTIONS RECEIVED.

1187044

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization JEWISHCOLORADO

FORM 990, PART III, LINE 3 DESCRIPTION OF PROGRAM THAT HAS ENDED: AT THE END OF THE FISCAL YEAR, JEWISHCOLORADO CEASED BEING THE FISCAL SPONSOR FOR HILLEL OF CU BOULDER. IT BECAME AN INDEPENDENT CHARITABLE ORGANIZATION AS OF JULY 1, 2019

FORM 990, PART VI, SECTION A, LINE 2 JACKIE SPRINCES WONG HAS A FAMILIAL RELATIONSHIP WITH SETH WONG

FORM 990, PART VI, SECTION B, LINE 11B FORM 990 IS REVIEWED BY THE FINANCIAL OVERSIGHT GROUP (FINANCE COMMITTEE). AFTER THE RETURN IS REVIEWED BY THE FINANCIAL OVERSIGHT GROUP. THE 990 IS SENT TO THE BOARD FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION MONITORS COMPLIANCE OF THE CONFLICT OF INTEREST POLICY BY COLLECTING AN INITIAL STATEMENT OF CONFLICTS FROM EACH BOARD MEMBER AT THE FIRST MEETING OF THE FISCAL YEAR, AND THEN WHEN RELEVANT, INQUIRING AT EACH BOARD MEETING WHETHER ANY NEW CONFLICTS HAVE ARISEN.

IF A CONFLICT ARISES, THE BOARD MEMBER IN QUESITON IS RECUSED FROM VOTING ON THE MATTER

FORM 990, PART VI, SECTION B, LINE 15A & 15B THE BOARD DETERMINES COMPENSATION FOR THE CEO AND THIS IS DONE WITH EACH CONTRACT NEGOTIATION. SALARY SURVEYS/COMPARISONS ARE AVAILABLE FOR ALL CEO'S IN THE JEWISH FEDERATION SYSTEM, AND THESE ARE TAKEN INTO CONSIDERATION, ALONG WITH LOCAL COMPENSATION STUDIES. THE COLORADO NONPROFIT ASSOCIATION PUBLISHES SALARY SURVEYS ANNUALLY AND THESE ARE USED TO REVIEW OTHER STAFF POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: (78,847) - CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 20,817 - CHANGE IN VALUE OF LIFE INSURANCE (58,030) - TOTAL TO FORM 990, PART XI, LINE 9

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

JEWISHCOLORADO (JCO) WORKS WITH INDIVIDUALS, FAMILIES AND JEWISH AGENCIES AND SYNAGOGUES IN AN EFFORT TO BUILD A FOUNDATION FROM WHICH THE NEXT GENERATION WILL PROSPER. JCO IS COMMITTED TO ENABLING OUR PARTNERS AND DONORS TO REACH THEIR GOALS AND PROVIDING VALUE-ADDED SERVICES THAT STRENGTHEN ORGANIZATIONS AND PROVIDE INDIVIDUALS WITH THE TOOLS TO BE IMPACTFUL PHILANTHROPISTS DURING THEIR LIFETIME AND BEYOND. FURTHERMORE, JCO IS THE ONLY FOUNDATION IN COLORADO FOCUSED EXCLUSIVELY ON THE NEEDS OF THE JEWISH COMMUNITY. WE ARE EXPERTS IN JEWISH PHILANTHROPY, AND WE PROVIDE ACCESS TO A THOUGHTFUL, ROBUST AND FLEXIBLE INVESTMENT PLATFORM. JCO MANAGES OVER 280 INDIVIDUAL FUNDS, INCLUDING TRUSTS,

