

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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 latest information.

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B Check if applicable: C Name of organization JEWISHCOLORADO D Employer identification number 01-0831698 E Telephone number (303) 321-3399 G Gross receipts \$ 59,125,015. H(a) Is this a group return for subsidiaries? Yes No H(b) Are all subsidiaries included? Yes No I Tax-exempt status: X 501(c)(3) J Website: WWW.JEWISHCOLORADO.ORG K Form of organization: X Corporation L Year of formation: 2005 M State of legal domicile: CO

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 7b Net unrelated business taxable income... 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

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

Sign Here Signature of officer JAY STREAR, CEO Date 6/4/20

Paid Preparer Use Only Print/Type preparer's name ADAM R SMITH CPA Preparer's signature Adam R Smith Date 4/6/2020 Check self-employed if PTIN P00958966 Firm's name BKD, LLP Firm's address 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848 Firm's EIN 44-0160260 Phone no. 719 471-4290

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

Cumulative E-File History 2018	
FED	
Locator: 71280Z Taxpayer Name: JEWISHCOLORADO Return Type: 990, 990	
Submitted Date	10/25/2019 12:47:25 PM
Acknowledgement Date	10/25/2019 12:58:12 PM
Status	Accepted
Submission ID	84022720192985000048
Print	Close

Part 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 13,069,547. including grants of \$ 13,854,124.) (Revenue \$ 690,786.)
ATTACHMENT 1

4b (Code:) (Expenses \$ 5,327,998. including grants of \$ 1,954,100.) (Revenue \$ 273,151.)
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 Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,397,545.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (33), 1b (33), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANA ZEFF ANDERSON BOARD CHAIR	5.00 0.	X		X				0.	0.	0.
(2) EDWARD SHAOUL SECRETARY	5.00 0.	X		X				0.	0.	0.
(3) ALAN BRANDT TREASURER	5.00 0.	X		X				0.	0.	0.
(4) TIFFANY GLUCKSMAN APPEL DEVELOPMENT CHAIR	5.00 0.	X		X				0.	0.	0.
(5) ADRIANE GREENBERG YAD CHAIR	5.00 0.	X						0.	0.	0.
(6) ARON GRODINSKY BOARD MEMBER	5.00 0.	X						0.	0.	0.
(7) AZA SQUARER BOULDER ISRAEL ENGAGEMENT	5.00 0.	X						0.	0.	0.
(8) BEN LUSHER BOARD MEMBER	5.00 0.	X						0.	0.	0.
(9) BRIAN DEMAIN INVESTMENT COMMITTEE CHAIR	5.00 0.	X						0.	0.	0.
(10) CARL ROSSOW BOARD MEMBER	5.00 0.	X						0.	0.	0.
(11) CINTRA POLLACK PLANNING & GRANT CHAIR	5.00 0.	X						0.	0.	0.
(12) CRAIG GARDENSWARTZ AGENCY REP	5.00 0.	X						0.	0.	0.
(13) DAN FEINER BOARD MEMBER	5.00 0.	X						0.	0.	0.
(14) ELLEN ABRAMS BOARD MEMBER	5.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GARY KLEIMAN ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(16) HOLLY STEIN SOLLOD ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(17) JACKIE COOPER MELMED ----- JRCC CHAIR	5.00 ----- 0.	X						0.	0.	0.
(18) JACKIE WONG ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(19) JAIME MILLER ALTMAN ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(20) JASON WILLIAMSON ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(21) JIMMY MILLER ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(22) JJ SLATKIN ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(23) KEREM SZCZEBAK ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
(24) LISA MINTZ ----- JEWISH WOMEN'S PHIL. COMMITTEE	5.00 ----- 0.	X						0.	0.	0.
(25) NANCY GART ----- BOARD MEMBER	5.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								426,202.	0.	74,083.
d Total (add lines 1b and 1c)								426,202.	0.	74,083.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 1

