

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization JEWISHCOLORADO
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
300 S. DAHLIA STREET
City or town, state or province, country, and ZIP or foreign postal code
DENVER, CO 80246
D Employer identification number 01-0831698
E Telephone number (303) 321-3399
G Gross receipts \$ 26,190,918
H(a) Is this a group return for subordinates? [] Yes [x] No
H(b) Are all subordinates included? [] Yes [] No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: [x] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527

J Website: WWW.JEWISHCOLORADO.ORG

K Form of organization: [x] Corporation [] Trust [] Association [] Other L Year of formation: 2005 M State of legal domicile: CO

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2. Operations check; 3-7. Governance metrics; 7a-b. Revenue/Expenses; 8-12. Revenue breakdown; 13-19. Expense breakdown; 20-22. Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer: RENEE ROCKFORD, Date: [blank], Type or print name and title: RENEE ROCKFORD, PRESIDENT & CEO

Paid Preparer Use Only: Print/Type preparer's name: ADAM R. SMITH, Preparer's signature: ADAM R. SMITH, Date: 02/13/2026, Check [] if self-employed, PTIN: P00958966, Firm's name: FORVIS MAZARS, LLP, Firm's EIN: 44-0160260, Firm's address: 111 SOUTH TEJON SUITE 800, COLORADO SPRINGS, CO 80903-9848, Phone no.: (719) 471-4290

May the IRS discuss this return with the preparer shown above? See instructions [x] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2024)

Part III Statement of Program Service Accomplishments

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

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 \$ 8,796,840 including grants of \$ 6,828,488) (Revenue \$ 0)
WE PROTECT A GROWING AND VIBRANT JEWISH COMMUNITY IN COLORADO WITH OUR ADVOCACY, GRANTMAKING, AND ACTIONS. JEWISHCOLORADO SECURED 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; 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, INCLUDING THE JEWISH AGENCY, AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, AND HUNDREDS OF PARTNER ORGANIZATIONS AND NON-GOVERNMENTAL ORGANIZATIONS OPERATING ON THE FRONTLINES IN ISRAEL.

4b (Code:) (Expenses \$ 6,113,029 including grants of \$ 4,982,601) (Revenue \$ 1,052,533)
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 \$ 2,534,221 including grants of \$ 0) (Revenue \$ 741,071)
WE CONVENE AND CONNECT JEWISH GROUPS AND INDIVIDUALS. JEWISHCOLORADO CONVENE THE COMMUNITY AT MULTIPLE LARGE EVENTS, INCLUDING: FROM DARKNESS TO LIGHT, A SIGNATURE EVENT, AND CELEBRATE ISRAEL. PJ LIBRARY SENT OUT MORE THAN 5,000 BOOKS EACH MONTH TO SUBSCRIBERS IN COLORADO, AND HOSTED MORE THAN 150 PROGRAMS AND GATHERINGS FOR NEARLY 3,300 FAMILIES. JEWISH EXPLORERS HAD 2,044 YOUNG STUDENT ENGAGEMENTS, THERE WERE 1,045 YOUNG ADULT PROGRAM ENGAGEMENTS, SHINSHINIM HAD MORE THAN 43,000 INTERACTIONS WITH PARTICIPANTS, THE SHLICHA HAD MORE THAN 3,100 ENGAGEMENTS, AND JEWISH STUDENT CONNECTION HAD ENGAGEMENT WITH MORE THAN 600 TEENS AT 16 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 17,444,090

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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? <i>If "Yes," complete Schedule J</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
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? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	39		
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>	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.		
	1a 33		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
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?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
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?		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>		✓

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?		✓
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?	✓	
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? <i>If "No," go to line 13</i>	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done.</i>	✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
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	✓	
b	Other officers or key employees of the organization		✓
	<i>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</i>		
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?		✓
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) 321-3399

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

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

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			✓				345,894	0	34,701
(2) JOHN STILWELL CHIEF BUSINESS AND FINANCE OFFICER	37.5 0.0			✓				186,587	0	38,354
(3) WILLIAM RECHT CHIEF DEVELOPMENT OFFICER	37.5 0.0					✓		182,082	0	18,676
(4) JULIE LIEBER CHIEF JEWISH LIFE AND ENGAGEMENT OFFICER	37.5 0.0			✓				138,139	0	39,444
(5) STEPHANIE GELLER CHIEF CULTURE OFFICER	37.5 0.0			✓				103,650	0	34,598
(6) BRANDON RATTINER SENIOR DIRECTOR, JCRC	37.5 0.0					✓		62,597	0	8,830
(7) BEN LUSHER BOARD CHAIR	4.0 0.0	✓		✓				0	0	0
(8) JOEY FRIEDMANN SECRETARY	4.0 0.0	✓		✓				0	0	0
(9) NEIL OBERFELD VICE CHAIR	4.0 0.0	✓		✓				0	0	0
(10) STEVE KAPLAN TREASURER	4.0 0.0	✓		✓				0	0	0
(11) ADAM LAARSEN BOARD MEMBER	4.0 0.0	✓						0	0	0
(12) ADRIANE GREENBERG BOARD MEMBER	4.0 0.0	✓						0	0	0
(13) ALAN BRANDT BOARD MEMBER	4.0 0.0	✓						0	0	0
(14) AZA SQUARER 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) BRIAN RATNER BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) CARLA KUTNICK BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) CARLY SCHLAFER BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) DANA FRIEDMAN BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) DANIEL KRASNITSKY MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) ELIZABETH BARRAKETTE BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) GIL SELINGER BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) HIRSCH NEUSTEIN BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) JESSICA PIVAR BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) JOHN CHANIN BOARD MEMBER	4.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								1,018,949	0	174,603
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,018,949	0	174,603

