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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

\ Fo	r the 2	2008 ca	lendar vea	r, or tax year beginning 07-01	L-2008 and ending 06-30-200)9			
		plicable		C Name of organization	<u> </u>			D Employer i	dentification number
_	ress cha		Please use IRS	Jewish Community Foundation				01-08316	598
_		-	label or print or	Doing Business As				E Telephone	
_	ne char	•	type. See					(303) 321	-3399
Initi	ıal retur	'n	Specific Instruc-		ıf maıl ıs not delivered to street addre	ess) Room	ı/suite		ipts \$ 6,911,625
Ten	mınatıoı	n	tions.	300 S Dahlia St Suite 300				C C , C , C , C , C , C , C , 	.p.s \$ 0,311,023
– _{Am}	ended r	eturn		City or town, state or country, a	nd ZIP + 4				
- App	lication	pending		Denver, CO 80246					
			- N			1			
				ne and address of Principal O eserman	mcer	H(a)	Is the	s a group retu	rn for
			_	Dahlia St Suite 300			allilla	tesr	j tes j e no
				-, CO 80246		Н(b)	Are all	affiliates inclu	ided?
Tax	x-exem	pt status	✓ 501(c)) (3) ◀ (ınsert no)	(1) or 527				st See instructions)
W	eb site	e: ► http	o //www.jew	vishcolorado org		H(c)	Grou	p Exemption N	lumber 🟲
						<u> </u>			
(Туре	e of org	anızatıon	Corporat	ion trust association other	r 🏲	L Yea	r of Fo	mation 2005	M State of legal domicile CO
Pai	rt I	Sumi	marv						
				e organization's mission or m	ost significant activities				
υ	1			-	on is to be the central source f	or Iona-t	erm p	hilanthropy, e	ndowment and planned
≧ ■	1			als and institutions in our Col		- · · · · · · · · · · · · · · · · · · ·		····	· · · · · · · · · · · · · · · · · · ·
Ĭ									
sovemance	2	Check t	his box 🖵	ıf the organızatıon dıscontınu	ed its operations or disposed o	of more t	han 2	5% of its ass	ets
	3	Number	of voting r	members of the governing boo	iy (Part VI, lıne 1a)			3	14
đ	4	Number	of indepen	ndent voting members of the g	overning body (Part VI, line 1	b)		. 4	14
<u> </u>	5	Total nu	umber of en	nployees (Part V, line 2a) .				5	0
ACUMINES	1			olunteers (estimate if necessa				6	50
<u>ş</u>				·	art VIII, line 12, column (C)			7a	-4,779
•				iness taxable income from Fo		•		7 t	
							Drio	r Year	Current Year
	8	Contri	hutions and	d grants (Part VIII, line 1h)			- 110	1,747,693	
ē	9			revenue (Part VIII, line 2g)				238,774	
Rayent	10	_			es 3, 4, and 7d)	'		824,634	390,623
Æ	11			art VIII, column (A), lines 5,				14,769	18,189
	12		•	, , , , , , ,	equal Part VIII, column (A), lin			14,709	10,109
	12	12)	evenue—a	aa iiiles o tiiioagii 11 (iiiast e	equal Fait VIII, column (A), mi			2,825,870	2,406,450
	13	Grants	and simila	ar amounts paid (Part IX, colu	ımn (A), lınes 1–3)			3,131,077	1,707,918
	14	Benefi	ts paid to d	or for members (Part IX, colur	nn (A), line 4)			0	0
	15	Saları	es, other co	ompensation, employee benef	its (Part IX, column (A), lines	5 –			
\$		10)						517,469	513,500
Expenses	16a	Profes	sıonal fund	raising fees (Part IX, column	(A), line 11e)			0	30,115
ੜ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25	324,569				
_	17	Other	expenses ((Part IX, column (A), lines 11	a-11d, 11f-24f)			1,448,345	581,874
	18	Total	expenses—	-add lines 13–17 (must equal	Part IX, line 25, column (A))			5,096,891	2,833,407
	19	Reven	ue less exp	oenses Subtract line 18 from	line 12			-2,271,021	-426,957
8 4						В	eainni	ng of Year	End of Year
net Assets or Fund Balances	20	Total	assate (Da	rt X, line 16)				38,817,449	33,815,471
35 TE			,	,				· · ·	, ,
32	21		·	Part X, line 26)		<u> </u>		19,077,663	17,017,117
	22			d balances Subtract line 21	from line 20			19,739,786	16,798,354
Par	t II		ature Blo						
					ed this return, including accompanying of preparer (other than officer) is base				
Plea	Se	****		correct, and complete Decidiation of	or preparer (other than officer) is base	cu on an n	I		arei nas ariy knowledge
Sign		I B	ature of office	er			Date	05-17	
dere		L Doug	. Cocorman D	Proceed ont					
			g Seserman P e or print nam						
		F ''			Data	Check If		Dreparer's DTI	N (See Gen Inst)
		Preparer signature		R CHOUN		self-		rieparers PII	n (see den mst)
Paid			· •			empolyed	<u>• </u>		
•	arer's		ame (or yours nployed),	EHRHARDT KEEFE STEINER &	HOTTMAN PC			EIN Þ	
Jse (ווע		and ZIP + 4	7979 E TUFTS AVENUE SUITE	400				
				DENVER, CO 802372843				Phone no 🕨	(303) 740-9400
/1 a v. +	ha IDG	s die chie	e this retu	rn with the preparer shown ab	nove? (See instructions)			1	Tyes TNo