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) NEIL OBERFELD ----- BOARD MEMBER	5.00 ----- 0.	X					0.	0.	0.	
(27) RABBI SALOMON GRUENWALD ----- RMRC REP	5.00 ----- 0.	X					0.	0.	0.	
(28) ROB KAUFMANN ----- BOARD MEMBER	5.00 ----- 0.	X					0.	0.	0.	
(29) RUTH MALMAN ----- BOARD CHAIR-ELECT	5.00 ----- 0.	X					0.	0.	0.	
(30) SETH WONG ----- BOARD MEMBER	5.00 ----- 0.	X					0.	0.	0.	
(31) SHERYL FEILER ----- BOARD MEMBER	5.00 ----- 0.	X					0.	0.	0.	
(32) STEVE ABELMAN ----- BOARD MEMBER	5.00 ----- 0.	X					0.	0.	0.	
(33) WHITNEY CHOTIN WOLZ ----- BOARD MEMBER	5.00 ----- 0.	X					0.	0.	0.	
(34) AMY TOLTZ-MILLER ----- IMMEDIATE PAST CHAIR	5.00 ----- 0.	X					0.	0.	0.	
(35) RABBI JAY STEAR ----- PRESIDENT/CEO (BEG 07/18)	37.00 ----- 0.			X			85,222.	0.	16,810.	
(36) BETHANY FRIDAY ----- VICE PRESIDENT OF FINANCE	37.00 ----- 0.			X			85,125.	0.	27,199.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for NNEKA MCPHEE and MARSHA HURWITZ.

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

Summary table with 3 rows and 3 columns (Yes/No). Row 3: Did the organization list any former officer... Row 4: For any individual listed on line 1a, is the sum of reportable compensation... Row 5: Did any person listed on line 1a receive or accrue compensation from any unrelated 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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Currently empty.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	497,709.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	13,619,027.					
	g Noncash contributions included in lines 1a-1f: \$		1,972,981.					
	h Total. Add lines 1a-1f			14,116,736.				
Program Service Revenue	2a EVENT INCOME	Business Code	812900	604,891.	604,891.			
	b PROGRAM FEES		812900	359,046.	359,046.			
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			963,937.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			2,011,757.		-755.	2,012,512.	
	4 Income from investment of tax-exempt bond proceeds .			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real		12,440.				
		(ii) Personal						
		b Less: rental expenses						
	c Rental income or (loss)		12,440.					
	d Net rental income or (loss)			12,440.			12,440.	
	7a Gross amount from sales of assets other than inventory	(i) Securities		41,821,190.				
		(ii) Other		1,333.				
		b Less: cost or other basis and sales expenses		40,040,634.				
		c Gain or (loss)		1,780,556.	1,333.			
	d Net gain or (loss)			1,781,889.			1,781,889.	
	8a Gross income from fundraising events (not including \$ 497,709. of contributions reported on line 1c). See Part IV, line 18	a		194,970.				
		b Less: direct expenses	b	317,438.				
c Net income or (loss) from fundraising events				-122,468.			-122,468.	
9a Gross income from gaming activities. See Part IV, line 19	a		0.					
	b Less: direct expenses	b	0.					
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a		0.					
	b Less: cost of goods sold	b	0.					
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a MISCELLANEOUS REVENUE		900099		2,652.			2,652.	
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				2,652.				
12 Total revenue. See instructions.				18,766,943.	963,937.	-755.	3,687,025.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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 individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	299,855.	88,637.	160,060.	51,158.
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.
10 Payroll taxes	190,444.	56,295.	101,657.	32,492.
11 Fees for services (non-employees):				
a Management	0.			
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.
14 Information technology	81,186.	29,340.	40,647.	11,199.
15 Royalties	0.			
16 Occupancy	137,778.	32,480.	103,493.	1,805.
17 Travel	732,355.	696,987.	19,386.	15,982.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	31,151.	20,300.	5,948.	4,903.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	37,290.	9,498.	27,792.	
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.)				
a EVENTS	448,106.	271,006.	11,346.	165,754.
b SUBSCRIPTIONS, PUBLICATIONS	75,009.	68,663.	5,846.	500.
c BAD 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	474,958.
	2 Savings and temporary cash investments	3,361,612.	2	10,519,707.
	3 Pledges and grants receivable, net	6,414,640.	3	5,479,334.
	4 Accounts receivable, net	0.	4	14,900.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	1,367,965.	7	1,714,038.
	8 Inventories for sale or use	0.	8	3,830.
	9 Prepaid expenses and deferred charges	11,578.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,241,091.		
	b Less: accumulated depreciation	10b 815,175.	1,194,020.	10c 7,425,916.
	11 Investments - publicly traded securities	71,934,293.	11	54,069,014.
	12 Investments - other securities. See Part IV, line 11	3,121,558.	12	2,544,970.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	10,401.	15	73,061.
16 Total assets. Add lines 1 through 15 (must equal line 34)	87,416,067.	16	82,319,728.	
Liabilities	17 Accounts payable and accrued expenses	604,814.	17	470,103.
	18 Grants payable	0.	18	2,765,526.
	19 Deferred revenue	1,103,260.	19	218,518.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	1,800,000.	23	2,361,629.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	19,737,846.	25	16,946,210.
	26 Total liabilities. Add lines 17 through 25	23,245,920.	26	22,761,986.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	46,277,791.	27	45,991,383.
	28 Temporarily restricted net assets	8,367,507.	28	0.
	29 Permanently restricted net assets	9,524,849.	29	13,566,359.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	64,170,147.	33	59,557,742.	
34 Total liabilities and net assets/fund balances	87,416,067.	34	82,319,728.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,766,943.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,272,217.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,505,274.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,170,147.
5	Net unrealized gains (losses) on investments	5	-1,049,101.
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	-58,030.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,557,742.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Name of the organization
JEWISHCOLORADO