JSA

| Schedule O (Form 990 or 990-EZ) 2018 | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| JEWISHCOLORADO | 01-0831698 |
| | |
| | ATTACHMENT 1 (CONT'D) |
| RESTRICTED ENDOWMENTS, DONOR ADVISED FUNDS, SUPPORTING | |
| ORGANIZATIONS AND CHARITABLE GIFT ANNUITIES. JCO ALSO IS WORKING | |
| TO STRENGTHEN FINANCIAL RESOURCE DEVELOPMENT AND COMMUNITY | |
| PLANNING, PROVIDES INDIVIDUALS AND INSTITUTIONS AN OPTION FOR | |
| LONG-TERM PHILANTHROPY, ENDOWMENT AND PLANNED GIVING IN COLORADO'S | |
| JEWISH COMMUNITY. | |
| | |
| | |

ATTACHMENT 2

COMPENSATION

135,000.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

MARSHA HURWITZ 978 BERGERON PLACE SANDY SPRINGS, GA 30328 OUTSOURCED CEO

DESCRIPTION OF SERVICES

| Form | 990-T | Ex | empt Organiz | | | siness In der sectio | | | rn | OMB N | No. 1545-0687 | |
|--------|---------------------------|----------------|-----------------------------------|------------------|--------------------------|--|--------------|-------------------|---------|-------------------------------------|------------------------|--|
| | | For cale | ndar year 2018 or other ta | - | | | | | 2019. | ¹⁹ . 𝒴𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅𝔅 | | |
| Depart | ment of the Treasury | | Go to www.irs.go | | ß | | | | | | | |
| • | Revenue Service | ► Do | not enter SSN numbers of | (c)(3). | Open to P 501(c)(3) (| ublic Inspection for Organizations Only | | | | | | |
| A | Check box if | | Name of organization (| | | ne changed and s | | | D Empl | oyer identific | cation number | |
| | address changed | | | | | | | | (Empl | oyees' trust, se | e instructions.) | |
| B Exe | mpt under section | | JEWISHCOLORA | DO | | | | | | | | |
| X | 501(C)(3) | Print | Number, street, and roon | n or suite no. I | faP.O. | . box, see instruct | ions. | | 01-0 | 831698 | | |
| | 408(e) 220(e) | or | | | | | | | | | ss activity code | |
| | 408A 530(a) | iype | 300 S. DAHLI | A STREET | Г | | | 300 | (See ir | nstructions.) | | |
| | 529(a) | | City or town, state or pro | ovince, country | , and Z | IP or foreign post | al code | | - | | | |
| C Boo | k value of all assets | - | DENVER, CO 8 | 0246 | | | | | 9000 | 00 | | |
| at e | nd of year | F Gro | up exemption number (| See instructi | ons.) | • | | | | | | |
| 8 | 32,319,728. | | ck organization type | | | rporation | 501(0 | :) trust | 401(a) | trust | Other trust | |
| | | | nization's unrelated trad | | | | | | | / (or first) ur | | |
| | | | STHROUGH INVES | | 0000. | | If only one | complete Parts | | | | |
| | | | end of the previous se | | nnlata | | • | • | | - | | |
| | ade or business, th | | • | | inpiere | r and r and n, c | | | | iidi | | |