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission The mission of the Jewish Community Foundar in our Colorado Jewish community	cion is to be the central sourc	e for long-term philanthropy,	endowment and planned giving	for individuals and institutions
2	Did the organization undertake any si the prior Form 990 or 990-EZ? . If "Yes," describe these new services			h were not listed on	Yes 🔽 No
3	Did the organization cease conductin services?		nanges in how it conducts	s any program	Yes ▼ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947 (a)(1) trus	sts are required to report		
4a	(Code) (Expenses \$ The organization makes grants and allocation charitable organizations, it also makes grants their philanthropic efforts by reviewing and a programs for professional advisors regarding year's activity and recognizes volunteers and	ns from various funds within payments for approved sch approving the distributions fro the foundation's products ar	olarships The Foundation wor om the donor advised funds to nd services In addition, the Fo	ks with the fundholders of its do 501(c)(3) organizations The F	nor advised funds to facilitate oundation hosts educational
4b	(Code) (Expenses \$	inc	cluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	inc	cluding grants of \$) (Revenue \$)
4d	Other program services (Describe i	n Schedule O) including grants of \$) ((Revenue \$)
4e	Total program service expenses \$	1,917,352	Must equal Part IX, Line	· ·	<u> </u>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section $170(b)(1)(A)(II)^{9}$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I			No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

l GI	Statements Regarding Other 183 Fillings and Tax Comphanice			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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		Νο
b	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
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).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
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		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νο
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section <i>I</i>	<u> 4. Govern</u>	ing Body	and Managemen	t

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 14			
b	Enter the number of voting members that are independent 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CATHERINE KITE 300 S DAHLIA STREET DENVER,CO 80246 (303) 316-6457

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	·	Posit	(C) chec	:k al			(E)	(F)
(A) Name and Title	(B) Average hours per week	Tompensation from related organizations	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations				
						-			