Employer identification number
01-0831698

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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.)

Section A. Public Support

Calendar 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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
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		
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)
1 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).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior 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 divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 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.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

2018

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

Name of the organization
 JEWISHCOLORADO

Employer identification number
 01-0831698

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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).

Name of organization **JEWISHCOLORADO**

Employer identification number
01-0831698

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 768,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,352,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 333,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 543,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JEWISHCOLORADO**

Employer identification number

01-0831698

Part II **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	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	MARKETABLE SECURITIES	\$ 257,921.	12/27/2018
7	MARKETABLE SECURITIES	\$ 537,408.	12/26/2018
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization JEWISHCOLORADO

Employer identification number

01-0831698

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization JEWISHCOLORADO	Employer identification number 01-0831698
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means 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 both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> 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					

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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 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 and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

JEWISHCOLORADO

Employer identification number

01-0831698

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and questions about monitoring and reporting.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures, and amounts required to be reported under SFAS 116.

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

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment 96.7400 %
c Temporarily restricted endowment 3.2600 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Columns: Yes, No.

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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.

Complete if the organization answered "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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) TRUST OBLIGATIONS	1,192,421.	
(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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:			
a	Net unrealized gains (losses) on investments	2a	-1,049,101.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	259,408.	
e	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:			
a	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 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 With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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:			
a	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:			
a	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

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

3,127,921 - DONOR DESIGNATED CONTRIBUTIONS

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Name of the organization

JEWISHCOLORADO

Employer identification number

01-0831698

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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 NORTH AFRICA	0.	0.	INVESTMENTS		978,017.
(2) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	EDUCATION	557,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					1,535,017.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,535,017.

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

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(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)							

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 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 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 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 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 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 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
ACCURAL BASIS USING EXPENSE REPORTS OR OTHER APPROPRIATE DOCUMENTATION.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization
JEWISHCOLORADO

Employer identification number
01-0831698

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MEN ' S EVENT	JCRC LUNCHEON	1.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	544,296.	84,041.	64,342.	692,679.
	2 Less: Contributions	444,296.	36,556.	16,857.	497,709.
	3 Gross income (line 1 minus line 2)	100,000.	47,485.	47,485.	194,970.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	90,217.	9,389.	31,572.	131,178.
	7 Food and beverages	62,555.	21,512.	32,260.	116,327.
	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 lines 4 through 9 in column (d) ▶				317,438.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-122,468.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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 entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming 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 ▶ \$ _____.
- c 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:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

JEWISHCOLORADO

Employer identification number

01-0831698

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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) 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) LOS ANGELES MUSEUM OF THE HOLOCAUST MARTYRS 100 S. THE GROVE DRIVE, LA. CA. 90036	46-0503824	501(C)(3)	499,750.				GENERAL OPERATING SUPPORT
(2) JEWISH FAMILY SERVICE OF COLORADO, INC. 3201 S TAMARAC DR. #200 DENVER, CO 80231	84-0402701	501(C)(3)	573,245.				GENERAL OPERATING SUPPORT
(3) NATIONAL JEWISH HEALTH 1400 JACKSON ST M216 DENVER, CO 80206	74-2044647	501(C)(3)	311,500.				GENERAL OPERATING SUPPORT
(4) THE SHALOM HARTMAN INSTITUTE OF NORTH AMERI 475 RIVERSIDE DR STE 1450 NYC, NY 10115	13-3014387	501(C)(3)	300,000.				GENERAL OPERATING SUPPORT
(5) JEWISH COMMUNITY CENTERS OF DENVER 350 S. DAHLIA STREET DENVER, CO 80246	84-0404245	501(C)(3)	261,708.				GENERAL OPERATING SUPPORT
(6) DENVER JEWISH DAY SCHOOL 2450 S. WABASH STREET DENVER, CO 80231	84-1476467	501(C)(3)	239,670.				GENERAL OPERATING SUPPORT
(7) CONGREGATION EMANUEL 51 GRAPE ST DENVER, CO 80220	84-0402688	501(C)(3)	189,267.				GENERAL OPERATING SUPPORT
(8) THE JEWISH FEDERATIONS OF NORTH AMERICA INC 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	7,213,643.				GENERAL OPERATING SUPPORT
(9) THE JEWISH EXPERIENCE 399 S MONACO PKWY DENVER, CO 80224	84-1530357	501(C)(3)	147,832.				GENERAL OPERATING SUPPORT
(10) JEWISH AGENCY FOR ISRAEL-NORTH AMERICAN COU 2564 S KRAMEIA ST DENVER, CO 80222	23-0053483	501(C)(3)	141,913.				GENERAL OPERATING SUPPORT
(11) ANTI-DEFAMATION LEAGUE MOUNTAIN STATES REGI 1120 LINCOLN ST.,STE 1301 DENVER, CO. 80203	13-1818723	501(C)(3)	144,601.				GENERAL OPERATING SUPPORT
(12) CHABAD JEWISH CENTER INC 9950 LONE TREE PARKWAY LONE TREE, CO 80124	20-0285036	501(C)(3)	127,964.				GENERAL OPERATING SUPPORT