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 5

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

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
SECURE COMMUNITY NETWORK, 540 NORTH DEARBORN ST, CHICAGO, IL 60610	REGIONAL SECURITY	383,041
JEWISH AGENCY FOR ISRAEL, 633 3RD AVE, 21ST FLOOR, NEW YORK, NY 10017	ISRAEL EMISSARY	180,478
SYNTRINSIC INVESTMENT COUNSEL, 3840 YORK ST, DENVER, CO 80205	INVESTMENT MANAGEMENT	141,982
FIDTECH PARTNERS, 1 LANDMARK SQUARE, STAMFORD, CT 06901	INVESTMENT MANAGEMENT	111,325

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 4

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	2,134,222				
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	15,310,964				
	1g	Noncash contributions included in lines 1a-1f	\$ 3,630,285				
	1h	Total. Add lines 1a-1f	17,445,186				
	Program Service Revenue	2a	EVENT INCOME ----- Business Code 812900	703,852	703,852		
b		PROGRAM FEES ----- Business Code 812900	1,089,752	1,089,752			
c		----- Business Code					
d		----- Business Code					
e		----- Business Code					
f		All other program service revenue	0	0	0	0	
g		Total. Add lines 2a-2f	1,793,604				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	329,646			329,646	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	6,475,437			
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	6,722,102				
	7c	Gain or (loss)	(246,665)	0			
d	Net gain or (loss)	(246,665)			(246,665)		
8a	Gross income from fundraising events (not including \$ 2,134,222 of contributions reported on line 1c). See Part IV, line 18	147,045					
8b	Less: direct expenses	830,287					
	Net income or (loss) from fundraising events	(683,242)			(683,242)		
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	----- Business Code					
	b	----- Business Code					
	c	----- Business Code					
	d	All other revenue	0	0	0	0	
	e	Total. Add lines 11a-11d	0				
12	Total revenue. See instructions	18,638,529	1,793,604	0	(600,261)		

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	6,805,106	6,805,106		
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	5,005,983	5,005,983		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,096,438	659,831	129,262	307,345
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,201,155	1,865,243	191,883	144,029
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	73,753	44,384	8,695	20,674
9	Other employee benefits	504,915	303,855	59,526	141,534
10	Payroll taxes	254,598	153,216	30,015	71,367
11	Fees for services (nonemployees):				
a	Management				
b	Legal	1,084		1,084	
c	Accounting	91,249		91,249	
d	Lobbying	36,152		36,152	
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.)	1,149,206	1,149,206	0	0
12	Advertising and promotion	40,938	18,148	0	22,790
13	Office expenses	291,386	180,096	15,293	95,997
14	Information technology	119,384	97,185	2,698	19,501
15	Royalties				
16	Occupancy	146,321	96,108	13,192	37,021
17	Travel	1,024,920	484,190	9,869	530,861
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,144	12,351	0	13,793
20	Interest	29,284	0	0	29,284
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	323,757	199,435	31,404	92,918
23	Insurance	96,522	65,940	7,725	22,857
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	<u>SUBSCRIPTIONS, PUBLICATIONS</u>	321,192	261,468	7,259	52,465
b	<u>BAD DEBTS EXPENSE</u>	240,863			240,863
c	<u>TRAINING & DEVELOPMENT</u>	43,679		43,679	
d	-----				
e	All other expenses	42,345	42,345	0	0
25	Total functional expenses. Add lines 1 through 24e	19,966,374	17,444,090	678,985	1,843,299
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 Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	676,521	1	447,657
	2 Savings and temporary cash investments	3,767,898	2	2,949,432
	3 Pledges and grants receivable, net	3,232,448	3	2,997,521
	4 Accounts receivable, net	2,360	4	7,321
	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	2,242,928	7	2,191,928
	8 Inventories for sale or use	3,980	8	3,980
	9 Prepaid expenses and deferred charges	98,252	9	132,719
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,962,671		
	b Less: accumulated depreciation	10b 2,606,155	7,571,505	10c 7,356,516
	11 Investments—publicly traded securities	58,770,614	11	64,820,815
	12 Investments—other securities. See Part IV, line 11	2,883,645	12	3,374,800
	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)	79,250,151	16	84,282,689	
Liabilities	17 Accounts payable and accrued expenses	1,084,472	17	570,276
	18 Grants payable	777,000	18	424,000
	19 Deferred revenue	162,342	19	15,728
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	837,792	23	2,361,000
	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	21,826,224	25	24,209,349
	26 Total liabilities. Add lines 17 through 25	24,687,830	26	27,580,353
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	34,182,543	27	37,375,321
	28 Net assets with donor restrictions	20,379,778	28	19,327,015
	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	54,562,321	32	56,702,336
33 Total liabilities and net assets/fund balances	79,250,151	33	84,282,689	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,638,529
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,966,374
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,327,845)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54,562,321
5	Net unrealized gains (losses) on investments	5	3,464,672
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	3,188
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	56,702,336

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		

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 (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) JONATHAN PERLMUTTER ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(26) JOSH DEMBY ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(27) JOSH WIDOFF ----- MEMBER	4.0 ----- 0.0	✓						0	0	0
(28) JOSHUA GINSBERG-MARGO ----- MEMBER	4.0 ----- 0.0	✓						0	0	0
(29) JUDY ROBINS ----- MEMBER	4.0 ----- 0.0	✓						0	0	0
(30) JULES KRAMER ----- MEMBER	4.0 ----- 0.0	✓						0	0	0
(31) JUSTIN JAFFE ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(32) KENDRA GOLDSTEIN ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(33) LORNE POLGER ----- MEMBER	4.0 ----- 0.0	✓						0	0	0
(34) MARK SIDELL ----- MEMBER	4.0 ----- 0.0	✓						0	0	0
(35) MATT MOST ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(36) ROBERT KAUFMANN ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(37) ROSS CHOTIN ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(38) SETH WONG ----- MEMBER	4.0 ----- 0.0	✓						0	0	0
(39) STUART ZALL ----- MEMBER	4.0 ----- 40.0	✓						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

