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

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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	
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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	
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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.			

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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)
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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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(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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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.

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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

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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 .►

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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

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-	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		

Schedule A (Form 990 or 990-EZ) 2018

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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
1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity furthers exempt purposes of supported organizations. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. 4 Amounts paid to occurre exempt-use assets 5 Outlified set-aside amounts (bior IRS approval required) 6 Other distributions (accomplish exempt up assets 7 Total amount divide by bee instructions. 7 Total amount divide by line 9 amount 8 Distributions to attentive supported organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C. line 6 1 Distributable amount for 2018 from Section C. line 6 2 Underdistributions carryover, if any, to ryears prior to 2018 (resonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 4 From 2015					Current Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (pfor IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide detais in Part V). See instructions. 9 Distributions to attentive supported organizations to which the organizations to mich the organizations to mich the organizations to mich the organizations in exponsive (provide detais in Part V). See instructions. 9 Distributions differences 10 Line 8 amount for 2018 from Section C, line 6 11 Distributions carryover, if any, to 2018 12 Underdistributions carryover, if any, to 2018 13 Excess distributions carryover, if any, to 2018 14 From 2015 15 From 2016 16 From 2017 17 Excess distributions at roy as a through e 16 From 2018 17 From 2018 <t< th=""><th></th><th></th><th>xempt purposes</th><th></th><th></th></t<>			xempt purposes		
organizations, in excess of income from activity 3 4 4 4 5 Qualified set-saide amounts (prior IRS approval required) 6 6 Other distributions (decorbe in Ret VI). See instructions. 7 Total annual distributions to attribute supported organizations to which the organization is responsive (priovide details in Part VI). See instructions. 7 Total annual distributions (decorbe in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (priovide details in Part VI). See instructions. 9 Distributions (actions (see instructions) 8 Excess distributions attentive approach organization is responsive (interpretation or 2018 from Section C, line 6 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions carryover, if any, to 2018 4 From 2013 5 Excess distributions carryover, if any, to 2018 6 From 2014 7 Total of lines 3a through e 9 Applied to underdistributions of prior years 1 Carryover from 2013 not applied (see instructions) 1 Remainder. Subtract lines 30, 3h, and 3i from		· · · · · · · · · · · · · · · · · · ·		ed	
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4 Anounts paid to acquire exemptuse assets 5 Qualified set-saide amounts (prior RS approval required). 6 Other distributions. (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions) 10 Line & amount divided by line 9 amount 11 Distributable amount for 2018 from Section C, line 6 12 Underdistributions, if any, for years prior to 2018 13 Excess distributions carryover, if any, to 2018 14 From 2013 15 Excess distributions carryover, if any, to 2018 15 From 2015 16 From 2016 17 Total of lines 3 athrough e 18 From 2016 19 Applied to underdistributions of prior years 10 Inter Say, Sh, and Strong 3. 19 Applied to underdistributions of prior years 19 Applied to underdistributions of prior years 10 I	3		ses of supported organi	zations	
5 Qualified set-aside amounts (pior IRS approval required) 6 Other distributions (describe in Part VI), See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount of 2018 from Section C, line 6 11 Distributable amount of 2018 from Section C, line 6 12 Underdistributions (aver parts to 2018 13 Excess distributions carry over, if any, to 2018 14 From 2013 15 From 2014 16 From 2015 17 Carl of lines 3a through e 18 From 2014 19 Pistributable amount for 2018 from 3ection C, line 6 10 Underdistributions of any, to years proto 2018 14 From 2013 15 From 2014 16 From 2014 17 From 2014 18 From 2014 19 Applied to underdistributions of prior years 10 Applied to underdistributions of prior years					
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7 Total annual distributions. Add lines 1 through 6. 8 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 9 Distributable amount for 2018 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (ii) (iii) Distributable amount for 2018 from Section C, line 6 1 Distributable amount for 2018 from Section C, line 6 9 (iii) Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions. 9 9 3 Excess distributions carryover, if any, to 2018 9 9 4 From 2013 9 9 9 5 Forces distributions of prior years 9 9 6 From 2015 9 9 9 7 Total of lines 3a through e 9 9 9 6 From 2017 9 9 9 9 7 Total of lines 3a, 3h, and 3 from 3f. 9 9 9 9 9 9 9 9 9		· · · · · ·			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Image: construction of the end of the en		· · · · ·			
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b From 2014	3	Excess distributions carryover, if any, to 2018			
c From 2015	а	From 2013			
c From 2015	b	From 2014			
e From 2017	С	From 2015			
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b Excess from 2015 Image: Constraint of the second se					
c Excess from 2016 Image: Constraint of the second se					
d Excess from 2017 Image: Constraint of the second se					
e Excess from 2018					
	e			Cabadula	A (Form 900 or 900 E7) 2010

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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)

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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

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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)									
(6)									
(7)									
(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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 Schedule G (Form 990 or 990-EZ) 2018

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	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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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.					
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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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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			•								
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(7) CONGREGATION EMANUEL Seneral OPERATING 51 GRAPE ST DENVER, CO 80220 84-0402688 501(C)(3) 189,267. SUPPORT (8) THE JEWISH FEDERATIONS OF NORTH AMERICA INC 25 EROADWAY, 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 31-1818723 501(C)(3) 144,601. SUPPORT (12) CHABAD JEWISH CENTER INC 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 127,964.	(6) DENVER JEWISH DAY SCHOOL							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			
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(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			
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(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			
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(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).		
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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								
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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 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)	•							• • •
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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,		
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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>		
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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
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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)

Form 990-T (2018)	JEWISHCC	LORADO			01-08	31698 Page 5
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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JEWISHcolorado

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