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

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

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Schedule I (Form 990) (2018)

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JEWISHCOLORADO

Employer identification number

01-0831698

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(1) BOULDER JEWISH COMMUNITY CENTER 6007 OREG AVE BOULDER, CO 80303	84-1322996	501(C)(3)	143,253.				GENERAL OPERATING SUPPORT
(2) HILLEL OF CU BOULDER 2795 COLORADO AVE BOULDER, CO 80302	83-3395525	501(C)(3)	109,509.				GENERAL OPERATING SUPPORT
(3) YESHIVA TORAS CHAIM (TALMUDIC SEMINARY OF D 1555 STUART ST DENVER, CO 80204	84-0576800	501(C)(3)	104,310.				GENERAL OPERATING SUPPORT
(4) ANTI-DEFAMATION LEAGUE, NY 605 THIRD AVE NEW YORK, NY 10158	13-1818723	501(C)(3)	94,672.				GENERAL OPERATING SUPPORT
(5) HILLEL OF COLORADO 2390 S. RACE STREET DENVER, CO 80210	53-0238141	501(C)(3)	88,291.				GENERAL OPERATING SUPPORT
(6) SHALOM PARK 14800 E BELLEVIEW DR AURORA, CO 80015	74-2376546	501(C)(3)	96,216.				GENERAL OPERATING SUPPORT
(7) DENVER HEBREW EDUCATIONAL ALLIANCE 3600 S IVANHOE ST DENVER, CO 80237	84-0447472	501(C)(3)	74,365.				GENERAL OPERATING SUPPORT
(8) CONGREGATION BMH-BJ 560 S. MONACO PKWY. DENVER, CO 80224	84-0412568	501(C)(3)	69,290.				GENERAL OPERATING SUPPORT
(9) MERKAZ TORAH VCHESD 6572 E. DAKOTA AVE DENVER, CO 80224	27-4079064	501(C)(3)	51,000.				GENERAL OPERATING SUPPORT
(10) DENVER COMMUNITY KOLLEL 1395 WOLFF ST DENVER, CO 80204	84-1520391	501(C)(3)	53,868.				GENERAL OPERATING SUPPORT
(11) COMMUNITY FOOD SHARE, INC. 650 S. TAYLOR AVE LOUISVILLE, CO 80027	74-2227731	501(C)(3)	50,000.				GENERAL OPERATING SUPPORT
(12) JEWISH NATIONAL FUND -KEREN KAYEMETH LEISRA 6000 E EVANS AVE STE 2-221 DENVER, CO. 80222	13-1659627	501(C)(3)	41,838.				GENERAL OPERATING SUPPORT

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

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

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Schedule I (Form 990) (2018)