| | , | | corporation a subsidiar | v in an affili | ated a | roup or a parent | eubeidiary | controlled group? |) | | Yes X No | |
| | | | identifying number of th | | - | | -SubSidial y | controlled group | | | | |
| | | | IE ORGANIZATION | | poratio | JII. 🕨 | Telenho | ne number 🕨 3 | 13-316 | -6455 | | |
| - | | | or Business Incom | | | (A) Inc | | (B) Expe | | | (C) Net | |
| | Gross receipts or | | | | | | Unic | | 11363 | | | |
| | | | | c Balance | 10 | | | | | | | |
| b | Less returns and allows | | | | 1c 2 | | | | | | | |
| 2 | | | ule A, line 7) | | | | | | | | | |
| 3 | | | 2 from line 1c | | 3 | | | | | - | | |
| 4a | | | ttach Schedule D) | | 4a | | | | | | | |
| b | | | Part II, line 17) (attach For | | 4b | | | | | | | |
| c _ | | | rusts | | 4c | | -755. | | | - | -755. | |
| 5 | | | r an S corporation (attach stater | | 5 | | -/55. | ATCH 1 | - | - | -755. | |
| 6 | | | | | 6 | | | | | | | |
| 7 | Unrelated debt-fi | nanced in | come (Schedule E) | | 7 | | | | | _ | | |
| 8 | Interest, annuities, roya | alties, and re | ents from a controlled organizati | on (Schedule F) | 8 | | | | | _ | | |
| 9 | | | 1(c)(7), (9), or (17) organizatio | | 9 | | | | | | | |
| 10 | | | ncome (Schedule I) | | 10 | | | | | | | |
| 11 | | | lule J) | | 11 | | | | | _ | | |
| 12 | | | tions; attach schedule) | | 12 | | | | | _ | | |
| 13 | | | ough 12 | | 13 | | -755. | | | | -755. | |
| Par | | | Taken Elsewhere | • | | | | , | Except | for contril | outions, | |
| | | | be directly connect | | | | | , | | | | |
| 14 | | | directors, and trustees (| | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | Interest (attach s | chedule) | (see instructions) | | | | | | 18 | _ | | |
| 19 | | | | | | | | | | _ | | |
| 20 | | | See instructions for limit | | | 1 | | | 20 | _ | | |
| 21 | | | 4562) | | | | | | | | | |
| 22 | Less depreciation | n claimed | on Schedule A and els | ewhere on re | eturn | | 22a | | 22b |) | | |
| 23 | Depletion | | | | | | | | 23 | | | |
| 24 | Contributions to o | deferred | compensation plans | | | | | | 24 | | | |
| 25 | Employee benefit | programs | 8 | | | | | | 25 | | | |
| 26 | Excess exempt ex | penses (| Schedule I) | | | | | | 26 | | | |
| 27 | Excess readership | o costs (S | chedule J) | | | | | | 27 | | | |
| 28 | | | chedule) | | | | | | | | | |
| 29 | | | s 14 through 28 | | | | | | | | | |
| 30 | | | le income before net | | | | | | | | -755. | |
| 31 | Deduction for net | operatin | g loss arising in tax ye | ars beginnir | ng on c | or after January | 1, 2018 (se | e instructions) | 31 | | | |
| 32 | Unrelated busine | ss taxabl | e income. Subtract line | 31 from line | 30 . | <u></u> . | <u></u> . | <u></u> . | 32 | | -755. | |
| | | | Notice, see instructions | | | | | | | For | rm 990-T (2018) | |