			1	(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trust on or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (\) 2/1099MISC	Reportable compensation from related organization:	n s	Estima amount o compens from t organizati relate organiza	fother ation he on and ed
											-		
											_		
16	Total							<u> </u>	218	3,654 381	1,717		72,548
2	Total number of individuals (includir								L				
	compensation from the organization		a) who	recei	ved	mor	re thar	1 \$1	00,000 in repor	table			
			a) who	recei	ved	mor	re thar	1 \$1	00,000 in repor	table		Yes	No
3		►0 officer, direc	ctor or t	ruste	e, k	ey e	employ	/ee,	or highest comp		3	Yes	No No
	Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	officer, directless of the such of the sum of	tor or t	ruste <i>ual</i> .	e, k	ey e	employ • •	∕ee, • and	or highest comp	ensated employee tion from the	3		
3 4	Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	officer, directive of the such of the sum of	ctor or t individu reporta nan \$15	ruste <i>ual</i> ble c	e, k omp 0? i	ey e ens	employ ation 'es," co	ee, • and omp	or highest comp • • • • other compensa lete Schedule J fo • • • •	ensated employee tion from the r such		Yes	
3	Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of ns greater the sum of the	ctor or t Individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0? i	ey e ens !f "Y •	employ ation 'es," cc many	ee, and omp	or highest composition of the compensate the schedule of the composition of the compositi	ensated employee tion from the r such on for services	3		
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of the	ctor or t Individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0? i	ey e ens !f "Y •	employ ation 'es," cc many	ee, and omp	or highest composition of the compensate the schedule of the composition of the compositi	ensated employee tion from the r such on for services	4		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15 ue comp	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens [f "Y from	employ ation estion estion many erson	and unro	or highest composes other compensate to the compensate to the compensate to the composition of the compositi	ensated employee tion from the r such on for services	4		N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens [f "Y from	employ ation estion estion many erson	and unro	or highest composes other compensate to the compensate to the compensate to the composition of the compositi	ensated employee tion from the r such on for services	4		No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens [f "Y from	employ ation estion estion many erson	and unro	or highest composes other compensate to the compensate to the compensate to the composition of the compositi	ensated employee tion from the r such on for services more than	4	Yes	No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens [f "Y from	employ ation estion estion many erson	and unro	or highest composes other compensate to the compensate to the compensate to the composition of the compositi	ensated employee tion from the r such on for services more than	4	Yes	No
3 4 5 Se	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directive of services of the sum of the sum of the sum of the sum of the services, "complete of the services, "complete of the services of the servic	reportanan \$15 ue comp Schedule	ruste ual . ble c 0,00 enersa e J for	e, k omp 0? i endo	ey e ensseries from	employ ation estation for any erson contra	ee, and omp	or highest composition of the compensation of the compensation of the compensation of the composition of the	ensated employee tion from the r such on for services more than (B) Description of services	5	Yes	No

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					,
nts nts	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	1b /ents 1c					
無無	d	Related organ	ızatıons1d	915,006				
E, S	e	Government grar	nts (contributions) 1e	2,500				
ution her si	f		tions, gifts, grants, and not included above	892,741				
풀	g	Noncash cont	1f ributions included in					
20.0		lines 1a-1f \$	30,506					
•	h	Total (Add lin	es 1a-1f)		1,810,247			
				Business Code				
TELE	2a	PROGRAM EVENT	S	812,900	23,745	23,745		
9.A.B.	b	PROGRAM FEES		812,900	163,646	163,646		
e H	С							
25	d							
ž,	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
_ <u>&</u> 	g	Total. Add line ▶ \$ 187,391	es 2a-2f					
	3		come (including divid	•	601.0==		4 777	606.451
		other similar a	amounts)		601,375		-4,779	606,154
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
	5	Royalties			0			
			(ı) Real	(11) Personal				
	6a	Gross Rents		9,167				
	ь	Less rental expenses						
	c	Rental income or (loss)		9,167				
	d		ome or (loss)		9,167			9,167
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	4,294,423					
		assets other than inventory						
	ь	Less cost or other basis and	4,505,175					
		sales expenses Gain or (loss)	-210,752					
	d	Net gain or (lo			-210,752			-210,752
				. •				
Other Revenue	8a	events (not in \$	ns reported on line IV, line 18 e G if total exceeds					
Ϋ́			а					
ф	b c		xpensesb (loss) from fundraisi	ng avants	0			
Ö				ing events ▶				
	9a	Gross income activities See Complete Sched exceeds \$15,00	e part IV , line 19 dule G if total					
	ь	Less directe	xpensesb					
	С		· (loss) from gaming a	activities •-	0			
	10a	Gross sales o returns and al	f inventory, less lowances . a	·				
	ь	Less cost of	goods sold b					
	С		(loss) from sales of		0			
		Miscellaneou		Business Code 900,099	0.023			0.033
	11a	OTHER INCO	ME	900,099	9,022			9,022
	Ь							
	C							
	d	All other reve						
	e	Total. Add line	es 11a-11d	 \$ 9,022				
	12		a. Add lines 1h, 2g, 3		2,406,450	187,391	-4,779	413,591
		8c, 9c, 10c, and 1	l1e	. ▶				

