

PUBLIC DISCLOSURE COPY

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023**Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning <u>07/01</u> , 2023, and ending <u>06/30</u> , 20 <u>24</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>JEWISHCOLORADO</u> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>300 S. DAHLIA STREET</u> City or town, state or province, country, and ZIP or foreign postal code <u>DENVER, CO 80246</u>
	D Employer identification number <u>01-0831698</u>
	E Telephone number <u>(303) 321-3399</u>
	G Gross receipts \$ <u>29,086,871</u>
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
J Website: <u>WWW.JEWISHCOLORADO.ORG</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: <u>2005</u> M State of legal domicile: <u>CO</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WE CONVENE, CONNECT, INVEST, AND PROTECT JEWISH LIFE IN COLORADO, ISRAEL, AND AROUND THE WORLD.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 <u>31</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>31</u>
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 <u>38</u>
	6 Total number of volunteers (estimate if necessary) 6 <u>200</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>1</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b <u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h) <u>13,332,347</u> Prior Year <u>21,851,438</u> Current Year
	9 Program service revenue (Part VIII, line 2g) <u>981,862</u> <u>1,210,851</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>(1,740,636)</u> <u>356,309</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>(806,591)</u> <u>(654,133)</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>11,766,982</u> <u>22,764,465</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>10,163,180</u> <u>16,701,002</u>
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u> <u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>3,919,180</u> <u>3,755,300</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u> <u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,865,594</u>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>4,789,598</u> <u>3,209,747</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>18,871,958</u> <u>23,666,049</u>
19 Revenue less expenses. Subtract line 18 from line 12 <u>(7,104,976)</u> <u>(901,584)</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) <u>79,249,701</u> Beginning of Current Year <u>79,250,151</u> End of Year
	21 Total liabilities (Part X, line 26) <u>26,086,567</u> <u>24,687,830</u>
	22 Net assets or fund balances. Subtract line 21 from line 20 <u>53,163,134</u> <u>54,562,321</u>

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	<u>Renee Rockford</u> A28754B74C0E47A Signature of officer	<u>2/20/2025</u> Date
	<u>RENEE ROCKFORD, PRESIDENT & CEO</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>ADAM R. SMITH</u>	Preparer's signature <u>Adam R. Smith</u>	Date <u>02/19/2025</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00958966</u>
	Firm's name <u>FORVIS MAZARS, LLP</u>	Firm's EIN <u>44-0160260</u>			
	Firm's address <u>111 SOUTH TEJON SUITE 800, COLORADO SPRINGS, CO 80903-9848</u>	Phone no. <u>(719) 471-4290</u>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. JEWISHCOLORADO	Taxpayer identification number (TIN) 01-0831698
	Number, street, and room or suite no. If a P.O. box, see instructions. 300 S. DAHLIA STREET, STE 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80246	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

• The books are in the care of ► **THE ORGANIZATION, 300 S DAHLIA STREET, DENVER, CO 80246**

Telephone No. ► **(303) 316-6455** Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **05/15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
► ☒ tax year beginning **07/01**, 20 **23**, and ending **06/30**, 20 **24**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

1 I request an extension of time until _____, 20____, to file Form 5330.

a	Enter the Code section(s) imposing the tax.	1a	
b	Enter the payment amount attached.	1b	\$
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c	

[illegible]

Date _____

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 1** Briefly describe the organization's mission:
WE CONVENE, CONNECT, INVEST, AND PROTECT JEWISH LIFE IN COLORADO, ISRAEL, AND AROUND 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 \$ 10,076,577 including grants of \$ 10,076,577) (Revenue \$ 584,400)

WE PROTECT A GROWING AND VIBRANT JEWISH COMMUNITY IN COLORADO WITH OUR ADVOCACY, GRANTMAKING, AND ACTIONS. JEWISHCOLORADO SECURED NEARLY \$2 MILLION IN NONPROFIT SECURITY GRANTS TO ASSIST COLORADO ORGANIZATIONS WITH SAFETY AND SECURITY, AND OUR REGIONAL SECURITY ADVISORS HAVE PROVIDED SAFETY AND SECURITY TRAINING TO MORE THAN 6,500 INDIVIDUALS AT MORE THAN 60 AGENCIES, INSTITUTIONS, AND SYNAGOGUES ACROSS THE STATE AS WELL AS PROVIDING DOZENS OF SITE SECURITY ASSESSMENTS TO JEWISH ORGANIZATIONS AND SYNAGOGUES ACROSS THE STATE AT NO COST. OUR JEWISH COMMUNITY RELATIONS COUNCIL PARTNERED WITH THE GOVERNOR'S OFFICE TO WRITE A PROCLAMATION CONDEMNING ANTISEMITISM; LAWMAKERS VOTED DOWN CEASEFIRE RESOLUTIONS IN CITY COUNCILS ACROSS THE STATE; AND THE JCRC RESPONDED TO ANTISEMITIC AND ANTI-ISRAEL STATEMENTS IN K-12 SCHOOLS, UNIVERSITIES, CITY COUNCILS, AND THE STATE LEGISLATURE. OUR ISRAEL EMERGENCY FUNDRAISING IS SENT TO JFNA WHICH DISTRIBUTES THOSE DOLLARS TO ORGANIZATIONS WORKING ON THE GROUND IN ISRAEL, (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 6,600,782 including grants of \$ 6,540,644) (Revenue \$ 380,767)

WE INVEST IN THE JEWISH FUTURE THROUGH MISSION TRIPS TO ISRAEL, THE JOYCE ZEFF ISRAEL STUDY TOUR, THE JEWISH STUDENT CONNECTION PROGRAM, AND INDIVIDUAL PHILANTHROPY. OUR REAL ESTATE & CONSTRUCTION NETWORK INVESTED IN A BETTER TOMORROW FOR DENVER AND COLORADO. THE JEWISH COMMUNITY FOUNDATION PROVIDES A PERSONALIZED APPROACH AND A VARIETY OF OPTIONS FOR CHARITABLE AND PLANNED GIVING. WE OFFER TRUSTED, DONOR CENTERED PLANNING WITH INDIVIDUALS, FAMILIES, AND ORGANIZATIONS TO BRING PHILANTHROPIC VISIONS TO LIFE. THROUGH OUR MANAGEMENT OF DONOR ADVISED FUNDS AND ENDOWMENTS, WE PARTNER WITH INDIVIDUALS AND FAMILIES TO DEVELOP A MEANINGFUL CHARITABLE GIFT PLAN, HELPING TO EDUCATE THE NEXT GENERATION ABOUT TZEDAKAH AND TO SUPPORT THE JEWISH CAUSES THAT OUR FUNDHOLDERS CARE SO DEEPLY ABOUT. WE ALSO HELP NONPROFIT ORGANIZATIONS GROW CHARITABLE ASSETS TO MEET CURRENT AND FUTURE NEEDS.

4c (Code:) (Expenses \$ 4,234,094 including grants of \$ 83,781) (Revenue \$ 245,684)

WE CONVENE AND CONNECT JEWISH GROUPS AND INDIVIDUALS. JEWISHCOLORADO CONVENED THE COMMUNITY AT MULTIPLE LARGE EVENTS, INCLUDING: FROM HOME TO HOMELAND, AM YISRAEL CHAI: A CELEBRATE ISRAEL EVENT, WOMEN'S PHILANTHROPY CHOICES, PRAY FOR PEACE IN ISRAEL: A COMMUNITY VIGIL, AND YOM HAZIKARON. PJ LIBRARY SENT OUT MORE THAN 4,700 BOOKS EACH MONTH TO SUBSCRIBERS IN COLORADO, AND HOSTED MORE THAN 85 PROGRAMS AND GATHERINGS FOR NEARLY 3,300 FAMILIES. JEWISH EXPLORERS HAD 2,556 YOUNG STUDENT ENGAGEMENTS, THERE WERE 471 YOUNG ADULT PROGRAM PARTICIPANTS, SHINSHINIM HAD MORE THAN 45,000 INTERACTIONS WITH PARTICIPANTS, THE SHLICHA HAD MORE THAN 2,500 ENGAGEMENTS, AND JEWISH STUDENT CONNECTION HAD 5,428 ENGAGEMENTS WITH 700 TEENS AT 13 HIGH SCHOOLS PROVIDING A SAFE AND WELCOMING SPACE FOR JEWISH STUDENTS ACROSS THE STATE.