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Name of the organization

JEWISHCOLORADO

Employer identification number

01-0831698

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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) 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) HILLEL ACADEMY 450 S. HUDSON ST. DENVER, CO 80246	84-0430032	501(C)(3)	67,871.				GENERAL OPERATING SUPPORT
(2) AISH DENVER 9550 E. BELLEVIEW AVE GRNWOOD VIL., CO.80111	84-1322731	501(C)(3)	38,532.				GENERAL OPERATING SUPPORT
(3) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTE PO BOX 4124 NEW YORK, NY 10163	13-1656634	501(C)(3)	37,352.				GENERAL OPERATING SUPPORT
(4) UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126 DENVER, CO 80217	84-6049811	501(C)(3)	39,050.				GENERAL OPERATING SUPPORT
(5) CHABAD 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 4350 S MONACO ST 5TH FL DENVER, CO 80237	68-0561084	501(C)(3)	39,150.				GENERAL OPERATING SUPPORT
(7) DENVER ART MUSEUM INC 100 W 14TH AVENUE PKWY DENVER, CO 80204	84-6038240	501(C)(3)	30,500.				GENERAL OPERATING SUPPORT
(8) B'NAI HAVURAH 6445 E OHIO AVE DENVER, CO 80224	23-7189650	501(C)(3)	30,250.				GENERAL OPERATING SUPPORT
(9) AMERICAN FRIENDS OF LEKET ISRAEL, INC. PO BOX 2090 TEANECK, NJ 07666	20-8202424	501(C)(3)	30,000.				GENERAL OPERATING SUPPORT
(10) AZERTION MOVEMENT FOR CULTURAL UNDERSTANDIN 101 ENCHANTED RD GOLDEN, CO 80401	27-4343527	501(C)(3)	30,000.				GENERAL OPERATING SUPPORT
(11) POSNER CENTER FOR INTERNATIONAL DEVELOPMENT 1031 33RD ST STE 140 DENVER, CO 80205	46-4406422	501(C)(3)	25,000.				GENERAL OPERATING SUPPORT
(12) RECONSTRUCTIONIST RABBINICAL COLLEGE 1299 CHURCH RD WYNCOTE, PA 19095	23-1710675	501(C)(3)	25,000.				GENERAL OPERATING SUPPORT

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

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

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Schedule I (Form 990) (2018)

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Employer identification number

01-0831698

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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) 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 6825 E ALAMEDA AVE DENVER, CO 80224	20-4605658	501(C)(3)	23,973.				GENERAL OPERATING SUPPORT
(2) KESHET OF THE ROCKIES 300 S DAHLIA ST, STE. 202 DENVER, CO. 80246	47-0883605	501(C)(3)	29,364.				GENERAL OPERATING SUPPORT
(3) RAMAH IN THE ROCKIES 300 S DAHLIA ST STE 205 DENVER, CO 80246	20-4078988	501(C)(3)	29,228.				GENERAL OPERATING SUPPORT
(4) TEMPLE SINAI 3509 S GLENCOE ST DENVER, CO 80237	84-6050187	501(C)(3)	21,921.				GENERAL OPERATING SUPPORT
(5) BETH JACOB HIGH SCHOOL 5100 W. 14TH AVE. DENVER, CO 80204	84-0585743	501(C)(3)	28,424.				GENERAL OPERATING SUPPORT
(6) CHILDREN'S HOSPITAL FOUNDATION 13123 E 16TH AVE., BOX 045 AURORA, CO. 80045	84-0813462	501(C)(3)	20,250.				GENERAL OPERATING SUPPORT
(7) AMERICAN FRIENDS OF KAPLAN MEDICAL CENTER 152 BATEMAN ROAD LANGHORNE, PA 19047	26-0667515	501(C)(3)	20,180.				GENERAL OPERATING SUPPORT
(8) HIDDEN LIGHT INSTITUTE 3700 EAST JEFFERSON AVENUE DENVER, CO 80237	82-0709603	501(C)(3)	20,118.				GENERAL OPERATING SUPPORT
(9) DENVER ACADEMY OF TORAH 6825 E. ALAMEDA DENVER, CO 80224	84-1187080	501(C)(3)	37,117.				GENERAL OPERATING SUPPORT
(10) BAIS MENACHEM INC 400 S HOLLY ST DENVER, CO 80246	84-1571026	501(C)(3)	19,340.				GENERAL OPERATING SUPPORT
(11) REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT ST STE 400 DENVER, CO 80203	84-6000555	501(C)(3)	18,000.				GENERAL OPERATING SUPPORT
(12) KABBALAH EXPERIENCE 2305 S SYRACUSE WAY UNIT 10 DENVER, CO 80231	20-3226087	501(C)(3)	17,375.				GENERAL OPERATING SUPPORT