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Form 990-T (2018)

| | | | Page 2 |
|------------|----------|--|--|
| | irt lli | Total Unrelated Business Taxable Income | · · · · · · · · · · · · · · · · · · · |
| 33 | Total | of unrelated business taxable income computed from all unrelated trades or businesses (see | |
| | instru | ctions), , , , , , , , , , , , , , , , , , , | 33 -755. |
| 34 | Amou | nts paid for disallowed fringes | 34 |
| 35 | Deduc | tion for net operating loss arising in tax years beginning before January 1, 2018 (see | 54 |
| | instrue | tions). | |
| 36 | Total | ctions), | 35 |
| 20 | ofline | of unrelated business taxable income before specific deduction. Subtract line 35 from the sum | |
| | or me | s 33 and 34, | 36 -755. |
| 37 | Specif | ic deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 1,000. |
| 38 | Ųnrela | ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | |
| | enter f | he smaller of zero or line 36 | 20 755 |
| Ра | rt IV | Tax Computation | 38 -755. |
| 39 | | | |
| 40 | Trunén | Izations Taxable as Corporations. Multiply line 38 by 21% (0.21). | 39 |
| 40 | | Taxable at Trust Rates. See instructions for tax computation. Income tax on | |
| | the arr | iount on line 38 from: Tax rate schedule or Schedule D (Form 1041). | 40 |
| 41 | Proxy | tax. See instructions | 41 |
| 42 | Alterna | ative minimum tax (trusts only). | 42 |
| 43 | Tax or | Noncompliant Facility Income. See instructions | 42 |
| 44 | Total. | Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 43 |
| Pa | rt V | Tax and Payments | 44 |
| | | | |
| 45 a | Foreig | n tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a | |
| b | Other | credits (see instructions) | |
| С | Genera | al business credit. Attach Form 3800 (see instructions) | |
| d | Credit | for prior year minimum tax (attach Form 8801 or 8827) | |
| e | Total c | redits. Add lines 45a through 45d | 45- |
| 46 | Subtra | ct line 45e from line 44 | 45e |
| 47 | Other ta | axes, Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | 46 |
| 48 | Total é | Add lanes (0 and 17 (attach schedule) | _47 |
| | Total t | ax. Add lines 46 and 47 (see instructions) | 48 0. |
| 49 | 2018 0 | et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. | 49 |
| | | nts: A 2017 overpayment credited to 2018 | |
| þ | | stimated tax payments • • • • • • • • • • • • • • • • • • • | |
| С | Tax de | posited with Form 8868 | |
| d | Foreigi | n organizations: Tax paid or withheld at source (see Instructions) 50d | |
| е | Backup | withholding (see instructions) | |
| f | Credit | for small employer health insurance premiums (attach Form 8941) 50f | |
| g | Otherc | redits, adjustments, and payments: Form 2439 | |
| - | | orm 4136 Other Total ▶ 50g | |
| 51 | | | |
| 52 | Fetimo | ayments. Add lines 50a through 50g | 51 |
| 53 | Taxada | ted tax penalty (see instructions). Check if Form 2220 is attached. | 52 |
| | | e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 |
| 54 | Uverpa | yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 |
| 55 | Enter th | e amount of line 54 you want: Credited to 2019 estimated tax > Refunded > | 55 |
| ' | t VI | Statements Regarding Certain Activities and Other Information (see instructions | s) |
| 56 | At any | time during the 2018 calendar year, did the organization have an interest in or a signature or | other authority Yes No |
| | over a | financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma | v have to file |
| | FinCEN | Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the | foreign country |
| | here 🕨 | | |
| 57 | During | the tax year did the organization receive a distribution from any to the | |
| ••• | H Voc 1 | the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig | n trust?X |
| 58 | Enter ti | see instructions for other forms the organization may have to file. | |
| <u> </u> | | ne amount of tax-exempt interest received or accrued during the tax year > \$ | |
| c : | tr | nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be ie, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | est of my knowledge and belief, it is |
| Sigr | · | | the IDC diama shi |
| Her | | | y the IRS discuss this return the preparer shown below |
| | s | Date Jitie (see | instructions)? X Yes No |
| . | | Print/Type preparer's name Peparer's signature Date | DTIN |
| Paid | | ADAM R SMTTH CPA | have a life of the second seco |
| | arer | Firm's name BKD LLP | nployed P00958966 |
| Use | Only | FINIS 111 SOUTH TRION CULTURE COOL COLORIDO CONTRACT | |
| | | Phone | no.719 471-4290 |
| JSA | | | Form 990-T (2018) |

| Cumulative E-File History 2018 | | | | | | | | | | |
|--------------------------------|-----------------------|---------------------|--|--|--|--|--|--|--|--|
| Federal Extension3 | | | | | | | | | | |
| Locator: 7128OZ | | | | | | | | | | |
| Taxpayer Na | ame: | JEWISHCOLORADO | | | | | | | | |
| Return T | Return Type: 990, 990 | | | | | | | | | |
| Submitted Date | 10/2 | 25/2019 12:47:25 PM | | | | | | | | |
| Acknowledgement Date | 10/2 | 25/2019 12:58:12 PM | | | | | | | | |
| Status | | | | | | | | | | |
| Submission ID | 840 | 22720192985000014 | | | | | | | | |
| Print | Print Close | | | | | | | | | |