4d Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 20,911,453

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	41
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	38
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	✓
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	✓
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b Enter the number of voting members included on line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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.
THE ORGANIZATION, 300 S DAHLIA STREET, DENVER, CO 80246, (303) 316-6455

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) RENEE ROCKFORD CEO	37.5 0.0			✓				309,926	0	44,709
(2) JOHN STILWELL CHIEF BUSINESS AND FINANCE OFFICER	37.5 0.0			✓				183,893	0	40,071
(3) JULIE LIEBER CHIEF JEWISH LIFE AND ENGAGEMENT OFFICER	37.5 0.0			✓				142,380	0	41,762
(4) DAN LESHEM DIRECTOR OF JCRC	37.5 0.0					✓		124,580	0	40,663
(5) STEPHANIE GELLER CHIEF CULTURE OFFICER	37.5 0.0			✓				99,770	0	37,496
(6) JENNIFER KRAFT SENIOR DIRECTOR OF DESIGN PHILANTHROPY	37.5 0.0					✓		107,174	0	28,707
(7) RABBI JAY STREAR FORMER CEO	0.0 0.0						✓	110,422	0	0
(8) BEN LUSHER BOARD CHAIR	4.0 0.0	✓		✓				0	0	0
(9) JOEY FRIEDMANN SECRETARY	4.0 0.0	✓		✓				0	0	0
(10) NEIL OBERFELD VICE CHAIR	4.0 0.0	✓		✓				0	0	0
(11) STEVE KAPLAN TREASURER	4.0 0.0	✓		✓				0	0	0
(12) ADAM LAARSEN BOARD MEMBER	4.0 0.0	✓						0	0	0
(13) ADRIANE GREENBERG BOARD MEMBER	4.0 0.0	✓						0	0	0
(14) ALAN BRANDT BOARD MEMBER	4.0 0.0	✓						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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ALON MOR BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) AZA SQUARER BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) BRANDON RATTINER BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) BRIAN RATNER BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) CARLA KUTNICK BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) CARLY SCHLAFER BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) CHARLENE LOUP BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) DANA FRIEDMAN BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) DIANA ZEFF ANDERSON BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) ELIZABETH BARRAKETTE BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								1,078,145	0	233,408
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,078,145	0	233,408

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 **6**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☒ ☐

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ☒ ☐

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☐ ☒

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
JEWISH AGENCY FOR ISRAEL, 633 3RD AVE, 21ST FLOOR, NEW YORK, NY 10017	ISRAEL EMISSARY	168,470
SECURE COMMUNITY NETWORK, 540 NORTH DEARBORN ST, CHICAGO, IL 60610	REGIONAL SECURITY	155,504
SYNTRINSIC INVESTMENT COUNSEL, 3840 YORK ST, SUITE 100, DENVER, CO 80205	INVESTMENT MANAGEMENT	131,514
FIDTECH PARTNERS, 1 LANDMARK SQUARE, 2ND FLOOR, STAMFORD, CT 06901	INVESTMENT MANAGEMENT	103,101
SHEILA ABRAHAMSSON, 6365 SOUTH XANADU WAY, CENTENNIAL, CO 80111	REAL ESTATE PROGRAM CONSULTANT	100,559

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of RevenueCheck 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	1,330,930			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,520,508			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,608,181			
	h	Total. Add lines 1a-1f		21,851,438			
	Program Service Revenue						
2a	EVENT INCOME	Business Code	812900	711,227	711,227		
b	PROGRAM FEES	812900	499,624	499,624			
c							
d							
e							
f	All other program service revenue . .		0	0	0	0	
g	Total. Add lines 2a-2f		1,210,851				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		138,431		1	138,430
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .					
	c	Gain or (loss) . .	5,551,908				
	d	Net gain or (loss)	5,334,030				
	e	Gain or (loss) . .	217,878	0			
	f	Net gain or (loss)	217,878			217,878	
	8a	Gross income from fundraising events (not including \$ 1,330,930 of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events	192,109	988,376			
	d	Net income or (loss) from fundraising events	(796,267)			(796,267)	
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
	11a	MISCELLANEOUS REVENUE	900099	142,134			142,134
	b						
	c						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		142,134			
12	Total revenue. See instructions		22,764,465	1,210,851	1	(297,825)	

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	8,757,988	8,757,988		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,943,014	7,943,014		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,201,131	710,593	143,219	347,319
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	110,422		110,422	
7 Other salaries and wages	1,816,842	1,140,176	119,378	557,288
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,719	37,696	7,598	18,425
9 Other employee benefits	334,629	197,968	39,900	96,761
10 Payroll taxes	228,557	135,215	27,252	66,090
11 Fees for services (nonemployees):				
a Management				
b Legal	35,486		35,486	
c Accounting	93,393		93,393	
d Lobbying	32,541		32,541	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	889,020	525,947	106,004	257,069
12 Advertising and promotion	70,643	27,251	165	43,227
13 Office expenses	377,973	236,807	26,273	114,893
14 Information technology	166,544	153,880	4,989	7,675
15 Royalties				
16 Occupancy	204,355	123,674	30,308	50,373
17 Travel	557,982	430,136	15,235	112,611
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,091	15,518	630	6,943
20 Interest	70,193			70,193
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	328,206	200,206	33,805	94,195
23 Insurance	89,397	66,786	5,972	16,639
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS, PUBLICATIONS	195,792	185,611	4,288	5,893
b TRAINING & DEVELOPMENT	52,144		52,144	
c MISC EXPENSE	22,987	22,987		
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	23,666,049	20,911,453	889,002	1,865,594
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)				

Part X Balance SheetCheck 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	78,934	1	676,521
	2 Savings and temporary cash investments	5,894,120	2	3,767,898
	3 Pledges and grants receivable, net	2,860,028	3	3,232,448
	4 Accounts receivable, net	2,374	4	2,360
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	2,099,276	7	2,242,928
	8 Inventories for sale or use	3,980	8	3,980
	9 Prepaid expenses and deferred charges	65,518	9	98,252
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,870,967		
	b Less: accumulated depreciation	10b 2,299,462	10c	7,571,505
	11 Investments—publicly traded securities	57,554,480	11	58,770,614
	12 Investments—other securities. See Part IV, line 11	2,861,658	12	2,883,645
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 33)	79,249,701	16	79,250,151
Liabilities	17 Accounts payable and accrued expenses	682,766	17	1,084,472
	18 Grants payable	779,500	18	777,000
	19 Deferred revenue	7,546	19	162,342
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties	2,897,013	23	837,792
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	21,719,742	25	21,826,224
	26 Total liabilities. Add lines 17 through 25	26,086,567	26	24,687,830
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,273,585	27	34,182,543
	28 Net assets with donor restrictions	15,889,549	28	20,379,778
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	53,163,134	32	54,562,321
	33 Total liabilities and net assets/fund balances	79,249,701	33	79,250,151

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Part XI Reconciliation of Net AssetsCheck 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	22,764,465
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,666,049
3	Revenue less expenses. Subtract line 2 from line 1	3	(901,584)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	53,163,134
5	Net unrealized gains (losses) on investments	5	2,364,960
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(64,189)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	54,562,321

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
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 on Schedule O and describe any steps taken to undergo such audits.		

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) EMILY HYATT ----- RMRC REPRESENTATIVE THROUGH MAY	4.0 ----- 0.0	✓						0	0	0
(26) GIL SELINGER ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(27) HIRSCH NEUSTEIN ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(28) JESSICA PIVAR ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(29) JOHN CHANIN ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(30) JONATHAN PERLMUTTER ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(31) JOSH DEMBY ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(32) JOSHUA GINSBERG-MARGO ----- RMRC REPRESENTATIVE - MAY- PRESENT	4.0 ----- 0.0	✓						0	0	0
(33) JUSTIN JAFFE ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(34) KENDRA GOLDSTEIN ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(35) MARK SIDELL ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(36) MATT MOST ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(37) ROBERT KAUFMANN ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(38) ROSS CHOTIN ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(39) RUTH MALMAN ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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).)
- 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 on 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.