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re				<u> </u>
	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 governments and organizations in the U.S. See Part IV, line 21	1,707,918	1,707,918		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	197,779	17,121	113,885	66,773
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	258,637	23,215		195,921
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,988		6,988	
9	Other employee benefits	36,913		36,913	
10	Payroll taxes	13,183		13,183	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	14,688		14,688	
c	Accounting	57,851		57,851	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	30,115			30,115
f	Investment management fees	116,349	116,349		
g	Other	187,548	8,144	147,644	31,760
12	Advertising and promotion	17,720	9,524	8,196	
13	Office expenses	23,424	5,166	18,258	
14	Information technology	3,000	-	3,000	
15	Royalties	0		,	
16	Occupancy	15,679		15,679	
17	Travel	3,747	35	3,712	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0		3,: 22	
19	Conferences, conventions and meetings	38,211	29,880	8,331	
20	Interest	83,439		83,439	
21	Payments to affiliates	0		,	
22	Depreciation, depletion, and amortization	6,707		6,707	
23	Insurance	6,523		6,523	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	,		·	
а	UNRELATED BUSINESS TAXES	5,500		5,500	
b	OTHER EXPENSE	1,488		1,488	
c					
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,833,407	1,917,352	591,486	324,569
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		_,,_	22-7, 1-2	