2024

**Open to Public
Inspection**

Name of the organization JEWISHCOLORADO	Employer identification number 01-0831698
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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 33¹/₃% 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 33¹/₃% 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						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,109,572	15,910,309	13,332,347	21,851,438	17,497,784	82,701,450
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	14,109,572	15,910,309	13,332,347	21,851,438	17,497,784	82,701,450
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)						6,251,776
6 Public support. Subtract line 5 from line 4						76,449,674

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	14,109,572	15,910,309	13,332,347	21,851,438	17,497,784	82,701,450
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	923,974	2,153,786	0	138,430	329,646	3,545,836
9 Net income from unrelated business activities, whether or not the business is regularly carried on	7	0	0	0	0	7
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,497	58,700	58,397	142,134	0	260,728
11 Total support. Add lines 7 through 10						86,508,021
12 Gross receipts from related activities, etc. (see instructions)					12	6,270,350
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 2024 (line 6, column (f), divided by line 11, column (f))	14	88.37 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	89.43 %
16a 33 1/3% support test—2024. 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 33 1/3% support test—2023. 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—2024. 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—2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. 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—2023. 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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	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? <i>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.</i>		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
c	<input type="checkbox"/>	The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>	
2	Activities Test. Answer lines 2a and 2b below.		
		Yes	No
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b		

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).		

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) MISCELLANEOUS INCOME	1,497	58,700	58,397	142,134		260,728
	Total	1,497	58,700	58,397	142,134	0	260,728

**Schedule B
(Form 990)**

(Rev. January 2025)
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

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 33¹/₃% 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
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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	----- ----- -----	\$ ----- 350,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 283,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 202,738	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 100,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 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
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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	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 102,568	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 106,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 219,341	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ ----- 231,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ ----- 350,000	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
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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	----- ----- -----	\$ 269,184	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ 501,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ 155,887	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ 115,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ 101,000	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
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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	----- ----- -----	\$ 515,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 632,562	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 126,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 245,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 128,298	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
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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	----- ----- -----	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ 1,981,553	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ 173,042	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ 475,120	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ 1,006,793	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
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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	----- ----- -----	\$ ----- 988,359	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ ----- 507,460	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	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) <small>(See instructions.)</small>	(d) Date received
29	STOCK ----- ----- -----	\$ 475,120	04/25/2025
30	STOCK ----- ----- -----	\$ 998,426	12/12/2024
31	STOCK ----- ----- -----	\$ 987,279	06/27/2025
32	STOCK ----- ----- -----	\$ 497,460	01/02/2025
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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
-----	-----	-----	-----

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)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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.

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

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="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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?	✓		36,152
j Total. Add lines 1c through 1i			36,152
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)

(Rev. January 2025)

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value of contributions, grants, and end of year, plus two yes/no questions.

Part II Conservation Easements

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Tax Year'.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and revenue/assets.

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	13,124,154	11,547,962	11,673,136	13,823,492	10,635,840
b Contributions	53,000	965,759	169,429	330,547	823,548
c Net investment earnings, gains, and losses	1,489,850	1,047,431	141,202	(1,897,012)	2,541,140
d Grants or scholarships					
e Other expenditures for facilities and programs	598,593	436,998	435,805	583,891	177,036
f Administrative expenses					
g End of year balance	14,068,411	13,124,154	11,547,962	11,673,136	13,823,492

- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | ✓ | |
| (ii) Related organizations? | | ✓ |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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				
b Buildings		8,918,956	1,779,555	7,139,401
c Leasehold improvements				
d Equipment		547,882	436,574	111,308
e Other		495,833	390,026	105,807
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,356,516

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	1,412,207
(3) FUNDS HELD FOR OTHERS	22,796,162
(4) OTHER LIABILITY	980
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	24,209,349

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 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 EXPENSES	830,287
	CHANGE IN SPLIT INTEREST AGREEMENT	3,188
	TOTAL	833,475
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENT EXPENSES	830,287
	TOTAL	830,287

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)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

JEWISHCOLORADO

Employer identification number

01-0831698

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		5,005,983
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			5,005,983
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			5,005,983

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	2,854,115	WIRE TRANSFER			
(2)			MIDDLE EAST AND NORTH AFRICA	GENERAL OPERATING	2,151,868	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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>MAJOR GIFTS</u> (event type)	<u>SIGNATURE EVENT</u> (event type)	<u>6</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	781,175	728,173	771,919	2,281,267
	2 Less: Contributions	756,175	674,473	703,574	2,134,222
	3 Gross income (line 1 minus line 2)	25,000	53,700	68,345	147,045
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	500	395	1,721	2,616
	6 Rent/facility costs	9,048	60,996	51,217	121,261
	7 Food and beverages	38,559	158,211	150,179	346,949
	8 Entertainment			10,496	10,496
	9 Other direct expenses	9,874	223,170	115,921	348,965
	10 Direct expense summary. Add lines 4 through 9 in column (d)				830,287
11 Net income summary. Subtract line 10 from line 3, column (d)				(683,242)	

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: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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.