Cat. No. 11285F

Schedule A (Form 990) 2023

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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,033,540	14,109,572	15,910,309	13,332,347	21,851,438	76,237,206
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	11,033,540	14,109,572	15,910,309	13,332,347	21,851,438	76,237,206
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,853,118
6 Public support. Subtract line 5 from line 4						72,384,088

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	11,033,540	14,109,572	15,910,309	13,332,347	21,851,438	76,237,206
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,219,681	923,974	2,153,786	0	138,430	4,435,871
9 Net income from unrelated business activities, whether or not the business is regularly carried on	697	7	0	0	0	704
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,580	1,497	58,700	58,397	142,134	262,308
11 Total support. Add lines 7 through 10						80,936,089
12 Gross receipts from related activities, etc. (see instructions)					12	5,011,655
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	89.43 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.87 %
16a 33¹/₃% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

Schedule A (Form 990) 2023

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.)

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) MISCELLANEOUS INCOME	1,580	1,497	58,700	58,397	142,134	262,308
	Total	1,580	1,497	58,700	58,397	142,134	262,308

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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		\$ 1,800,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,679,138	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,513,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,430,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 407,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 606,810	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
7		\$ 790,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 550,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 482,381	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 432,458	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 22,808	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 307,738	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
13		\$ 329,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 323,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 271,870	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 254,213	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 250,000	Person <input checked="" 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 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
19		\$ 240,514	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 225,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 225,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 219,211	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 200,000	Person <input checked="" 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 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
25		\$ 198,906	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 196,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 154,003	Person <input checked="" 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 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
31		\$ 130,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 125,133	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 123,560	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 115,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 100,000	Person <input checked="" 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 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
37		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
			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
6	PUBLICLY TRADED STOCKS	\$ 606,810	06/28/2024
12	PUBLICLY TRADED STOCKS	\$ 307,738	12/21/2023
17	PUBLICLY TRADED STOCKS	\$ 254,213	01/25/2024
19	PUBLICLY TRADED STOCKS	\$ 240,514	02/05/2024
25	PUBLICLY TRADED STOCKS	\$ 198,906	01/05/2024
		\$	

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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.

OMB No. 1545-0047

2023

**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.

Cat. No. 50084S

Schedule C (Form 990) 2023

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 (grassroots 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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		✓	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c	Media advertisements?		✓	
d	Mailings to members, legislators, or the public?		✓	
e	Publications, or published or broadcast statements?		✓	
f	Grants to other organizations for lobbying purposes?		✓	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i	Other activities?	✓		32,541
j	Total. Add lines 1c through 1i			32,541
2a	Did the activities in line 1 cause the organization to not be 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).

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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 expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

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

[SEE NEXT PAGE](#)

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.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	106	
2 Aggregate value of contributions to (during year)	3,607,614	
3 Aggregate value of grants from (during year)	4,521,238	
4 Aggregate value at end of year	23,692,766	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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 make 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 program

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,547,962	11,673,136	13,823,492	10,635,840	10,867,872
b Contributions	965,759	169,429	330,547	823,548	508,680
c Net investment earnings, gains, and losses	1,047,431	141,202	(1,897,012)	2,541,140	170,716
d Grants or scholarships					
e Other expenditures for facilities and programs	436,998	435,805	583,891	177,036	911,428
f Administrative expenses					
g End of year balance	13,124,154	11,547,962	11,673,136	13,823,492	10,635,840

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

a Board designated or quasi-endowment 0.00 %

b Permanent endowment 100.00 %

c Term endowment 0.00 %

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:

(i) Unrelated organizations? ☒ Yes ☐ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		45,000		45,000
b Buildings		8,850,001	1,566,874	7,283,127
c Leasehold improvements				
d Equipment		550,133	363,333	186,800
e Other		425,833	369,255	56,578
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,571,505

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, line 12, col. (B)) . . .		

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, line 13, col. (B)) . . .		

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, line 15, col. (B))	

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	1,281,372
(3) FUNDS HELD FOR OTHERS	20,543,722
(4) OTHER LIABILITY	1,130
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	21,826,224

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 FASB 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	26,065,507
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,364,960
b	Donated services and use of facilities	2b	11,895
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	988,376
e	Add lines 2a through 2d	2e	3,365,231
3	Subtract line 2e from line 1	3	22,700,276
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	
b	Other (Describe in Part XIII.)	4b	64,189
c	Add lines 4a and 4b	4c	64,189
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,764,465

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	24,666,320
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	11,895
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	988,376
e	Add lines 2a through 2d	2e	1,000,271
3	Subtract line 2e from line 1	3	23,666,049
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	
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,666,049

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 STATEMENT](#)

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENT EXPENSE	988,376
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	CHANGE IN VALUE OF LIFE INSURANCE	64,189
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENT EXPENSE	988,376

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	PROVIDING LONG-TERM RESOURCES TO SUSTAIN THE JEWISH COMMUNITY INTO THE FUTURE.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISHCOLORADO

Statement of Activities Outside the United States

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

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	GRANTMAKING		7,943,014
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			7,943,014
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			7,943,014

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

Cat. No. 50082W

Schedule F (Form 990) 2023

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)			MIDDLE EAST AND NORTH AFRICA	GENERAL OPERATING	2,602,014	WIRE TRANSFER			
(2)			MIDDLE EAST AND NORTH AFRICA	GENERAL OPERATING	5,341,000	WIRE TRANSFER			
(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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2

3 Enter total number of other organizations or entities 0

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

Schedule F (Form 990) 2023

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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	MIDDLE EAST AND NORTH AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	MIDDLE EAST AND NORTH AFRICA -ACCRUAL

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

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 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 <u>MEN'S EVENT</u> (event type)	(b) Event #2 <u>WOMEN'S PHILANTHROPY CHOICES EV</u> (event type)	(c) Other events <u>5</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	712,354	432,190	378,495	1,523,039
	2 Less: Contributions	628,498	395,396	307,036	1,330,930
	3 Gross income (line 1 minus line 2)	83,856	36,794	71,459	192,109
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes		1,353	1,902	3,255
	6 Rent/facility costs	48,352	31,280	61,133	140,765
	7 Food and beverages	139,407	97,244	100,181	336,832
	8 Entertainment	117,851	90,357	41,542	249,750
	9 Other direct expenses	35,175	26,699	195,900	257,774
	10 Direct expense summary. Add lines 4 through 9 in column (d)				988,376
	11 Net income summary. Subtract line 10 from line 3, column (d)				(796,267)

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))
Revenue	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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 _____

- 15a** 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	Date	Time	Location	Notes

☐ 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 explanations 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)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCESS BOOKS PO BOX 64951, LOS ANGELES, CA 90064	31-1655018	501 C 3	6,684				GENERAL OPERATING SUPPORT
(2) (SEE STATEMENT)	84-1322731	501 C 3	14,660				GENERAL OPERATING SUPPORT
(3) AMERICAN ACADEMY IN BERLIN 14 E 60TH ST STE 604, NEW YORK CITY, NY 10022	52-1726273	501 C 3	34,550				GENERAL OPERATING SUPPORT
(4) AMERICAN FRIENDS OF MAGEN DAVID ADOM 20 W 36TH ST SUITE 1100, NEW YORK, NY 10018	13-1790719	501 C 3	17,113				GENERAL OPERATING SUPPORT
(5) AMERICAN IMMIGRATION COUNCIL 1331 G ST NW STE 200, WASHINGTON, DC 20005	52-1549711	501 C 3	7,200				GENERAL OPERATING SUPPORT
(6) (SEE STATEMENT)	52-1623781	501 C 3	34,000				GENERAL OPERATING SUPPORT
(7) (SEE STATEMENT)	13-5563393	501 C 3	11,000				GENERAL OPERATING SUPPORT
(8) (SEE STATEMENT)	13-1656634	501 C 3	30,800				GENERAL OPERATING SUPPORT
(9) AMERICAN JEWISH WORLD SERVICE, INC. 45 W 36TH ST, NEW YORK, NY 10018	22-2584370	501 C 3	15,000				GENERAL OPERATING SUPPORT
(10) AMIGOS DEL MUSEO DEL BARRIO, INC. 1230 5TH AVE, NEW YORK, NY 10029	23-7156720	501 C 3	25,000				GENERAL OPERATING SUPPORT
(11) (SEE STATEMENT)	23-7267983	501 C 3	6,500				GENERAL OPERATING SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 150