JEWISHCOLORADO

| Form 990-T (2018) | | | | | | | | | | | Page 3 |
|--|---|--------------------|---|-------------------------------|-------------|---------------|---|---------|--|----------|--------|
| Schedule A - Cost of Go | oods Sold. Er | ter methoo | d of invento | | | | | | 1 | | |
| 1 Inventory at beginning of y | ear <u>1</u> | | | 6 In | ventory a | at end of yea | ar | 6 | | | |
| 2 Purchases | 2 | | | | | | ld. Subtract line | | | | |
| 3 Cost of labor | 3 | | | 6 | from li | ine 5. En | iter here and in | | | | |
| 4a Additional section 263A co | osts | | | Pa | art I, line | 2 | | 7 | | | |
| (attach schedule) | 4a | | | 8 D | o the | rules of | section 263A (v | vith r | espect to | Yes | No |
| b Other costs (attach schedu | | | | pr | operty | produced | or acquired for | resa | ale) apply | | |
| 5 Total. Add lines 1 through | 4b 5 | | | to | the orga | nization? | | | | | Х |
| Schedule C - Rent Income | e (From Real P | roperty ar | nd Persor | nal Pr | operty | Leased V | Vith Real Prope | rty) | | | |
| (see instructions) | | | | | | | | | | | |
| 1. Description of property | | | | | | | | | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | 2. Rent recei | ved or accrue | ed | | | | | | | | |
| (a) From personal property (if the for personal property is more th more than 50%) | an 10% but not | percenta | rom real and age of rent for if the rent is | r persona | al property | exceeds | 3(a) Deductions d in columns 2 | | | | ome |
| (1) | | | | | | | | | | | |
| (1) (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Total | | Total | | | | | | | | | |
| | alumna 2(a) and 2(| | | | | | (b) Total deduction | | | | |
| (c) Total income. Add totals of conhere and on page 1, Part I, line 6 | ., . | , | | | | | Enter here and or Part I, line 6, colu | | | | |
| Schedule E - Unrelated De | | | e instructio | nns) | | | | | | | |
| | | | | / | | 3. [| Deductions directly co | nnected | with or allocat | ole to | |
| 1. Description of deb | ot-financed property | | 2. Gross i allocable to | | | | debt-finance | | , | | |
| | | | | operty | | | ht line depreciation the schedule) | | (b) Other dedu (attach sche) | | |
| (1) | | | | | | (| | | (|) | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| 4. Amount of average | 5. Average adju | sted basis | | | | | | | | | |
| acquisition debt on or allocable to debt-financed property (attach schedule) | of or alloca debt-financed (attach sche | ble to property | 4 0 | Column divided column 5 | 5 | | income reportable n 2 x column 6) | | Allocable dee umn 6 x total 3(a) and 3 | of colum | |
| (1) | | | | | % | | | | | | |
| (2) | | | | | % | | | | | | |
| (3) | | | | | % | | | | | | |
| (4) | | | | | % | | | | | | |
| | | | | | | | re and on page 1, ne 7, column (A). | | er here and o t I, line 7, co | | |
| Totals Total dividends-received deduct | ions included in co | olumn 8 | | · · · · | ▶l | | | | | 00 T | |

Form 990-T (2018)