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Name of the organization

JEWISHCOLORADO

Employer identification number

01-0831698

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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) 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 800 EIGHTH STREET, NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	27,326.				GENERAL OPERATING SUPPORT
(2) BOULDER COMMUNITY HOSPITAL FOUNDATION PO BOX 9019 BOULDER, CO 80301	84-0772664	501(C)(3)	16,000.				GENERAL OPERATING SUPPORT
(3) TATE AMERICAS FOUNDATION 520 WEST 27TH STREET, UNIT #404	13-3453405	501(C)(3)	16,000.				GENERAL OPERATING SUPPORT
(4) CONGREGATION RODEF SHALOM 450 S KEARNEY ST DENVER, CO 80224	84-0468847	501(C)(3)	15,870.				GENERAL OPERATING SUPPORT
(5) THE BUDDY PROGRAM INC 110 E. HALLAM ST. ASPEN, CO 81611	74-2594693	501(C)(3)	15,250.				GENERAL OPERATING SUPPORT
(6) CHABAD CENTER AT UNIVERSITY OF COLORADO, IN 909 14TH ST BOULDER, CO 80302	20-2853143	501(C)(3)	15,015.				GENERAL OPERATING SUPPORT
(7) PARK CITY JEWISH CENTER INC PO BOX 681236 PARK CITY, UT 84068	87-0543584	501(C)(3)	14,600.				GENERAL OPERATING SUPPORT
(8) ROCKY MOUNTAIN RABBINICAL COUNCIL INC 3509 S GLENCOE ST DENVER, CO 80237	52-2405110	501(C)(3)	14,362.				GENERAL OPERATING SUPPORT
(9) JEWISH RESOURCE CENTER CHABAD OF ASPEN 435 WEST MAIN STREET ASPEN, CO 81611	22-3787221	501(C)(3)	14,000.				GENERAL OPERATING SUPPORT
(10) CLAL - THE NATIONAL JEWISH CENTER FOR LEARN 440 PARK AVENUE S., 4TH FLOOR NYC, NY 10016	23-7390358	501(C)(3)	14,000.				GENERAL OPERATING SUPPORT
(11) DAVIDSON COLLEGE PO BOX 7162 DAVIDSON, NC 28035	56-0529961	501(C)(3)	13,600.				GENERAL OPERATING SUPPORT
(12) MOISHE FOUNDATION 5007 PROVIDENCE RD. CHARLOTTE, NC 28226	26-2599786	501(C)(3)	23,500.				GENERAL OPERATING SUPPORT

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

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**Grants and Other Assistance to Organizations,
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Name of the organization

JEWISHCOLORADO

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01-0831698

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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? Yes No
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Part II 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) 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) SHARSHERET, INC. 1086 TEANECK ROAD TEANECK, NJ 07666	13-4198529	501(C)(3)	13,350.				GENERAL OPERATING SUPPORT
(2) DENVER SCHOLARSHIP FOUNDATION 789 SHERMAN ST., SUITE 610 DENVER, CO 80203	20-5143175	501(C)(3)	13,000.				GENERAL OPERATING SUPPORT
(3) YESHIVAS DVAR TORAH INC 7 WHISPERING PINES LN LAKEWOOD, NJ 08701	06-1544863	501(C)(3)	13,000.				GENERAL OPERATING SUPPORT
(4) HADASSAH DENVER 2606 S TROY CT AURORA, CO 80014	84-1079004	501(C)(3)	12,900.				GENERAL OPERATING SUPPORT
(5) BEBER CAMP PROPERTY INC 8833 GROSS POINT RD STE 312 SKOKIE IL 60077	27-2025066	501(C)(3)	12,200.				GENERAL OPERATING SUPPORT
(6) MOVING TRADITIONS 261 OLD YORK ROAD JENKINTOWN, PA 19046	34-2015014	501(C)(3)	12,500.				GENERAL OPERATING SUPPORT
(7) ROCKY MOUNTAIN CHILDRENS HEALTH FOUNDATION 5394 MARSHALL STREET ARVADA, CO 80002	26-3839761	501(C)(3)	11,250.				GENERAL OPERATING SUPPORT
(8) UNION FOR REFORM JUDIASM 633 THIRD AVENUE NEW YORK, NY 10017	13-1663143	501(C)(3)	10,940.				GENERAL OPERATING SUPPORT
(9) CAMP HASC INC 1563 49TH ST BROOKLYN, NY 11219	81-1146659	501(C)(3)	10,000.				GENERAL OPERATING SUPPORT
(10) SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	10,000.				GENERAL OPERATING SUPPORT
(11) CHOATE ROSEMARY HALL FOUNDATION INCORPORATE 333 CHRISTIAN ST WALLINGFORD, CT 06492	06-0910420	501(C)(3)	10,000.				GENERAL OPERATING SUPPORT
(12) UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	10,000.				GENERAL OPERATING SUPPORT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