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
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Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
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(SEE STATEMENT)

Part II
Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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 non-cash assistance	(h) Purpose of grant or assistance
(12) ANTI-DEFAMATION LEAGUE, NY 605 THIRD AVE, NEW YORK, NY 10158-3560	13-1818723	501 C 3	13,791				GENERAL OPERATING SUPPORT
(13) ARIE CROWN HEBREW DAY SCHOOL 4600 MAIN ST, SKOKIE, IL 60076	36-2129620	501 C 3	5,000				GENERAL OPERATING SUPPORT
(14) ASPEN ART MUSEUM 637 E HYMAN AVE, ASPEN, CO 81611	84-0746671	501 C 3	34,750				GENERAL OPERATING SUPPORT
(15) ASPEN JEWISH CENTER 77 MEADOWOOD DRIVE, ASPEN, CO 81611	84-0723135	501 C 3	23,600				GENERAL OPERATING SUPPORT
(16) ASPEN JEWISH COMMUNITY CENTER 435 W MAIN ST, ASPEN, CO 81611	22-3787221	501 C 3	17,200				GENERAL OPERATING SUPPORT
(17) ASPEN JEWISH CONGREGATION 77 MEADOWWOOD DRIVE, ASPEN, CO 81611	84-0723135	501 C 3	41,200				GENERAL OPERATING SUPPORT
(18) ASPEN VALLEY HOSPITAL FOUNDATION 401 CASTLE CREEK RD, ASPEN, CO 81611-1159	46-0865487	501 C 3	5,000				GENERAL OPERATING SUPPORT
(19) ASPENFILM 110 E HALLAM ST STE 102, ASPEN, CO 81611	74-2483139	501 C 3	15,600				GENERAL OPERATING SUPPORT
(20) BAIS MENACHEM INC 400 S HOLLY ST, C/O YISROEL ENGEL, DENVER, CO 80246	84-1571026	501 C 3	530,529				GENERAL OPERATING SUPPORT
(21) BETH EVERGREEN CONGREGATION PO BOX 415, EVERGREEN, CO 80437	84-1012915	501 C 3	10,105				GENERAL OPERATING SUPPORT
(22) BETH JACOB HIGH SCHOOL 5100 W14TH AVE., DENVER, CO 80204 , DENVER, CO 80204	84-0585743	501 C 3	6,100				GENERAL OPERATING SUPPORT
(23) BIRTHRIGHT ISRAEL FOUNDATION PO BOX 21615, NEW YORK, NY 10087	13-4092050	501 C 3	46,150				GENERAL OPERATING SUPPORT
(24) BMH-BJ CONGREGATION 560 S. MONACO PKWY, DENVER, CO 80224	84-0412568	501 C 3	38,314				GENERAL OPERATING SUPPORT
(25) BNAI VAIL CONGREGATION INC 19 VAIL ROAD, VAIL, CO 81657	84-0812741	501 C 3	12,100				GENERAL OPERATING SUPPORT
(26) BONEI OLAM INC. 1755 46TH ST, BROOKLYN, NY 11204	11-3473757	501 C 3	11,000				GENERAL OPERATING SUPPORT
(27) BOULDER COMMUNITY HEALTH FOUNDATION PO BOX 19320, BOULDER, CO 80308	84-0772664	501 C 3	6,000				GENERAL OPERATING SUPPORT
(28) BOULDER COUNTY CENTER FOR JUDAISM 4900 SIOUX DRIVE, BOULDER, CO 80303	84-1318834	501 C 3	5,005				GENERAL OPERATING SUPPORT
(29) BOULDER JCC 6007 OREG AVENUE, BOULDER, CO 80303	84-1322996	501 C 3	67,118				GENERAL OPERATING SUPPORT
(30) BOULDER JEWISH COMMUNITY CENTER 6007 OREG AVE, BOULDER, CO 80303	84-1322996	501 C 3	30,360				GENERAL OPERATING SUPPORT

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(31) BRIDGE HOUSE 5345 ARAPAHOE AVE #5, BOULDER, CO 80303	84-1440292	501 C 3	10,000				GENERAL OPERATING SUPPORT
(32) BRIGHT LIGHTS EARLY LEARNING CENTER 2575 N VINE ST, DENVER, CO 80205	93-4523778	501 C 3	15,000				GENERAL OPERATING SUPPORT
(33) CEDARS-SINAI 8700 BEVERLY BLVD STE 2416, WEST HOLLYWOOD, CA 90048	95-1644600	501 C 3	12,000				GENERAL OPERATING SUPPORT
(34) CHABAD JEWISH CENTER INC 9950 LONE TREE PKWY, LONE TREE, CO 80124	20-0285036	501 C 3	10,005				GENERAL OPERATING SUPPORT
(35) CHABAD JEWISH CENTER OF LONGMONT INC 1053 NEON FOREST CIRCLE, LONGMONT, CO 80504	20-4883981	501 C 3	5,000				GENERAL OPERATING SUPPORT
(36) CHABAD LUBAVITCH OF PARK CITY PO BOX 681818, PARK CITY, UT 84068	47-5669352	501 C 3	5,360				GENERAL OPERATING SUPPORT
(37) CHABAD OF ASPEN 435 W MAIN ST, ASPEN, CO 81611	22-3787221	501 C 3	17,200				GENERAL OPERATING SUPPORT
(38) CHABAD OF NW METRO DENVER 4505 W 112TH AVE, WESTMINSTER, CO 80031	20-0449462	501 C 3	5,500				GENERAL OPERATING SUPPORT
(39) CHABAD OF SOUTH DENVER 2319 S JOSEPHINE ST, DENVER, CO 80210	84-1609995	501 C 3	6,370				GENERAL OPERATING SUPPORT
(40) CHABAD-LUBAVITCH OF SOUTHERN COLORADO INC 410 ALLEGHENY DRIVE, COLORADO SPRINGS, CO 80919	84-1597709	501 C 3	60,000				GENERAL OPERATING SUPPORT
(41) CHILDREN'S HOSPITAL FOUNDATION 1 INVENTA PLACE 6TH FLOOR WEST, SILVER SPRING, MD 20910	52-1640402	501 C 3	14,268				GENERAL OPERATING SUPPORT
(42) CHOATE ROSEMARY HALL FOUNDATION INCORPORATED 333 CHRISTIAN ST, WALLINGFORD, CT 06492	06-0910420	501 C 3	10,000				GENERAL OPERATING SUPPORT
(43) CLAL - THE NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP, INC. 440 PARK AVENUE SOUTH, 4TH FLOOR, NEW YORK, NY 10016-8012	23-7390358	501 C 3	25,360				GENERAL OPERATING SUPPORT
(44) COLORADO COALITION FOR THE HOMELESS 2111 CHAMPA ST, DENVER, CO 80205	84-0951575	501 C 3	5,000				GENERAL OPERATING SUPPORT
(45) COLORADO NONPROFIT DEVELOPMENT CENTER 789 SHERMAN ST STE 250, DENVER, CO 80203	84-1493585	501 C 3	18,000				GENERAL OPERATING SUPPORT
(46) COMMUNITY CENTER FOR BUKHARIAN JEWS OF CO 1420 S LIMA ST, AURORA, CO 80012	84-1461783	501 C 3	5,000				GENERAL OPERATING SUPPORT
(47) COMMUNITY FOOD SHARE, INC. 650 S. TAYLOR AVE, LOUISVILLE, CO 80027	74-2227731	501 C 3	5,000				GENERAL OPERATING SUPPORT