Part X	Balance	Sheet

Cash—non-interest-bearing 1 2 40.3						(A) Beginning of year		(B End of	
Pledges and grants receivable, net		1	Cash—non-interest-bearing				1		,
A		2	Savings and temporary cash investments			39,842	2		40,332
A Accounts receivable, net		3					3		
other related parties. Complete Part II of Schedule L. 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L. 7 Notes and loans receivable, net. 44,963 7 1,505,9 8 Inventories for sale or use. 8 Inventories for sale or use. 8 Inventories for sale or use. 8 Land, buildings, and equipment cost basis. 10 Land, buildings, and equipment complete Part II of Schedule D. 11 Investments—publicly traded securities. 12 Investments—public varied securities. 13 Investments—public varied securities. 14 Investments—public varied securities. 15 Other securities. See Part IV, line 11 Complete Part VII of Schedule D. 16 Total assets. Ald lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Total assets. Add lines 1 through 15 (must equal line 34) 18 Grants payable and accrued expenses. 19 Deferred revenue. 10 Total assets. Add lines 1 through 15 (must equal line 34) 19 Deferred revenue. 10 Total assets. Add lines 1 through 15 (must equal line 34) 10 Tax-exempt bond liabilities. 10 Tax-exempt bond liabilities. 11 Secured more and former officers, directors, trustees, key amplicyees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D. 10 Total insolutions. Complete Part II of Schedule D. 11 Total insolutions. Add lines 17 through 25. 12 Total liabilities. Add lines 17 through 25. 13 Total insolutions and loans payable. 14 Temporarily restricted net assets. 15 Organizations that follow SFAS 117, check here ▶ ↑ and complete lines 27 through 29, and lines 33 and 34. 12 Total insolution on organizations that do not follow SFAS 117, check here ▶ ↑ and complete lines 27 through 29, and lines 31 through 33 and 16, 783. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total liabilities		4				4			
persons described in section 4958(c)(3)(8) Complete Part II of Schedule L		5				5			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a 3,508.233 10b 150.290 3,304.172 10c 3,358.8 11 Investments—publicly traded securities 10b 150.290 3,304.172 10c 3,358.8 11 Investments—publicly traded securities 12 10b 150.290 3,304.175 11 22.7977. 12 13 150.200 13.004.175 12 14 10b 150.290 1		6				6			
Preparid expenses and deferred charges 9 10a 10a 150,290 150,293 10a 150,290		7	Notes and loans receivable, net			44,963	7		1,505,989
b Less accumulated depreciation Complete Part VI of Schedule D. 10b 150,290 3,304,172 10c 3,358.8 11 Investments—publicly traded securities . 28,163,156 11 22,797.7 12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D. 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D. 14 Intangible assets . 14 Intangible assets . 14 Intangible assets . 14 Intangible assets . 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 27,841 15 Intangible assets . 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 16 Total assets. Add lines 1 through 15 (must equal line 34) 38,817,449 16 33,815,4 17 84.8 18 Grants payable and accrued expenses . 74,575 17 84.8 18 Grants payable . 18 Grants payable . 18 Grants payable . 18 Intended Part IX of Schedule D. 19 Deferred revenue . 1,908,031 19 1,622,4 18 21 Escrow account liabilities . 20 Tax-exempt bond liabilities . 21 Escrow account liabilities . 21 Escrow account liabilities . 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D. 13,697,319 25 11,869,7 Organizations that follow SFAS 117, check here ▶ 7 and complete lines 27 through 29, and lines 33 and 34. 15,077,863 26 17,077,1 Organizations that follow SFAS 117, check here ▶ 7 and complete lines 27 through 29, and lines 33 and 34. 15,079,360 27 10,413,7 29 3,672,2 20 29 8 27,123, 33 Total net assets . 3,844,197 29 3,672,2 33 Total inet assets of fund balances . 19,739,786 33 16,798,3 34 10,41 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 35 34,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,8		8					8		
b Less accumulated depreciation Complete Part VI of Schedule D. 10b 150,290 3,304,172 10c 3,358.8 11 Investments—publicly traded securities . 28,163,156 11 22,797.7 12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D. 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D. 14 Intangible assets . 14 Intangible assets . 14 Intangible assets . 14 Intangible assets . 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 27,841 15 Intangible assets . 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 16 Total assets. Add lines 1 through 15 (must equal line 34) 38,817,449 16 33,815,4 17 84.8 18 Grants payable and accrued expenses . 74,575 17 84.8 18 Grants payable . 18 Grants payable . 18 Grants payable . 18 Intended Part IX of Schedule D. 19 Deferred revenue . 1,908,031 19 1,622,4 18 21 Escrow account liabilities . 20 Tax-exempt bond liabilities . 21 Escrow account liabilities . 21 Escrow account liabilities . 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D. 13,697,319 25 11,869,7 Organizations that follow SFAS 117, check here ▶ 7 and complete lines 27 through 29, and lines 33 and 34. 15,077,863 26 17,077,1 Organizations that follow SFAS 117, check here ▶ 7 and complete lines 27 through 29, and lines 33 and 34. 15,079,360 27 10,413,7 29 3,672,2 20 29 8 27,123, 33 Total net assets . 3,844,197 29 3,672,2 33 Total inet assets of fund balances . 19,739,786 33 16,798,3 34 10,41 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 35 34,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,8	22	9	Prepaid expenses and deferred charges				9		