| Form 990-T (2018) | JEWISHCO | LORAD | 00 | | | | | | (| 01-0 | 831698 Page 4 | |
|---------------------------------------|---|---------------------------|--|------------|---|--|--------------------------|---|---|---------|---|--|
| Schedule F-Interest, Ann | uities, Royalties | | | | | | | t ions (see | e instructio | ons) | | |
| | | E | Exemp | ot Co | ontrolled Org | ganizatio | ons | | | | | |
| 1. Name of controlled organization | 2. Employer identification number | er | 3. Net unrelated income (loss) (see instructions) | | | | of specifie ints made | included | 5. Part of column 4 that is included in the controlling organization's gross income | | 6. Deductions directly connected with income in column 5 | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| Nonexempt Controlled Organi | | | _ | | | | 40.0 | | 0 that is | | Deductions directly | |
| 7. Taxable Income | 8. Net unrelated in (loss) (see instruct | | | | Total of specifie ayments made | | inclu | art of column ded in the co zation's gros | ntrolling | | 1. Deductions directly nected with income in column 10 | |
| (1) | | | _ | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | Add | columns 5 a | ind 10 | Ac | dd columns 6 and 11. | |
| | | | | | | | Enter | here and on I, line 8, colu | page 1, | Ent | ter here and on page 1, rt I, line 8, column (B). | |
| Totals | | | | | | <u></u> > | | | | | | |
| Schedule G-Investment I | ncome of a Sec | tion 5 | 01(c) |)(7), | | , <u> </u> | nizatio | n (see inst | tructions) | | E Total daductions | |
| 1. Description of income | 2. Amount of | income | | | 3. Deduc directly cor (attach sch | nected | | | 4. Set-asides (attach schedule) | | 5. Total deductions and set-asides (col. 3 plus col. 4) | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | Enter here and o | n nage 1 | | | | | | | | | Enter here and on page 1, | |
| Totals | Part I, line 9, co | blumn (A) |). [*] | | | | | | | | Part I, line 9, column (B). | |
| Schedule I-Exploited Exe | empt Activity Inc | come, | Othe | er Th | an Adverti | sing Ir | ncome (| see instru | ctions) | | | |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | di conne prod un | Expense irectly ected v luction irelated ess inco | vith of | 4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro | ed tradé (column umn 3). ompute | from a is not | ss income ctivity that unrelated ss income | 6. Expe attributa colum | able to | Excess exempt expenses (column 6 minus column 5, but not more than column 4). | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | page | nere an 1, Pari 0, col. (| tI, | | | | | | | Enter here and on page 1, Part II, line 26. | |
| Totals ► Schedule J- Advertising I | Come (see instru | ictions) | <u> </u> | | | | | | | | | |
| Part I Income From Per | | | | neol | idatod Bag | ie | | | | | | |
| | | | | 11501 | | 010 | | | | | | |
| 1. Name of periodical | 2. Gross advertising income | | Direct tising co | osts | 4. Advert gain or (los 2 minus co a gain, con cols. 5 thro | s) (col. bl. 3). If mpute | | rculation come | 6. Read cos | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | _ | | | | | | | |
| (3) | | | | | _ | | | | | | | |
| (4) | | | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | | | | | | | |

Form **990-T** (2018)

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|---|---|---|--|--|-----------------------------|---|
| Part II Income From Per 2 through 7 on a | | | rate Basis (For e | each periodical | listed in Part II | , fill in columns |
| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | | | | | | |
| | Enter here and on page 1, Part I, line 11, col (A). | Enter here and on page 1, Part I, line 11, col (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | | | | | | |
| Schedule K - Compensatio | n of Officers, D | irectors, and Tr | ustees (see instr | uctions) | | |
| 1. Name | | 2. | Title | 3. Percent of time devoted to business | 4. Compensatio unrelated | |
| (1) | | | | % | | |
| (2) | | | | % | | |
| (3) | | | | % | | |

Total. Enter here and on page 1, Part II, line 14

(4)

%

►

. .

ATTACHMENT 1

| FORM 990T - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS | |
|--|-------|
| INCOME INVESTORS XII, LLC | -755. |
| INCOME (LOSS) FROM PARTNERSHIPS | -755. |

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Federal Footnotes

Form 990-T, Part II, Line 31

Net Operating Loss Deduction Arising In Tax Years Before January 1, 2018

| Year Generated | Original | Utilized in Prior years | Utilized in Current Year | Carryforward |
|------------------------------------|----------|----------------------------|-----------------------------|--------------|
| 2016 | 120 | | | 120 |
| 2017 | 440 | | | 440 |
| Net Operating Loss Carried to 2019 | 560 | - | - | 560 |

JEWISHcolorado

Federal Footnotes

Form 990-T, Part II, Line 31

Net Operating Loss Deduction Arising In tax Years Beginning On Or After January 1, 2018

| | | Utilized in | Utilized in | |
|------------------------------------|----------|-------------|--------------|--------------|
| Year Generated | Original | Prior years | Current Year | Carryforward |
| 2018 | 755 | | | 755 |
| Net Operating Loss Carried to 2019 | 755 | - | - | 755 |