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(48) CONGREGATION BAIS SHALOM, INC. 333 STANLEY AVENUE, BROOKLYN, NY 11207	46-4301263	501 C 3	10,000				GENERAL OPERATING SUPPORT
(49) CONGREGATION BMH-BJ 560 S. MONACO PKWY., DENVER, CO 80224	84-0412568	501 C 3	5,916				GENERAL OPERATING SUPPORT
(50) CONGREGATION EMANUEL 51 GRAPE ST, DENVER, CO 80220	84-0402688	501 C 3	237,442				GENERAL OPERATING SUPPORT
(51) CONGREGATION HAR SHALOM 725 W DRAKE RD, FORT COLLINS, CO 80526	84-0754231	501 C 3	16,605				GENERAL OPERATING SUPPORT
(52) CONGREGATION NEVEI KODESH 1925 GLENWOOD DR, BOULDER, CO 80304	84-1161358	501 C 3	5,000				GENERAL OPERATING SUPPORT
(53) CONGREGATION RODEF SHALOM 450 S KEARNEY ST, DENVER, CO 80224	84-0468847	501 C 3	21,902				GENERAL OPERATING SUPPORT
(54) CORNELL UNIVERSITY BOX 37334, BOONE, IA 50037-0334	15-0532082	501 C 3	16,667				GENERAL OPERATING SUPPORT
(55) DAVIDSON COLLEGE PO BOX 7162, DAVIDSON, NC 28035	56-0529961	501 C 3	20,000				GENERAL OPERATING SUPPORT
(56) DENVER ACADEMY OF TORAH 6825 E. ALAMEDA, DENVER, CO 80224	84-1187080	501 C 3	43,033				GENERAL OPERATING SUPPORT
(57) DENVER ART MUSEUM INC 100 W 14TH AVENUE PKWY, DENVER, CO 80204	84-6038240	501 C 3	129,935				GENERAL OPERATING SUPPORT
(58) DENVER CHAPTER OF HADASSA 2606 S TROY CT, AURORA, CO 80014	13-1656651	501 C 3	5,000				GENERAL OPERATING SUPPORT
(59) DENVER HEBREW EDUCATIONAL ALLIANCE 3600 S IVANHOE ST, DENVER, CO 80237	84-0447472	501 C 3	184,656				GENERAL OPERATING SUPPORT
(60) DENVER JEWISH DAY SCHOOL 2450 S. WABASH STREET, DENVER, CO 80231	84-1476467	501 C 3	93,105				GENERAL OPERATING SUPPORT
(61) DENVER KEHILLAH 870 SOUTH COLORADO BLVD, #1123, DENVER, CO 80246	86-3704086	501 C 3	29,132				GENERAL OPERATING SUPPORT
(62) DENVER SCHOLARSHIP FOUNDATION 789 SHERMAN STREET, SUITE 610, DENVER, CO 80203	20-5143175	501 C 3	5,000				GENERAL OPERATING SUPPORT
(63) DENVER ZOOLOGICAL FOUNDATION, INC. 2300 STEELE ST, CITY PARK, DENVER, CO 80205	84-0502539	501 C 3	25,000				GENERAL OPERATING SUPPORT
(64) EAST BAY CENTER FOR THE PERFORMING ARTS 339 11TH ST, RICHMOND, CA 94801	94-1692171	501 C 3	5,000				GENERAL OPERATING SUPPORT
(65) EDOS - EAST DENVER ORTHODOX SYNAGOGUE 198 S. HOLLY STREET, DENVER, CO 80246	84-1313186	501 C 3	11,500				GENERAL OPERATING SUPPORT
(66) EKAR 6825 E ALAMEDA AVE, DENVER, CO 80224	45-1567217	501 C 3	7,605				GENERAL OPERATING SUPPORT

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(67) ENERGY OUTREACH COLORADO 303 E 17TH AVE, SUITE 405, DENVER, CO 80203	74-2543881	501 C 3	6,180				GENERAL OPERATING SUPPORT
(68) ENGLISH IN ACTION PO BOX 4856, BASALT, CO 81621	26-1254643	501 C 3	5,000				GENERAL OPERATING SUPPORT
(69) FOOD BANK OF THE ROCKIES 10700 E 45TH AVENUE, DENVER, CO 80239	84-0772672	501 C 3	8,600				GENERAL OPERATING SUPPORT
(70) FRIENDS OF THE ISRAEL DEFENSE FORCES PO BOX 4224, NEW YORK, NY 10163	13-3156445	501 C 3	34,000				GENERAL OPERATING SUPPORT
(71) FUND FOR ISRAELS TOMORROW 5185 MACARTHUR BLVD., NW, #636, WASHINGTON, DC 20016	35-2374190	501 C 3	25,000				GENERAL OPERATING SUPPORT
(72) GAN CHAYA ESTHER 295 S LOCUST ST, DENVER, CO 80224	84-1271977	501 C 3	14,274				GENERAL OPERATING SUPPORT
(73) GANEINU 6738 E CEDAR AVE , UNIT A, DENVER, CO 80224	46-3286247	501 C 3	17,564				GENERAL OPERATING SUPPORT
(74) GARDEN PRESCHOOL & ELC 6100 E BELLEVIEW AVE, GREENWOOD VILLAGE, CO 80111	87-0325228	501 C 3	16,838				GENERAL OPERATING SUPPORT
(75) GLOBAL DOWN SYNDROME FOUNDATION 3239 E. 2ND AVENUE, DENVER, CO 80206	26-4431001	501 C 3	17,500				GENERAL OPERATING SUPPORT
(76) HAROLD GRINSPOON FOUNDATION 67 HUNT STREET STE 100, AGAWAM, MA 01001	04-6685725	501 C 3	10,000				GENERAL OPERATING SUPPORT
(77) HIGH POINT UNIVERSITY 1 UNIVERSITY PARKWAY, DRAWER 29, HIGH POINT, NC 27268	56-0529999	501 C 3	20,000				GENERAL OPERATING SUPPORT
(78) HILLEL ACADEMY 450 S. HUDSON ST, DENVER, CO 80246	84-0430032	501 C 3	50,794				GENERAL OPERATING SUPPORT
(79) HILLEL OF COLORADO 2390 S RACE ST, DENVER, CO 80210	53-0238141	501 C 3	108,708				GENERAL OPERATING SUPPORT
(80) HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE 2390 S. RACE STREET, DENVER, CO 80210	52-1758791	501 C 3	7,000				GENERAL OPERATING SUPPORT
(81) HONEYMOON IRSRAEL 2406 MT. VERNON RD, ATLANTA , GA 30338	47-1291052	501 C 3	25,000				GENERAL OPERATING SUPPORT
(82) INMOTION 23905 MERCANTILE RD, BEACHWOOD, OH 44122	46-4102770	501 C 3	5,000				GENERAL OPERATING SUPPORT
(83) JAZZ AT ASPEN-SNOWMASS 110 E HALLAM ST STE 104, ASPEN, CO 81611	84-1220222	501 C 3	15,000				GENERAL OPERATING SUPPORT
(84) JEWISH CHERRY CREEK 860 MONROE ST, DENVER, CO 80206	83-3787744	501 C 3	7,400				GENERAL OPERATING SUPPORT
(85) JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA 520 EIGHTH AVE , 4TH FLOOR, NEW YORK, NY 10018	13-5599486	501 C 3	152,500				GENERAL OPERATING SUPPORT