(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) ASPEN JEWISH COMMUNITY CENTER 435 WEST MAIN STREET, ASPEN, CO 81611	22-3787221	501(C)(3)	20,800				GENERAL OPERATING SUPPORT
(2) (SEE STATEMENT)	01-0599150	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(3) (SEE STATEMENT)	06-0910420	501(C)(3)	30,000				GENERAL OPERATING SUPPORT
(4) FRIENDS OF UNITED HATZALAH PO BOX 24666, NEW YORK, NY, 10087	11-3533002	501(C)(3)	9,550				GENERAL OPERATING SUPPORT
(5) (SEE STATEMENT)	13-1656634	501(C)(3)	14,385				GENERAL OPERATING SUPPORT
(6) JEWISH NATIONAL FUND 78 RANDALL AVE, ROCKVILLE CENTRE, NY, 11570	13-1659627	501(C)(3)	41,755				GENERAL OPERATING SUPPORT
(7) AMERICAN FRIENDS OF MAGEN DAVID ADOM 20 W 36TH ST SUITE 1100, NEW YORK, NY, 10018	13-1790719	501(C)(3)	22,900				GENERAL OPERATING SUPPORT
(8) CENTRAL FUND OF ISRAEL 429 CENTRAL AVENUE, CEDARHURST, NY, 11516	13-2992985	501(C)(3)	13,000				GENERAL OPERATING SUPPORT
(9) FRIENDS OF THE ISRAEL DEFENSE FORCES PO BOX 4224, NEW YORK, NY, 10163	13-3156445	501(C)(3)	12,980				GENERAL OPERATING SUPPORT
(10) (SEE STATEMENT)	13-3643245	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
(11) (SEE STATEMENT)	13-3676152	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 151

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) (Rev. 12-2024)

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) BIRTHRIGHT ISRAEL FOUNDATION PO BOX 21615, NEW YORK, NY, 10087	13-4092050	501(C)(3)	49,710				GENERAL OPERATING SUPPORT
(13) SHARSHERET, INC. 1086 TEANECK ROAD, SUITE 2G, TEANECK, NJ, 7666	13-4198529	501(C)(3)	6,180				GENERAL OPERATING SUPPORT
(14) AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET, NEW YORK, NY, 10022	13-5563393	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(15) CHABAD OF NORTHWEST METRO DENVER 4505 W. 112TH AVENUE, WESTMINSTER, CO, 80031	20-0449462	501(C)(3)	9,660				GENERAL OPERATING SUPPORT
(16) SECURE COMMUNITY NETWORK INC PO BOX 10303, CHICAGO, IL, 60610	20-1437733	501(C)(3)	18,000				GENERAL OPERATING SUPPORT
(17) CHABAD AT UNIVERSITY OF COLORADO 909 14TH STREET, SUITE 104, BOULDER, CO, 80302	20-2853143	501(C)(3)	5,402				GENERAL OPERATING SUPPORT
(18) RAMAH IN THE ROCKIES 300 S DAHLIA ST, DENVER, CO, 80246	20-4078988	501(C)(3)	38,489				GENERAL OPERATING SUPPORT
(19) B'NAI HAVURAH 6445 E OHIO AVE, DENVER, CO, 80224	23-7189650	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(20) ANDERSON RANCH ARTS FOUNDATION PO BOX 5598, 5263 OWL CREEK RD, SNOWMASS VILLAGE, CO, 81615	23-7267983	501(C)(3)	12,000				GENERAL OPERATING SUPPORT
(21) 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)	27,500				GENERAL OPERATING SUPPORT
(22) IMAGINATION PRODUCTIONS INC 11110 WEST OAKLAND PARK BLVD, SUITE 288, SUNRISE, FL, 33351	26-1264680	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(23) MELANOMA RESEARCH ALLIANCE 730 15TH STREET NW, 4TH FLOOR, WASHINGTON, DC, 20005	26-1636099	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(24) MOISHE FOUNDATION 5802 MONROE ROAD, CHARLOTTE, NC, 28212	26-2599786	501(C)(3)	8,600				GENERAL OPERATING SUPPORT
(25) HADAR INSTITUTE 210 W 93RD ST, NEW YORK, NY, 10025	26-4412164	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(26) OREGON TIGER SANCTUARY PO BOX 458, EAGLE POINT, OR, 97524	27-2374000	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(27) KEHILAS BAIS YISROEL 7329 E BYERS AVE, DENVER, CO, 80230	27-2670571	501(C)(3)	18,000				GENERAL OPERATING SUPPORT
(28) TEN STRANDS PO BOX 150869, SAN RAFAEL, CA, 94915	27-4118171	501(C)(3)	15,000				GENERAL OPERATING SUPPORT

(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
(29) MIZEL CENTER FOR ARTS AND CULTURE 350 S DAHLIA ST, DENVER, CO, 80246	31-1494423	501(C)(3)	11,000				GENERAL OPERATING SUPPORT
(30) DONOR ADVISED CHARITABLE GIVING, INC. PO BOX 628298, ORLANDO, FL, 32862	31-1640316	501(C)(3)	44,301				GENERAL OPERATING SUPPORT
(31) MIDWEST CAMPERS INC 2437 S. GREEN RD, BEACHWOOD, OH, 44122	34-0897622	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(32) ARIE CROWN HEBREW DAY SCHOOL 4600 MAIN ST, SKOKIE, IL, 60076	36-2129620	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(33) NAPA COUNTY REGIONAL PARK AND OPEN SPACE DISTRICT 1195 THIRD STREET, NAPA, CA, 94559	38-6848662	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(34) MISHKAN CHICAGO 4001 N RAVENSWOOD AVE STE 101, CHICAGO, IL, 60613	45-4922824	501(C)(3)	19,800				GENERAL OPERATING SUPPORT
(35) VALLEY BEIT MIDRASH 4645 E MARILYN RD, PHOENIX, AZ, 85032-4839	45-5443715	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(36) LOS ANGELES MUSEUM OF THE HOLOCAUST MARTYRS MEMORIAL 100 S. THE GROVE DRIVE, LOS ANGELES, CA, 90036	46-0503824	501(C)(3)	160,000				GENERAL OPERATING SUPPORT
(37) ASPEN VALLEY HOSPITAL FOUNDATION 401 CASTLE CREEK RD, ASPEN, CO, 81611-1159	46-0865487	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
(38) FRIENDS OF THE CAMEO 1340 MAIN ST, ST HELENA, CA, 94574	46-1415228	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(39) CHASDEI SHIMON INC. 132 E. 8TH STREET, LAWKWOOD, NJ, 8701	46-3777820	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(40) ONETABLE 228 PARK AVE S, SUITE 77191, NEW YORK, NY, 10003	46-4715368	501(C)(3)	28,850				GENERAL OPERATING SUPPORT
(41) KESHET OF THE ROCKIES 315 S MAGNOLIA STREET, DENVER, CO, 80224	47-0883605	501(C)(3)	24,039				GENERAL OPERATING SUPPORT
(42) EL MEDIO INC 20900 NE 30TH AVE STE 800, MIAMI, FL, 33180	47-3064050	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
(43) CHABAD LUBAVITCH OF PARK CITY PO BOX 681818, PARK CITY, UT, 84068	47-5669352	501(C)(3)	5,100				GENERAL OPERATING SUPPORT
(44) KESHET INC 1860 WASHINGTON ST, NEWTON, MA, 2466	48-1278664	501(C)(3)	8,000				GENERAL OPERATING SUPPORT
(45) EVERGREEN CHORALE INC PO BOX 2103, EVERGREEN, CO, 80437	51-0152778	501(C)(3)	7,500				GENERAL OPERATING SUPPORT
(46) THE JEWISH INSTITUTE FOR NATIONAL SECURITY OF AMERICA 1101 14TH ST NW STE 1030, WASHINGTON, DC, 20005	52-1233683	501(C)(3)	75,000				GENERAL OPERATING SUPPORT