b Less accumulated depreciation Complete Part VI of Schedule D. 10b 150,290 3,304,172 10c 3,358.8 11 Investments—publicly traded securities . 28,163,156 11 22,797.7 12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D. 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D. 14 Intangible assets . 14 Intangible assets . 14 Intangible assets . 14 Intangible assets . 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 27,841 15 Intangible assets . 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 16 Total assets. Add lines 1 through 15 (must equal line 34) 38,817,449 16 33,815,4 17 84.8 18 Grants payable and accrued expenses . 74,575 17 84.8 18 Grants payable . 18 Grants payable . 18 Grants payable . 18 Intended Part IX of Schedule D. 19 Deferred revenue . 1,908,031 19 1,622,4 18 21 Escrow account liabilities . 20 Tax-exempt bond liabilities . 21 Escrow account liabilities . 21 Escrow account liabilities . 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D. 13,697,319 25 11,869,7 Organizations that follow SFAS 117, check here ▶ 7 and complete lines 27 through 29, and lines 33 and 34. 15,077,863 26 17,077,1 Organizations that follow SFAS 117, check here ▶ 7 and complete lines 27 through 29, and lines 33 and 34. 15,079,360 27 10,413,7 29 3,672,2 20 29 8 27,123, 33 Total net assets . 3,844,197 29 3,672,2 33 Total inet assets of fund balances . 19,739,786 33 16,798,3 34 10,41 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 35 34,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,815,44 34 33,8	ssei	10a	Land, buildings, and equipment cost basis		l				
10b	⋖			10a	3,509,233				
12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D 14 Intangible assets 14 15 166.6 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D 15 15 166.6 16 Total assets. Add lines 1 through 15 (must equal line 34) 38,817,449 16 33,815,4 17 Accounts payable and accrued expenses 74,575 17 84.8 18 Grants payable 18 18 19 Deferred revenue 1,906.031 19 1,622,4 20 Tax—exempt bond liabilities 3,437,738 20 3,439,3 21 Escrow account liability Complete Part IV of Schedule D 21 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 22 23 Unsecured notes and loans payable 24 22 24 Unsecured notes and loans payable 24 25 26 17,017,16 25 Other liabilities. Complete Part X of Schedule D 13,657,319 25 11,869,7 26 Total liabilities. Add lines 17 through 25 19,077,663 26 17,017,1 27 Organizations that follow SFAS 117, check here 7 and complete lines 27 10,413,7 28 Temporarily restricted net assets 822,229 28 2,712.3 29 Permanently restricted net assets 3,844,197 29 3,672.2 29 Permanently restricted net assets 522,229 28 2,712.3 30 Capital stock or trust principal, or current funds 31 7,939,786 33 16,788,3 16,788,3 17,939,786 34 17,939,786 33 16,788,3 17,941 18,941 19,739,786 34 19,739,786 34 19,739,786 34 19,739,786 34 19,739,786 34 19,739,786 34 19,739,786 34 19,739,786 34 19,739,786 35 16,788,3 16,788		Ь		10b	150,290	3,304,172	10c		3,358,943
13 Investments—program-related See Part IV, line 11 Complete Part VIII 13 13 14 14 14 15 15 15 15 15		11	Investments—publicly traded securities					2	2,797,741
13		12		art VII	of	7,237,475			5,945,833
15		13		Part VIII	I		13		
15 15 15 15 15 15 15 15		14	Intangible assets				14		
17		15				27,841	15		166,633
18 Grants payable 18 19 Deferred revenue 1,908,031 19 1,622,4		16	Total assets. Add lines 1 through 15 (must equal line 34)			38,817,449	16	3	3,815,471
19 Deferred revenue		17	Accounts payable and accrued expenses .			74,575	17		84,887
20 Tax-exempt bond liabilities		18	Grants payable				18		
Secure S		19	Deferred revenue		1,908,031	19		1,622,498	
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities		3,437,738	20		3,439,962	
23 Secured mortgages and notes payable to unrelated third parties	<u>í</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			21			
23 Secured mortgages and notes payable to unrelated third parties	bilit	22	•						
24 Unsecured notes and loans payable	ä		persons Complete Part II of Schedule L	•		22			
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties				23		
Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable				24		
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D			13,657,319	25	1	1,869,770
through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25			19,077,663	26	1	7,017,117
through 29, and lines 33 and 34. 27 Unrestricted net assets	υn		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lir	nes 27				
Permanently restricted net assets	<u>9</u>								
Permanently restricted net assets	<u> </u>								0,413,789
lines 30 through 34. 30 Capital stock or trust principal, or current funds	8	28	•		·	-		2,712,363	
lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ē	29	·			3,844,197	29		3,672,202
30 Capital stock or trust principal, or current funds			•	d comp	olet e				
31 Paid-in or capital surplus, or land, building or equipment fund		30					30		
Total net assets or fund balances	ě	31					31		
Total net assets or fund balances	AS						32		
Part XI Financial Statements and Reporting		33				19,739,786	33	1	6,798,354
	z 	34	Total liabilities and net assets/fund balances			38,817,449	34	3	3,815,471
	Da	rt YI	Financial Statements and Deporting						
! Vaa ! Na	гa	L VII	i mancial Statements and Reporting					Yes	No