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(86) JEWISH COMMUNITY CENTERS OF DENVER 350 S DAHLIA ST, DENVER, CO 80246	84-0404245	501 C 3	143,936				GENERAL OPERATING SUPPORT
(87) JEWISH CONGREGATION OF STEAMBOAT SPRINGS HAR MISHPACHA 736 OAK ST, STEAMBOAT SPRINGS, CO 80487	27-2095392	501 C 3	16,605				GENERAL OPERATING SUPPORT
(88) JEWISH FAMILY SERVICE OF COLORADO, INC. 3201 S TAMARAC DR, DENVER, CO 80231	84-0402701	501 C 3	489,815				GENERAL OPERATING SUPPORT
(89) JEWISH LEARNINGWORKS 44 PAGE ST, STE 604, SAN FRANCISCO, CA 94102	94-1167406	501 C 3	7,500				GENERAL OPERATING SUPPORT
(90) JEWISH LIFE CENTER 7730 E 26TH AVE, DENVER, CO 80238	46-2812092	501 C 3	15,983				GENERAL OPERATING SUPPORT
(91) JEWISH LIFE CENTER: CHABAD DENVER NORTH 7730 E 26TH AVE, DENVER, CO 80238	46-2812092	501 C 3	9,080				GENERAL OPERATING SUPPORT
(92) JEWISH NATIONAL FUND 78 RANDALL AVE, ROCKVILLE CENTRE, NY 11570	13-1659627	501 C 3	36,240				GENERAL OPERATING SUPPORT
(93) JEWISH NATIONAL FUND-USA INC 6000 E EVANS AVE STE 2-221, DENVER, CO 80222	83-2880252	501 C 3	65,000				GENERAL OPERATING SUPPORT
(94) JEWISH NEWS SERVICE, INC. 9450 SW GEMINI DRIVE, PMB 38958, BEAVERTON, OR 97008	45-0949784	501 C 3	5,000				GENERAL OPERATING SUPPORT
(95) JEWISH OUTREACH INITIATIVE 850 CAROLIER LANE, 4TH FLOOR, NORTH BRUNSWICK, NJ 08902	42-1317696	501 C 3	5,000				GENERAL OPERATING SUPPORT
(96) JEWISH RESOURCE CENTER CHABAD OF ASPEN 435 WEST MAIN STREET, ASPEN, CO 81611	22-3787221	501 C 3	14,700				GENERAL OPERATING SUPPORT
(97) JEWS UNITED FOR JUSTICE INC PO BOX 41485, WASHINGTON, DC 20018	52-2346578	501 C 3	5,000				GENERAL OPERATING SUPPORT
(98) KABBALAH EXPERIENCE 3540 S. POPLAR STREET, #104, DENVER, CO 80237	20-3226087	501 C 3	11,000				GENERAL OPERATING SUPPORT
(99) KAVOD SENIOR LIFE 22 S ADAMS ST, DENVER, CO 80209	84-0584939	501 C 3	7,605				GENERAL OPERATING SUPPORT
(100) KEMPE FOUNDATION 13123 E 16TH AV, B 390, AURORA, CO 80045	84-1064295	501 C 3	10,000				GENERAL OPERATING SUPPORT
(101) KESHET OF THE ROCKIES C/O LOLA ZUSSMAN, 315 S MAGNOLIA STREET, DENVER, CO 80224	47-0883605	501 C 3	34,479				GENERAL OPERATING SUPPORT
(102) LA JOLLA INSTITUTE FOR IMMUNOLOGY 9420 ATHENA CIR, LA JOLLA, CA 92037	33-0328688	501 C 3	5,000				GENERAL OPERATING SUPPORT

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(103) LOS ANGELES MUSEUM OF THE HOLOCAUST MARTYRS MEMORIAL 100 S. THE GROVE DRIVE, LOS ANGELES, CA 90036	46-0503824	501 C 3	480,000				GENERAL OPERATING SUPPORT
(104) MARGOLIN HEBREW ACADEMY 390 SOUTH WHITE STATION RD, MEMPHIS, TN 38117	62-6002000	501 C 3	5,000				GENERAL OPERATING SUPPORT
(105) MELANOMA RESEARCH ALLIANCE 730 15TH STREET NW, 4TH FLOOR, WASHINGTON, DC 20005	26-1636099	501 C 3	10,000				GENERAL OPERATING SUPPORT
(106) MERKAZ TORAH VCHESD 6500 E NEVADA PLACE, DENVER, CO 80224	27-4079064	501 C 3	10,000				GENERAL OPERATING SUPPORT
(107) METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION INC CAMPUS BOX 14, PO BOX 173362, DENVER, CO 80217	84-0576459	501 C 3	25,000				GENERAL OPERATING SUPPORT
(108) MIDWEST CAMPERS INC 2437 S. GREEN RD, BEACHWOOD, OH 44122	34-0897622	501 C 3	5,000				GENERAL OPERATING SUPPORT
(109) MIZEL MUSEUM 350 S DAHLIA ST, DENVER, CO 80246	31-1494423	501 C 3	6,500				GENERAL OPERATING SUPPORT
(110) MOISHE FOUNDATION 5802 MONROE ROAD, CHARLOTTE, NC 28212	26-2599786	501 C 3	12,500				GENERAL OPERATING SUPPORT
(111) MOISHE HOUSE 441 SAXONY RD, ENCINITAS, CA 92024	26-2599786	501 C 3	25,880				GENERAL OPERATING SUPPORT
(112) NATIONAL JEWISH HEALTH 1400 JACKSON ST M216, DENVER, CO 80206	74-2044647	501 C 3	75,250				GENERAL OPERATING SUPPORT
(113) NESHAMA CENTER PO BOX 8064, ASPEN, CO 81612	14-1964306	501 C 3	6,000				GENERAL OPERATING SUPPORT
(114) PALM BEACH COUNTY FOOD BANK 701 BOUTWELL ROAD, AUTE A-2, LAKE WORTH, FL 33461	90-0788707	501 C 3	5,000				GENERAL OPERATING SUPPORT
(115) PALM BEACH NAVY SEAL EVENING OF TRIBUTE INC 277 ROYAL POINCIANA WAY, SUITE 190, PALM BEACH, FL 33480	81-1955263	501 C 3	5,000				GENERAL OPERATING SUPPORT
(116) PHASE ONE FOUNDATION 11726 SAN VICENTE BLVD, SUITE 560, LOS ANGELES, CA 90049	91-2129319	501 C 3	5,000				GENERAL OPERATING SUPPORT
(117) PRESERVATION FOUNDATION OF PALM BEACH INC 311 PERUVIAN AVE, PALM BEACH, FL 33480	59-1989832	501 C 3	5,000				GENERAL OPERATING SUPPORT
(118) PRIZMAH CENTER FOR JEWISH DAY SCHOOLS INC 254 W 54TH ST FL 11, NEW YORK, NY 10019-5516	81-1750864	501 C 3	10,000				GENERAL OPERATING SUPPORT
(119) RACE TO ERASE MS 1875 CENTURY PARK EAST STE. 280, LOS ANGELES, CA 90067	84-1238541	501 C 3	5,000				GENERAL OPERATING SUPPORT