(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
(47) UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW, WASHINGTON, DC, 20024	52-1309391	501(C)(3)	5,500				GENERAL OPERATING SUPPORT
(48) CAMERA PO BOX 35040, BOSTON, MA, 2135	52-1332702	501(C)(3)	16,250				GENERAL OPERATING SUPPORT
(49) CHILDREN'S HOSPITAL FOUNDATION 1 INVENTA PLACE 6TH FLOOR WEST, SILVER SPRING, MD, 20910	52-1640402	501(C)(3)	11,250				GENERAL OPERATING SUPPORT
(50) HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE 2390 S. RACE STREET, DENVER, CO, 80210	52-1758791	501(C)(3)	14,500				GENERAL OPERATING SUPPORT
(51) JEWS UNITED FOR JUSTICE INC PO BOX 41485, WASHINGTON, DC, 20018	52-2346578	501(C)(3)	7,500				GENERAL OPERATING SUPPORT
(52) GEORGETOWN UNIVERSITY 37TH AND O STS NW, WASHINGTON, DC, 20007	53-0196603	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
(53) HILLEL OF COLORADO 2390 S RACE ST, DENVER, CO, 80210	53-0238141	501(C)(3)	84,310				GENERAL OPERATING SUPPORT
(54) DAVIDSON COLLEGE PO BOX 7162, DAVIDSON, NC, 28035	56-0529961	501(C)(3)	270,000				GENERAL OPERATING SUPPORT
(55) UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVE UNIT 230, WEST PALM BEACH, FL, 33401	59-0683258	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(56) PRESERVATION FOUNDATION OF PALM BEACH INC 311 PERUVIAN AVE, PALM BEACH, FL, 33480	59-1989832	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(57) BARON HIRSCH CONGREGATION 400 S YATES ROAD, MEMPHIS, TN, 38120	62-0477611	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(58) MARGOLIN HEBREW ACADEMY 390 SOUTH WHITE STATION RD, MEMPHIS, TN, 38117	62-6002000	501(C)(3)	7,500				GENERAL OPERATING SUPPORT
(59) MANATEE COMMUNITY FOUNDATION INC 2820 MANATEE AVE W, BRADENTON, FL, 34205	65-0833500	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(60) OKLAHOMA B'NAI B'RITH HILLEL FOUNDATION 494 ELM STREET, NORMAN, OK, 73069	73-6106369	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(61) NATIONAL JEWISH HEALTH 1400 JACKSON ST M216, DENVER, CO, 80206	74-2044647	501(C)(3)	97,300				GENERAL OPERATING SUPPORT
(62) COMMUNITY FOOD SHARE, INC. 650 S. TAYLOR AVE, LOUISVILLE, CO, 80027	74-2227731	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(63) THEATRE ASPEN 110 E HALLAM ST STE102, ASPEN, CO, 81611	74-2319032	501(C)(3)	65,250				GENERAL OPERATING SUPPORT
(64) SHALOM PARK 14800 E BELLEVIEW DR, AURORA, CO, 80015	74-2376546	501(C)(3)	59,424				GENERAL OPERATING SUPPORT