JEWISHCOLORADO

Employer identification number

01-0831698

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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) 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 PO BOX 2468 EVERGREEN, CO 80437	20-2126847	501(C)(3)	10,000.				GENERAL OPERATING SUPPORT
(2) THE COLORADO COLLEGE 14 E CACHE LA POUDE ST CO.SPGS, CO.80903	84-0402510	501(C)(3)	10,000.				GENERAL OPERATING SUPPORT
(3) AMERICAN JEWISH WORLD SERVICE, INC. 45 W 36TH ST NEW YORK, NY 10018	22-2584370	501(C)(3)	9,860.				GENERAL OPERATING SUPPORT
(4) UNITED AGED HOME MOSHAV SEKENIM OF JERUSALE 731 LIVINGSTON RD ELIZABETH, NJ 07208	22-1660813	501(C)(3)	9,840.				GENERAL OPERATING SUPPORT
(5) JEWISH CENTER-CHABAD OF NORTHWEST METRO DEN 4505 W 112 AVE WESTMINSTER, CO 80031	20-0449462	501(C)(3)	11,402.				GENERAL OPERATING SUPPORT
(6) ROSE COMMUNITY FOUNDATION 600 S CHERRY ST STE 1200 DENVER, CO 80246	84-0920862	501(C)(3)	9,350.				GENERAL OPERATING SUPPORT
(7) KAVOD SENIOR LIVING 22 S ADAMS ST DENVER, CO 80209	20-4375532	501(C)(3)	19,104.				GENERAL OPERATING SUPPORT
(8) JEWISH WOMENS RENAISSANCE PROJECT INC 6101 EXECUTIVE BLVD STE390 RCKVILLE,MD20852	38-3852989	501(C)(3)	10,040.				GENERAL OPERATING SUPPORT
(9) CONGREGATION BONAI SHALOM 1527 CHERRYVALE ROAD BOULDER, CO 80303	84-0891557	501(C)(3)	9,500.				GENERAL OPERATING SUPPORT
(10) JUDAISM YOUR WAY 950 S CHERRY ST STE 310 DENVER, CO 80246	46-0517841	501(C)(3)	11,300.				GENERAL OPERATING SUPPORT
(11) PEACE HOUSE INC PO BOX 682141 PARK CITY, UT 84068	87-0500067	501(C)(3)	8,000.				GENERAL OPERATING SUPPORT
(12) RMJHS/DU 2000 E. ASBURY AVE, DENVER, CO. 80208	84-0404231	501(C)(3)	7,618.				GENERAL OPERATING SUPPORT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

JEWISHCOLORADO

Employer identification number

01-0831698

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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) 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) ASPEN COMMUNITY FOUNDATION 455 GOLD RIVERS CT STE 515 BASALT, CO 81621	84-0829226	501(C)(3)	7,500.				GENERAL OPERATING SUPPORT
(2) GLOBAL DOWN SYNDROME FOUNDATION 3239 E. 2ND AVENUE DENVER, CO 80206	26-4431001	501(C)(3)	7,500.				GENERAL OPERATING SUPPORT
(3) BETH MEDRASH GOVOHA OF LAKEWOOD INC 601 PRIVATE WAY LAKEWOOD, NJ 08701	22-3839462	501(C)(3)	7,100.				GENERAL OPERATING SUPPORT
(4) RUACH CHAIM INC PO BOX 11 KEYPORT, NJ 07735	22-3665609	501(C)(3)	6,800.				GENERAL OPERATING SUPPORT
(5) SEMINARY BNOS CHAIM 388 CHESTNUT ST LAKEWOOD, NJ 08701	46-3015560	501(C)(3)	6,600.				GENERAL OPERATING SUPPORT
(6) AMERICAN FRIENDS OF MAGEN DAVID ADOM 352 SEVENTH AVE STE 400 NEW YORK, NY 10011	13-1790719	501(C)(3)	6,580.				GENERAL OPERATING SUPPORT
(7) JEWISH FEDERATION COUNCIL OF GREATER LOS AN 6505 WILSHIRE BLVD STE 800 LA, CA. 90048	95-1643388	501(C)(3)	6,500.				GENERAL OPERATING SUPPORT
(8) ONETABLE 79 MADISON AVE FL 2 NEW YORK, NY 10016	46-4715368	501(C)(3)	10,100.				GENERAL OPERATING SUPPORT
(9) EKAR PO BOX 460983 DENVER, CO 80246	45-1567217	501(C)(3)	6,051.				GENERAL OPERATING SUPPORT
(10) ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 80218	84-1531066	501(C)(3)	6,000.				GENERAL OPERATING SUPPORT
(11) CENTER FOR JUDIAC STUDIES 2000 E. ASBURY AVE., DENVER, CO 80208	84-0404231	501(C)(3)	5,900.				GENERAL OPERATING SUPPORT
(12) ASPEN JEWISH CENTER 77 MEADOWOOD DRIVE ASPEN, CO 81611	84-0723135	501(C)(3)	5,860.				GENERAL OPERATING SUPPORT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISHCOLORADO