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(120) RAINBOW HOUSING ASSISTANCE CORPORATION 18001 N 79TH AVE STE E72, GLENDALE, AZ 85308	30-0108119	501 C 3	50,000				GENERAL OPERATING SUPPORT
(121) RAMAH IN THE ROCKIES 300 S DAHLIA ST, DENVER, CO 80246	20-4078988	501 C 3	41,208				GENERAL OPERATING SUPPORT
(122) RECONSTRUCTING JUDAISM 1299 CHURCH RD, WYNCOTE, PA 19095	23-1710675	501 C 3	25,000				GENERAL OPERATING SUPPORT
(123) RESPONSE: HELP FOR SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSUALT 405 CASTLE CREEK RD STE 203, ASPEN, CO 81611	74-2328814	501 C 3	25,000				GENERAL OPERATING SUPPORT
(124) ROCKY MOUNTAIN CHILDRENS HEALTH FOUNDATION 5394 MARSHALL STREET, SUITE 400, ARVADA, CO 80002	26-3839761	501 C 3	12,500				GENERAL OPERATING SUPPORT
(125) ROCKY MOUNTAIN RABBIS AND CANTORS 300 S DAHLIA ST, DENVER, CO 80246	52-2405110	501 C 3	6,800				GENERAL OPERATING SUPPORT
(126) SAN FRANCISCO JAZZ ORGANIZATION 201 FRANKLIN ST, SAN FRANCISCO, CA 94102	94-2990335	501 C 3	50,000				GENERAL OPERATING SUPPORT
(127) SHALOM PARK 14800 E BELLEVIEW DR, AURORA, CO 80015	74-2376546	501 C 3	82,788				GENERAL OPERATING SUPPORT
(128) SHARSHERET, INC. 1086 TEANECK ROAD, SUITE 2G, TEANECK, NJ 07666	13-4198529	501 C 3	6,000				GENERAL OPERATING SUPPORT
(129) SIMON WIESENTHAL CENTER 1399 S ROXBURY 2ND FL, LOS ANGELES, CA 90035	95-3964928	501 C 3	6,250				GENERAL OPERATING SUPPORT
(130) SOLOMON R GUGGENHEIM FOUNDATION 1071 5TH AVE, NEW YORK, NY 10128	13-5562233	501 C 3	5,000				GENERAL OPERATING SUPPORT
(131) TEMPLE AARON OF TRINIDAD 407 S MAPLE ST, TRINIDAD, CO 81082	82-4838982	501 C 3	6,605				GENERAL OPERATING SUPPORT
(132) TEMPLE SHALOM 1523 E MONUMENT STREET, COLORADO SPRINGS, CO 80909	84-0613002	501 C 3	10,000				GENERAL OPERATING SUPPORT
(133) TEMPLE SINAI 3509 S GLENCOE ST, DENVER, CO 80237	84-6050187	501 C 3	18,443				GENERAL OPERATING SUPPORT
(134) THE ASPEN INSTITUTE INC 1000 N THIRD ST, ASPEN, CO 81611	84-0399006	501 C 3	7,000				GENERAL OPERATING SUPPORT
(135) THE CHERRY HILLS VILLAGE POLICE FOUNDATION 3236 CHERRYRIDGE ROAD, CHERRY HILLS VILLAGE, CO 80113	86-2379861	501 C 3	5,000				GENERAL OPERATING SUPPORT
(136) THE JEWISH EXPERIENCE 399 S MONACO PKWY, DENVER, CO 80224	84-1530357	501 C 3	21,298				GENERAL OPERATING SUPPORT

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(137) THE JEWISH FEDERATIONS OF NORTH AMERICA INC. 25 BROADWAY, SUITE 1700, NEW YORK, NY 10004	13-1624240	501 C 3	249,550				GENERAL OPERATING SUPPORT
(138) THE JEWISH INSTITUTE FOR NATIONAL SECURITY OF AMERICA 1101 14TH ST NW STE 1030, WASHINGTON, DC 20005	52-1233683	501 C 3	30,500				GENERAL OPERATING SUPPORT
(139) THE WEXNER FOUNDATION 8000 WALTON PKWY, NEW ALBANY, OH 43054	23-7320631	501 C 3	175,000				GENERAL OPERATING SUPPORT
(140) UJA FEDERATION OF NEW YORK PO BOX 4227, NEW YORK, NY 10261-4227	51-0172429	501 C 3	10,000				GENERAL OPERATING SUPPORT
(141) UNITED JEWISH FEDERATION OF UTAH 2 N MEDICAL DR, SALT LAKE CTY, UT 84113	87-0282380	501 C 3	10,500				GENERAL OPERATING SUPPORT
(142) UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW, WASHINGTON, DC 20024	52-1309391	501 C 3	9,300				GENERAL OPERATING SUPPORT
(143) UNITED AGED HOME MOSHAV SEKENIM OF JERUSALEM ISRAEL INC 731 LIVINGSTON RD, ELIZABETH, NJ 07208	22-1660813	501 C 3	10,000				GENERAL OPERATING SUPPORT
(144) UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126, DENVER, CO 80217	84-6049811	501 C 3	79,000				GENERAL OPERATING SUPPORT
(145) UNIVERSITY OF WASHINGTON FOUNDATION BOX 359505, SEATTLE, WA 98195	94-3079432	501 C 3	10,000				GENERAL OPERATING SUPPORT
(146) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH ST NW STE 500, WASHINGTON, DC 20036	52-1376034	501 C 3	30,000				GENERAL OPERATING SUPPORT
(147) WILDERNESS WORKSHOP PO BOX 1442, CARBONDALE, CO 81623	74-1900412	501 C 3	5,700				GENERAL OPERATING SUPPORT
(148) WORLD CENTRAL KITCHEN INCORPORATED 655 NEW YORK AVE NW, 6TH FLOOR, WASHINGTON, DC 20001	27-3521132	501 C 3	7,200				GENERAL OPERATING SUPPORT
(149) YESHIVA TORAS CHAIM 1555 STUART ST, DENVER, CO 80204	84-0576800	501 C 3	24,504				GENERAL OPERATING SUPPORT
(150) JEWISH AGENCY OF ISRAEL 633 3RD AVE, 21ST FLOOR, NEW YORK, NY 10017	23-0053483	501 C 3	520,000				GENERAL OPERATING SUPPORT

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AISH OF THE ROCKIES 9550 E. BELLEVIEW AVE, GREENWOOD VILLAGE, CO 80111
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN ISRAEL EDUCATION FOUNDATION INC 251 H ST NW, WASHINGTON, DC 20001
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN JEWISH COMMITTEE JACOB BLAUSTEIN BUILDING, 165 EAST 56TH STREET, NEW YORK, NY 10022
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC 220 EAST 42ND ST, NEW YORK, NY 10017
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ANDERSON RANCH ARTS FOUNDATION PO BOX 5598, 5263 OWL CREEK RD, SNOWMASS VILLAGE, CO 81615

**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

2023

**Open to Public
Inspection**

Employer identification number

01-0831698

Part I Questions Regarding Compensation

	Yes	No
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. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> First-class or charter travel </div> <div style="width: 50%;"> <input type="checkbox"/> Housing allowance or residence for personal use </div> <div style="width: 50%;"> <input type="checkbox"/> Travel for companions </div> <div style="width: 50%;"> <input type="checkbox"/> Payments for business use of personal residence </div> <div style="width: 50%;"> <input type="checkbox"/> Tax indemnification and gross-up payments </div> <div style="width: 50%;"> <input type="checkbox"/> Health or social club dues or initiation fees </div> <div style="width: 50%;"> <input type="checkbox"/> Discretionary spending account </div> <div style="width: 50%;"> <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </div> </div>		
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.	1b	
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?	2	
3 Indicate which, if any, of the following the 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. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Compensation committee </div> <div style="width: 50%;"> <input type="checkbox"/> Written employment contract </div> <div style="width: 50%;"> <input type="checkbox"/> Independent compensation consultant </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Compensation survey or study </div> <div style="width: 50%;"> <input type="checkbox"/> Form 990 of other organizations </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
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	✓
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	✓
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	✓
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	✓
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	✓
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 and/or 1099-NEC 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	RENEE ROCKFORD CEO	(i) 279,426	(ii) 30,500	(iii) 0	11,680	33,029	354,635	0
		(ii) 0	0	0	0	0	0	0
2	JOHN STILWELL CHIEF BUSINESS AND FINANCE OFFICER	(i) 166,893	(ii) 17,000	(iii) 0	6,452	33,619	223,964	0
		(ii) 0	0	0	0	0	0	0
3	JULIE LIEBER CHIEF JEWISH LIFE AND ENGAGEMENT OFFICER	(i) 128,680	(ii) 13,700	(iii) 0	5,098	36,664	184,142	0
		(ii) 0	0	0	0	0	0	0
4	DAN LESHEM DIRECTOR OF JCRC	(i) 122,580	(ii) 2,000	(iii) 0	5,200	35,463	165,243	0
		(ii) 0	0	0	0	0	0	0
5	RABBI JAY STREAR FORMER CEO	(i) 0	(ii) 0	(iii) 110,422	0	0	110,422	0
		(ii) 0	0	0	0	0	0	0
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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	EXPLANATION OF PAYMENT: RABBI JAY STREAR RECEIVED A QUALIFYING PAYMENT IN THE AMOUNT OF \$110,422

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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	✓	9	1,608,181	MARKET VALUE
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 V, Donee Acknowledgement			29	0
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a ✓
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?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
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.				