(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
(65) ASPENFILM 110 E HALLAM ST STE 102, ASPEN, CO, 81611	74-2483139	501(C)(3)	21,000				GENERAL OPERATING SUPPORT
(66) 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
(67) JEWBELONG INC PO BOX 3013, MONTCLAIR, NJ, 7043	81-3739789	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(68) HISPANIC JEWISH ENDOWMENT INC 20900 NE 30TH AVE STE 800, MIAMI, FL, 33180	82-1282319	501(C)(3)	100,000				GENERAL OPERATING SUPPORT
(69) JEWISH CHERRY CREEK 860 MONROE ST, DENVER, CO, 80206	83-3787744	501(C)(3)	8,940				GENERAL OPERATING SUPPORT
(70) THE ASPEN INSTITUTE INC 1000 N THIRD ST, ASPEN, CO, 81611	84-0399006	501(C)(3)	65,300				GENERAL OPERATING SUPPORT
(71) JEWISH COMMUNITY CENTERS OF DENVER 350 S DAHLIA ST, DENVER, CO, 80246	84-0404245	501(C)(3)	111,800				GENERAL OPERATING SUPPORT
(72) CONGREGATION BMH-BJ 560 S. MONACO PKWY., DENVER, CO, 80224	84-0412568	501(C)(3)	8,752				GENERAL OPERATING SUPPORT
(73) BMH-BJ CONGREGATION 560 S. MONACO PKWY, DENVER, CO, 80224	84-0412568	501(C)(3)	23,250				GENERAL OPERATING SUPPORT
(74) HILLEL ACADEMY 450 S. HUDSON ST, DENVER, CO, 80246	84-0430032	501(C)(3)	40,185				GENERAL OPERATING SUPPORT
(75) MUSIC ASSOCIATES OF ASPEN INC 225 MUSIC SCHOOL ROAD, ASPEN, CO, 81611	84-0445087	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(76) DENVER HEBREW EDUCATIONAL ALLIANCE 3600 S IVANHOE ST, DENVER, CO, 80237	84-0447472	501(C)(3)	35,329				GENERAL OPERATING SUPPORT
(77) CONGREGATION RODEF SHALOM 450 S KEARNEY ST, DENVER, CO, 80224	84-0468847	501(C)(3)	14,936				GENERAL OPERATING SUPPORT
(78) CYSTIC FIBROSIS FOUNDATION 400 S COLORADO BLVD STE 840, DENVER, CO, 80246	84-0513516	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
(79) METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION INC CAMPUS BOX 14, PO BOX 173362, DENVER, CO, 80217	84-0576459	501(C)(3)	50,250				GENERAL OPERATING SUPPORT
(80) YESHIVA TORAS CHAIM 1555 STUART ST, DENVER, CO, 80204	84-0576800	501(C)(3)	21,889				GENERAL OPERATING SUPPORT
(81) CONGREGATION HAR HASHEM 3950 BASELINE ROAD, BOULDER, CO, 80303	84-0580952	501(C)(3)	11,255				GENERAL OPERATING SUPPORT
(82) BETH JACOB HIGH SCHOOL 5100 W. 14TH AVE., DENVER, CO, 80204	84-0585743	501(C)(3)	9,400				GENERAL OPERATING SUPPORT
(83) ASPEN JEWISH CONGREGATION 77 MEADOWOOD DRIVE, ASPEN, CO, 81611	84-0723135	501(C)(3)	25,400				GENERAL OPERATING SUPPORT

(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
(84) ASPEN JEWISH CENTER 77 MEADOWWOOD DRIVE, ASPEN, CO, 81611	84-0723135	501(C)(3)	48,300				GENERAL OPERATING SUPPORT
(85) ASPEN ART MUSEUM 637 E HYMAN AVE, ASPEN, CO, 81611	84-0746671	501(C)(3)	70,295				GENERAL OPERATING SUPPORT
(86) BOULDER COMMUNITY HEALTH FOUNDATION PO BOX 19320, BOULDER, CO, 80308	84-0772664	501(C)(3)	6,500				GENERAL OPERATING SUPPORT
(87) FOOD BANK OF THE ROCKIES 10700 E 45TH AVENUE, DENVER, CO, 80239	84-0772672	501(C)(3)	6,500				GENERAL OPERATING SUPPORT
(88) ROSE COMMUNITY FOUNDATION 4500 CHERRY CREEK S DR STE 900, DENVER, CO, 80246	84-0920862	501(C)(3)	6,000				GENERAL OPERATING SUPPORT
(89) THE COMMUNITY FOUNDATION (BOULDER) 1123 SPRUCE ST, BOULDER, CO, 80302	84-1171836	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(90) DENVER ACADEMY OF TORAH 6825 E. ALAMEDA, DENVER, CO, 80224	84-1187080	501(C)(3)	23,546				GENERAL OPERATING SUPPORT
(91) JAZZ AT ASPEN-SNOWMASS 110 E HALLAM ST STE 104, ASPEN, CO, 81611	84-1220222	501(C)(3)	1,016,600				GENERAL OPERATING SUPPORT
(92) RACE TO ERASE MS 1875 CENTURY PARK EAST STE. 280, LOS ANGELES, CA, 90067	84-1238541	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(93) TEMPLE BEIT TORAH 522 EAST MADISON STREET, COLORADO SPRINGS, CO, 80907	84-1251272	501(C)(3)	6,150				GENERAL OPERATING SUPPORT
(94) GAN CHAYA ESTHER 295 S LOCUST ST, DENVER, CO, 80224	84-1271977	501(C)(3)	6,250				GENERAL OPERATING SUPPORT
(95) AISH OF THE ROCKIES 9550 E. BELLEVIEW AVE, GREENWOOD VILLAGE, CO, 80111	84-1322731	501(C)(3)	10,480				GENERAL OPERATING SUPPORT
(96) BOULDER JCC 6007 OREG AVENUE, BOULDER, CO, 80303	84-1322996	501(C)(3)	79,528				GENERAL OPERATING SUPPORT
(97) MUSEUM OF CONTEMPORARY ART - DENVER 1485 DELGANY ST, DENVER, CO, 80202	84-1366092	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(98) BRIDGE HOUSE 5345 ARAPAHOE AVE #5, BOULDER, CO, 80303	84-1440292	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(99) DENVER JEWISH DAY SCHOOL 2450 S. WABASH STREET, DENVER, CO, 80231	84-1476467	501(C)(3)	179,146				GENERAL OPERATING SUPPORT
(100) COLORADO NONPROFIT DEVELOPMENT CENTER 789 SHERMAN ST STE 250, DENVER, CO, 80203	84-1493585	501(C)(3)	65,000				GENERAL OPERATING SUPPORT
(101) THE JEWISH EXPERIENCE 399 S MONACO PKWY, DENVER, CO, 80224	84-1530357	501(C)(3)	51,660				GENERAL OPERATING SUPPORT
(102) DENVER ART MUSEUM INC 100 W 14TH AVENUE PKWY, DENVER, CO, 80204	84-6038240	501(C)(3)	252,050				GENERAL OPERATING SUPPORT