Employer identification number

01-0831698

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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) 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 FOR RUSSIAN JEWRY, INC. 362 S. JASMINE DENVER, CO 80224	84-1271977	501(C)(3)	5,680.				GENERAL OPERATING SUPPORT
(2) HEBREW SENIORLIFE INC. 1200 CENTRE ST BOSTON, MA 02131	90-0183119	501(C)(3)	5,650.				GENERAL OPERATING SUPPORT
(3) COLORADO SEMINARY PO BOX 910585 DENVER, CO 80291	84-0404231	501(C)(3)	5,608.				GENERAL OPERATING SUPPORT
(4) OR CHADASH NEW HORIZONS IN JEWISH EXPERIENC 12367 E CORNELL AVE AURORA, CO 80014	84-1572763	501(C)(3)	5,550.				GENERAL OPERATING SUPPORT
(5) ASPEN ART MUSEUM 637 E HYMAN AVE ASPEN, CO 81611	84-0746671	501(C)(3)	5,250.				GENERAL OPERATING SUPPORT
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 101.

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

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

Schedule I (Form 990) (2018)

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISHCOLORADO

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

01-0831698

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **4c**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **5b**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **6b**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** **9**

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2018

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.

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

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

2018

**Open to Public
Inspection**

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.

Name of the organization
JEWISHCOLORADO

Employer identification number
01-0831698

Part I 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 determining noncash contribution amounts
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	X	54.	1,972,981.	FMV AT DATE OF 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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

JSA

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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

JEWISHCOLORADO

Employer identification number

01-0831698

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

Name of the organization JEWISHCOLORADO	Employer identification number 01-0831698
--	--

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,

Name of the organization JEWISHCOLORADO	Employer identification number 01-0831698
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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 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MARSHA HURWITZ 978 BERGERON PLACE SANDY SPRINGS, GA 30328	OUTSOURCED CEO	135,000.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here PASSTHROUGH INVESTMENTS.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of THE ORGANIZATION Telephone number 303-316-6455

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 5 Income (loss) from a partnership or an S corporation, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 21 Depreciation, 29 Total deductions, 32 Unrelated business taxable income.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions), Amounts paid for disallowed fringes, Deduction for net operating loss arising in tax years beginning before January 1, 2018, Total of unrelated business taxable income before specific deduction, Specific deduction (Generally \$1,000, but see line 37 Instructions for exceptions), and Unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax (trusts only), Tax on Noncompliant Facility Income, and Total.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 45e from line 44, Other taxes, Total tax, 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Payments: A 2017 overpayment credited to 2018, 2018 estimated tax payments, Tax deposited with Form 8868, Foreign organizations: Tax paid or withheld at source, Backup withholding, Credit for small employer health insurance premiums, Other credits, adjustments, and payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 54 you want.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Rows include At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account, During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?, and Enter the amount of tax-exempt interest received or accrued during the tax year.

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

Sign Here section containing signature of officer, date, title, and a box for May the IRS discuss this return with the preparer shown below. Below this is the Preparer's information section including name, signature, date, firm's name, address, and EIN.

Cumulative E-File History 2018	
Federal Extension3	
Locator:	7128OZ
Taxpayer Name:	JEWISHCOLORADO
Return Type:	990, 990
Submitted Date	10/25/2019 12:47:25 PM
Acknowledgement Date	10/25/2019 12:58:12 PM
Status	Accepted
Submission ID	84022720192985000014
Print	Close

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line		
3 Cost of labor	3		6 from line 5. Enter here and in		
4a Additional section 263A costs			Part I, line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes No
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply		
			to the organization?		<input checked="" type="checkbox"/> <input type="checkbox"/>

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	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 Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. 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).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals ▶

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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 (carry to Part II, line (5)) . . . ▶

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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 - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME INVESTORS XII, LLC	-755.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-755.</u>

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

Federal Footnotes

Form 990-T, Part II, Line 31

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

<u>Year Generated</u>	<u>Original</u>	<u>Utilized in Prior years</u>	<u>Utilized in Current Year</u>	<u>Carryforward</u>
2018	755			755
Net Operating Loss Carried to 2019	755	-	-	755