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF NONCASH CONTRIBUTIONS NUMBER DISCLOSED RELATES TO THE NUMBER OF NONCASH CONTRIBUTIONS RECEIVED.

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2023 Open to Public Inspection
Name of the Organization JEWISHCOLORADO		Employer Identification Number 01-0831698

Return Reference - Identifier	Explanation				
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	INCLUDING THE JEWISH AGENCY, AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, AND HUNDREDS OF PARTNER ORGANIZATIONS AND NON-GOVERNMENTAL ORGANIZATIONS OPERATING ON THE FRONTLINES IN ISRAEL.				
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FINANCE COMMITTEE REVIEWS THE FORM 990 PRIOR TO FILING, AND UPON APPROVAL BY THAT COMMITTEE, THE FORM 990 IS REVIEWED BY THE FULL BOARD FOR APPROVAL PRIOR TO FILING.				
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION MONITORS COMPLIANCE WITH INTEREST POLICY'S CONFLICT BY COLLECTING AN INITIAL STATEMENT OF CONFLICT 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 QUESTION IS RECUSED FROM VOTING ON THE MATTER.				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE INDEPENDENT BOARD DETERMINES COMPENSATION FOR THE CEO, AND THIS IS DONE WITH EACH CONTRACT NEGOTIATION. SALARY SURVEYS/COMPARISONS ARE AVAILABLE FOR ALL CEOS 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. ALL DECISIONS ARE DOCUMENTED.				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>CHANGE IN VALUE OF LIFE INSURANCE</td><td>- 64,189</td></tr> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF LIFE INSURANCE	- 64,189
(a) Description	(b) Amount				
CHANGE IN VALUE OF LIFE INSURANCE	- 64,189				

PUBLIC DISCLOSURE COPY

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue ServiceFor calendar year 2023 or other tax year beginning 07/01, 2023, and ending 06/30, 20 24Go 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

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) JEWISHCOLORADO Number, street, and room or suite no. If a P.O. box, see instructions. 300 S. DAHLIA STREET City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80246 C Book value of all assets at end of year 79,250,151	D Employer identification number 01-0831698 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
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G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **THE ORGANIZATION, 300 S DAHLIA STREET, DENVER, CO** Telephone number **(303) 316-6455**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	1
2 Reserved	2	
3 Add lines 1 and 2	3	1
4 Charitable contributions (see instructions for limitation rules)	4	0
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	1
6 Deduction for net operating loss. See instructions	6	1
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	0
9 Trusts. Section 199A deduction. See instructions	9	0
10 Total deductions. Add lines 8 and 9	10	0
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	0
4 Other tax amounts. See instructions	4	0
5 Alternative minimum tax	5	0
6 Tax on noncompliant facility income. See instructions	6	0
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0		
b Other credits (see instructions)	1b	0		
c General business credit. Attach Form 3800 (see instructions)	1c	0		
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e	0		
2 Subtract line 1e from Part II, line 7	2	0		
3a Amount due from Form 4255	3a			
b Amount due from Form 8611	3b			
c Amount due from Form 8697	3c			
d Amount due from Form 8866	3d			
e Other amounts due (see instructions)	3e	0		
f Total amounts due. Add lines 3a through 3e	3f	0		
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0		
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0		

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2023)

Part III Tax and Payments (continued)

6a	Payments: Preceding year's overpayment credited to the current year	6a		0
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		0
c	Tax deposited with Form 8868	6c		0
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		0
e	Backup withholding (see instructions).	6e		0
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		0
g	Elective payment election amount from Form 3800			0
h	Payment from Form 2439	6h		0
i	Credit from Form 4136	6i		0
j	Other (see instructions)	6j		0
7	Total payments. Add lines 6a through 6j	7		0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		0
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 0 Refunded	11		0

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

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No												
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.														
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$														
4	Enter available pre-2018 NOL carryovers here \$ 421. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.														
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.														
	<table><tr><th>Business Activity Code</th><th>Available post-2017 NOL carryover</th></tr><tr><td>900000</td><td>\$ 200</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	Business Activity Code	Available post-2017 NOL carryover	900000	\$ 200		\$		\$		\$		\$		
Business Activity Code	Available post-2017 NOL carryover														
900000	\$ 200														
	\$														
	\$														
	\$														
	\$														
6a	Reserved for future use														
b	Reserved for future use														

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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.				
	DocuSigned by: <u>Renee Rockford</u> 2/20/2025 <u>PRESIDENT & CEO</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>ADAM R. SMITH</u>	Preparer's signature <u>Adam R Smith</u>	Date <u>02/19/2025</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00958966</u>
	Firm's name <u>FORVIS MAZARS, LLP</u>			Firm's EIN <u>44-0160260</u>	
	Firm's address <u>111 SOUTH TEJON SUITE 800, COLORADO SPRINGS, CO 80903-9848</u>			Phone no. <u>(719) 471-4290</u>	

Form **990-T** (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. JEWISHCOLORADO	Taxpayer identification number (TIN) 01-0831698
	Number, street, and room or suite no. If a P.O. box, see instructions. 300 S. DAHLIA STREET, STE 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80246	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 7**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

• The books are in the care of ► **THE ORGANIZATION, 300 S DAHLIA STREET, DENVER, CO 80246**

Telephone No. ► **(303) 316-6455** Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **05/15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 ____ or
► ☒ tax year beginning **07/01**, 20 **23**, and ending **06/30**, 20 **24**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

1 I request an extension of time until _____, 20____, to file Form 5330.

a	Enter the Code section(s) imposing the tax.	1a	
b	Enter the payment amount attached.	1b	\$
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c	

[illegible]

Date _____

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

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).

OMB No. 1545-0047

2023

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

A Name of the organization JEWISHCOLORADO	B Employer identification number 01-0831698
C Unrelated business activity code (see instructions) 900000	D Sequence: 1 of 1

E Describe the unrelated trade or business PASSTHROUGH INVESTMENTS

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0			
b Less returns and allowances	0			
c Balance		0		
2 Cost of goods sold (Part III, line 8)		0		
3 Gross profit. Subtract line 2 from line 1c		0		0
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		0		0
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		0		0
c Capital loss deduction for trusts		0		0
5 Income (loss) from a partnership or an S corporation (attach statement)		1		1
6 Rent income (Part IV)		0	0	0
7 Unrelated debt-financed income (Part V)		0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		0	0	0
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		0	0	0
10 Exploited exempt activity income (Part VIII)		0	0	0
11 Advertising income (Part IX)		0	0	0
12 Other income (see instructions; attach statement)		0		0
13 Total. Combine lines 3 through 12		1	0	1

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
1 Compensation of officers, directors, and trustees (Part X)		1	0
2 Salaries and wages		2	0
3 Repairs and maintenance		3	0
4 Bad debts		4	0
5 Interest (attach statement). See instructions		5	0
6 Taxes and licenses		6	0
7 Depreciation (attach Form 4562). See instructions	7	0	
8 Less depreciation claimed in Part III and elsewhere on return	8a	0	8b 0
9 Depletion		9	0
10 Contributions to deferred compensation plans		10	0
11 Employee benefit programs		11	0
12 Excess exempt expenses (Part VIII)		12	0
13 Excess readership costs (Part IX)		13	0
14 Other deductions (attach statement)		14	0
15 Total deductions. Add lines 1 through 14		15	0
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	1
17 Deduction for net operating loss. See instructions		17	0
18 Unrelated business taxable income. Subtract line 17 from line 16		18	1

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	Total. Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0
11 Total dividends — received deductions included in line 10				0

Part VI 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)					
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	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals				0	0

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI **Supplemental Information** (see instructions)

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2017	440	0	19	1	420	2037
Totals	440	0	19	1	420	

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
PASSTHROUGH INVESTMENTS			
(1) INCOME INVESTORS XII, LLC	1		1
Total	1	0	1