(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
(103) UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126, DENVER, CO, 80217	84-6049811	501(C)(3)	36,000				GENERAL OPERATING SUPPORT
(104) TEMPLE SINAI 3509 S GLENCOE ST, DENVER, CO, 80237	84-6050187	501(C)(3)	36,471				GENERAL OPERATING SUPPORT
(105) ARIZONA JEWISH HISTORICAL SOCIETY 122 E CULVER ST, PHOENIX, AZ, 85004	86-0410245	501(C)(3)	25,000				GENERAL OPERATING SUPPORT
(106) THE CHERRY HILLS VILLAGE POLICE FOUNDATION 3236 CHERRYRIDGE ROAD, CHERRY HILLS VILLAGE, CO, 80113	86-2379861	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(107) AISH KODESH CONGREGATION 602 SOUTH MAGNOLIA ST, DENVER, CO, 80224	86-2497622	501(C)(3)	21,960				GENERAL OPERATING SUPPORT
(108) DENVER KEHILLAH 105 SOUTHMOOR DR, DENVER, CO, 80220	86-3704086	501(C)(3)	53,370				GENERAL OPERATING SUPPORT
(109) UNITED JEWISH FEDERATION OF UTAH 2 N MEDICAL DR, SALT LAKE CTY, UT, 84113	87-0282380	501(C)(3)	6,400				GENERAL OPERATING SUPPORT
(110) GARDEN PRESCHOOL & ELC 6100 E BELLEVIEW AVE, GREENWOOD VILLAGE, CO, 80111	87-0325228	501(C)(3)	13,393				GENERAL OPERATING SUPPORT
(111) PEACE HOUSE INC 700 ROUND VALLEY DRIVE #115 PARK CI, PARK CITY, UT, 84060	87-0500067	501(C)(3)	7,500				GENERAL OPERATING SUPPORT
(112) HILLEL AT CORNELL, INC. ATTN: RABBI ARI WEISS, PO BOX #4150, ITHACA, NY, 14852	87-3956853	501(C)(3)	5,400				GENERAL OPERATING SUPPORT
(113) PALM BEACH COUNTY FOOD BANK 701 BOUTWELL ROAD, SUITE A-2, LAKE WORTH, FL, 33461	90-0788707	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(114) NORTHWEST FILM FORUM 1515 12TH AVE, SEATTLE, WA, 98122	91-1702331	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
(115) MAGNITSKY JUSTICE FOUNDATION PO BOX 77315, WASHINGTON, DC, 20013	92-2980092	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(116) FOCUS FOR DEMOCRACY FUND 1200 G STREET NW, SUITE 800, WASHINGTON, DC, 20005	93-3922232	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(117) JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES 6505 WILSHIRE BLVD STE 800, LOS ANGELES, CA, 90048	95-1643388	501(C)(3)	24,650				GENERAL OPERATING SUPPORT
(118) CEDARS-SINAI 8700 BEVERLY BLVD STE 2416, WEST HOLLYWOOD, CA, 90048	95-1644600	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(119) SIMON WIESENTHAL CENTER 1399 S ROXBURY 2ND FL, LOS ANGELES, CA, 90035	95-3964928	501(C)(3)	16,000				GENERAL OPERATING SUPPORT

(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
(120) CENTER FOR JEWISH CULTURE & CREATIVITY 912 SOUTH CORONA ST, DENVER, CO, 80209	95-4328467	501(C)(3)	15,100				GENERAL OPERATING SUPPORT
(121) CHABAD OF LONGMONT 1053 NEON FOREST CIRCLE, LONGMONT, CO, 80504	20-4883981	501(C)(3)	9,742				GENERAL OPERATING SUPPORT
(122) CAMP TAWONGA 131 STEUART STREET, SAN FRANCISCO, CA, 94105	94-3227261	501(C)(3)	13,313				GENERAL OPERATING SUPPORT
(123) CONGREGATION BONAI SHALOM 1527 CHERRYVALE RD, BOULDER, CO, 80303	84-0891557	501(C)(3)	100,872				GENERAL OPERATING SUPPORT
(124) ISRAELI AMERICAN COUNCIL 1562 SOUTH KENTON STREET, AURORA, CO, 80012	22-3951652	501(C)(3)	7,000				GENERAL OPERATING SUPPORT
(125) NEVEI KODESH 1925 GLENWOOD DR, BOULDER, CO, 80304	84-1161358	501(C)(3)	6,434				GENERAL OPERATING SUPPORT
(126) KAVOD SENIOR LIFE 22 S ADAMS ST, DENVER, CO, 80209	84-0584939	501(C)(3)	7,850				GENERAL OPERATING SUPPORT
(127) BRIGHT LIGHTS EARLY LEARNING CENTER 2575 N VINE ST., DENVER, CO, 80205	93-4523778	501(C)(3)	10,357				GENERAL OPERATING SUPPORT
(128) CU BOULDER HILLEL 2795 COLORADO AVE, BOULDER, CO, 80302	83-3395525	501(C)(3)	11,470				GENERAL OPERATING SUPPORT
(129) MIKVEH OF EAST DENVER 290 SOUTH LEYDEN STREET, DENVER, CO, DENVER, CO, 80224	84-1251755	501(C)(3)	15,600				GENERAL OPERATING SUPPORT
(130) BAIS MENACHEM 400 SOUTH HOLLY ST, DENVER, CO, 80246	84-1571026	501(C)(3)	5,400				GENERAL OPERATING SUPPORT
(131) CONGREGATION EMANUEL 51 GRAPE ST, DENVER, CO, 80220	84-0402688	501(C)(3)	283,023				GENERAL OPERATING SUPPORT
(132) ANTI-DEFAMATION LEAGUE 605 3RD AVENUE, NEW YORK, NY, 10158	13-1818723	501(C)(3)	126,850				GENERAL OPERATING SUPPORT
(133) THE JEWISH LIFE CENTER 7730 EAST 26TH AVENUE, DENVER, CO, 80238	46-2812092	501(C)(3)	5,357				GENERAL OPERATING SUPPORT
(134) CAMP MAAYAN/MATZIV 8170 NORTH MCCORMICK BOULEVARD, SKOKIE, IL, 60076	83-2249214	501(C)(3)	6,000				GENERAL OPERATING SUPPORT
(135) UNION FOR REFORM JUDAISM PO BOX 461321, GLENDALE, CO, 80246	13-1663143	501(C)(3)	8,400				GENERAL OPERATING SUPPORT
(136) JFEDLA PO BOX 54269, LOS ANGELES, CA, 90054	95-1643388	501(C)(3)	30,750				GENERAL OPERATING SUPPORT
(137) CENTER FOR JUDIAC STUDIES 2000 E. ASBURY AVE., SUITE 157, DENVER, CO, 80208	84-0404231	501(C)(3)	5,500				GENERAL OPERATING SUPPORT
(138) PARK HILL UNITED METHODIST CHURCH 5209 MONTVIEW BLVD, DENVER, CO, 80207	84-0411807	501(C)(3)	5,000				GENERAL OPERATING SUPPORT

(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
(139) CHABAD JEWISH CENTER OF SOUTH METRO DENVER 6100 E BELLEVIEW AVE, GREENWOOD VILLAGE, CO, 80111	84-1609995	501(C)(3)	7,220				GENERAL OPERATING SUPPORT
(140) THE EFSHAR PROJECT P.O.BOX 18770, DENVER, CO, 80218	33-4064907	501(C)(3)	9,118				GENERAL OPERATING SUPPORT
(141) ADVENTURE RABBI 825 SOUTH BROADWAY ST, #10, BOULDER, CO, 80303	51-0484087	501(C)(3)	5,877				GENERAL OPERATING SUPPORT
(142) LION GLOBAL FOUNDATION 4350 S MONACO ST 5TH FL, DENVER, CO, 80237	68-0561084	501(C)(3)	17,300				GENERAL OPERATING SUPPORT
(143) OPENDOR MEDIA 11110 WEST OAKLAND PARK BOULEVARD, SUITE 288, SUNRISE, FL, 33351-6808	26-1264680	501(C)(3)	40,000				GENERAL OPERATING SUPPORT
(144) JOINT DISTRIBUTION COMMITTEE 220 EAST 42ND STREET, SUITE 400, NEW YORK, NY, 10017	13-1656634	501(C)(3)	67,200				GENERAL OPERATING SUPPORT
(145) REPAIR THE WORLD 25 BROADWAY, 17TH FLOOR, NEW YORK, NY, 10004	36-4524686	501(C)(3)	20,186				GENERAL OPERATING SUPPORT
(146) OHR AVNER 1364 SOUTH LIMA STREET, ATTN: RUBEN BACHAYEV, AURORA, CO, 80012	13-4099223	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(147) JEWISH FEDERATIONS OF NORTH AMERICA, INC. 25 BROADWAY, SUITE 1700, NEW YORK, NY, 10004-1010	13-1624240	501(C)(3)	231,914				GENERAL OPERATING SUPPORT
(148) GOLDA AURARIA HIGHER EDUCATION CENTER BUSINESS SERVICES PO BOX 173361, DENVER, CO, 80217	84-1144747	501(C)(3)	5,000				GENERAL OPERATING SUPPORT
(149) JEWISH FAMILY SERVICE OF COLORADO 3201 SOUTH TAMARAC DRIVE, DENVER, CO, 80231-4394	84-0402701	501(C)(3)	514,442				GENERAL OPERATING SUPPORT
(150) HAR SHALOM 725 WEST DRAKE ROAD, FORT COLLINS, CO, 80526	84-0754231	501(C)(3)	10,000				GENERAL OPERATING SUPPORT
(151) UNIFYING MEDITATION INSTITUTE 179 JED SMITH ROAD, WARD, CO, 80481	20-8037137	501(C)(3)	5,000				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	REACHINGU A FOUNDATION FOR URUGUAY 328 CRANDON BLVD, SUITE 119-308, KEY BISCAYNE, FL, 33149
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CHOATE ROSEMARY HALL FOUNDATION INCORPORATED 333 CHRISTIAN ST, WALLINGFORD, CT, 6492
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. PO BOX 4124, NEW YORK, NY, 10163
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JOIN ISRAEL 135 ROCKAWAY TPKE STE 101, LAWRENCE, NY, 11559
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	TIKVAH FUND 165 E 56TH ST STE 4TH FL, NEW YORK, NY, 10022-2709

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

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

Open to Public Inspection

Employer identification number

01-0831698

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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) 328,860	(ii) 17,034	(iii) 0	13,043	21,658	380,595	0
		(ii) 0	0	0	0	0	0	0
2	JOHN STILWELL CHIEF BUSINESS AND FINANCE OFFICER	(i) 177,462	(ii) 9,125	(iii) 0	7,630	30,724	224,941	0
		(ii) 0	0	0	0	0	0	0
3	WILLIAM RECHT CHIEF DEVELOPMENT OFFICER	(i) 175,182	(ii) 6,900	(iii) 0	7,200	11,476	200,758	0
		(ii) 0	0	0	0	0	0	0
4	JULIE LIEBER CHIEF JEWISH LIFE AND ENGAGEMENT OFFICER	(i) 131,143	(ii) 6,996	(iii) 0	5,139	34,305	177,583	0
		(ii) 0	0	0	0	0	0	0
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	✓	91	3,630,285	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
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	Yes	No
30a		✓
31	✓	
32a		✓
33		

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)**

(Rev. January 2025)

Department of the 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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

JEWISHColorado

Employer identification number

01-0831698

Return Reference - Identifier	Explanation						
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 border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT</td> <td>3,188</td> </tr> <tr> <td>TOTAL</td> <td>3,188</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	3,188	TOTAL	3,188
(a) Description	(b) Amount						
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	3,188						
TOTAL	3,188						

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

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	
	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	Form 990-T (governmental entities)	15

- 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) 321-3399 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 26, 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 24, and ending 06/30, 20 25.
- 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.