ParitXI	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

DLN: 93493137022110

OMB No 1545-0047

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization Jewish Community Foundation

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

								01	-0831698	3		
Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The o	rganız	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon 🤉)				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	170(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	:h Schedu	ıle E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Γ	A medical i	esearch organı	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the)
		hospital's r	name, city, and	state								
5	Γ	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	rnmental	unıt desc	rıbed ın	
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	▽	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral pub	lıc
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	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)										
10	Γ	An organiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Γ	An organiza	ation organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purp	oses of
				orted organizations describe				•		Section 5	09(a)(3).Check
				type of supporting organiza			nes 11e t nally Integ		_			
_	_	a T	•	• • • • • • • • • • • • • • • • • • • •					d	Туре		
e	,	•	- '	rtify that the organization is agers and other than one or						-		
		section 50				,					(/(= / = .
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng orgar	iization <u>,</u>
		check this			J £4		.					ļ
g		following pe		as the organization accepted	any gift	or contrib	ution from	any of the	!			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Ye	S No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?	•			11g	(i)	No
				erson described in (i) above						11g(No
			-	ty of a person described in (bove?				11g(_	No
h		Provide the	following inform	nation about the organizatio	ns the ord	ianization	supports				-1	
			Ū	S		•						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A	mount of
		orted		(described on lines 1-9	_	atıon ın	_	nızatıon		ation in	sup	port?
(Organ	ıızatıon		above or IRC section		listed in	-	i) of your		rganized		
				(See Instructions))		verning ment?	supp	oort?	in the	US?		
					Yes	No	Yes	No	Yes	No	1	
					163	140	163	140	163	140		
								-				
								-				
				ı	1		1	1	1		1	

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you clied	Ked the DOX O	11 IIIIC 3, 7, 01	o or Fait 1.)				
	ıblic Support			,,	, n, ₋ 1			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	5,913	3,442,571	5,137,737	1,747,693		1,810,247	12,144,161
	membership fees received (Do not	3,913	3,442,3/1	3,137,737	1,747,093		1,010,247	12,144,101
_	include any "unusual grants ") Tax revenues levied for the organization's							
2	benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
-	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	5,913	3,442,571	5,137,737	1,747,693		1,810,247	12,144,161
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							2,688,530
	on line 1 that exceed 2% of the amount							, ,
	shown on line 11, column							
_	(f)							
6	Public Support subtract line 5 from line 4							9,455,631
т,	otal Support			L	l			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(a)	2008	(f) Total
7	A mounts from line 4	5,913	769,390	5,137,737	1,747,693	(८)	1,810,247	12,144,161
-	Gross income from interest, dividends,	3,713	, 05,250	3,137,737	1,7 17,055		1,010,217	12,111,101
8	payments received on securities loans,							
	rents, royalties and income from similar	69,297	769,390	1,232,002	210,533		615,321	2,896,543
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is		47,778	39,293	25,494			112,565
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in			10,211	4,769		9,022	24,002
	Part IV)							15 177 271
	Total Support (Add lines 7 through 10)	<u> </u>						15,177,271
12	Gross receipts from related activities, etc	(See instruction	ıs)			12		793,544
13	First Five Years. If the Form 990 is for the	organızatıon's fi	rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(_
	organization, check this box and stop here							▶┌
	omputation of Public Support Perc		1 - 4 6 - 1 1 - 2 4 4 - 2	.1		T		
14	Public Support Percentage for 2008 (line 6			olumn (T))		14		62.301 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		55.248 %
16a	33 1/3% Test - 2008. If the organization did	d not check the l	box on line 13, a	and line 14 is 33	1/3% or more,	check	this box	
	and stop here. The organization qualifies as		-					▶ ▽
b	33 1/3% Test - 2007. If the organization die				.5 is 33 1/3% o	r more	, check thi	
	box and stop here. The organization qualified							▶ □
17a	10% Facts and Circumstances Test - 2008.	-						
	more, and if the organization meets the "factorian meets the "factorian meets the "factorian description"							ow the ►
h	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.							,
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							``` ▶□
18	Private Foundation. If the organization did							- 1
	instructions		,	• •	•			▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche		16				
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID: Software Version:

EIN: 01-0831698

Name: Jewish Community Foundation

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
Rich Cohn , Board Member	5 0	Х						0	0	0	
Dorit Fischer , Board Member	7 0	Х						0	0	0	
Robert Hochstadt , Board Member	5 0	Х						0	0	0	
Howard Lerman , Treasurer	10 0	Х		Х				0	0	0	
Ruth Malman , Board Member	5 0	Х						0	0	0	
Bruce Plotkın , Board Member	5 0	Х						0	0	0	
Leslie Sidell , Secretary	100	Х		Х				0	0	0	
Sheldon Smith , Chair	100	Х		Х				0	0	0	
Jane Stein , Board Member	5 0	Х						0	0	0	
Gary Wagner , Board Member	5 0	Х						0	0	0	
Gary Yourtz , Board Member	5 0	Х						0	0	0	
Adam Eichberg , Board Member	5 0	Х						0	0	0	
Steve Krıs , Board Member	5 0	X						0	0	0	
Amy Springer , Board Member	5 0	Х						0	0	0	
Doug Seserman , President and CEO	60 0			Х				75,677	227,029	32,635	
David Fellows , Chief Financial Officer	50 0			Х				31,463	94,389	12,368	
Brad Friedman , Executive Director	50 0			Х				99,724	24,931	22,493	
Catherine Kite , VP of Finance	50 0			Х				11,790	35,368	5,052	

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
Jewish Community Foundation

101-0831698

			01-0831698	
°a	rt I Organizations Maintaining Donor A		nds or Accoun	i ts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds ar	d other accounts
	Total number at end of year	88	(B) Fullus all	a other accounts
	Aggregate Contributions to (during year)	601,489		
	Aggregate Grants from (during year)	1,237,702		
	Aggregate value at end of year	8,365,258		
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	isors in writing that the assets held in donor	· advised	✓ Yes
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bei		nay be	√ Yes
Ŧ	rt II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990. Part	TV. line 7.
_	Purpose(s) of conservation easements held by the o		101111 3307 1 410	11) III / I
	Preservation of land for public use (e.g., recreat	<u> </u>		•
	Preservation of open space			
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form o	fa conservation 6	easement
	· ·		Held	at the End of the Yea
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easement	ts	2b	
	Number of conservation easements on a certified h	istoric structure included in (a)	2c	
	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated	by the organizati	on during
	the taxable year ▶			
	Number of states where property subject to conserv	ation easement is located ►		
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ons, and	┌ Yes ┌ No
	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the y	ear ►	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the yea	r ► \$	
	Does each conservation easement reported on line $(170(h)(4)(B)(i))$ and $(170(h)(4)(B)(ii))$?	2(d) above satisfy the requirements of section	on	┌ Yes ┌ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial s	•	•
li	Complete if the organization answered		r Other Simila	r Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file.	l for public exhibition, education or research	ın furtherance of	
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in f		•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		► \$	
	If the organization received or held works of art, hist following amounts required to be reported under SFA		financial gain, pro	ovide the
	Revenues included in Form 990. Part VIII. line 1		⊳ - \$	

b Assets included in Form 990, Part X

Part 1	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Treasu</u>	ires, or Othe	<u>r Similar Ass</u>	ets (c	ontinued)	
	Jsing the organization's accession and othe tems (check all that apply)	r records, check any	of th	ne fol	lowing that ar	e a significant u	se of its collection	on		
аГ	Public exhibition		d	Γ	Loan or exc	hange programs				
ьΓ	Scholarly research e Other									
с Г	Preservation for future generations									
- '	Provide a description of the organization's co	ollections and expla	ın hov	w the	v further the o	organization's ex	empt purpose in			
	Part XIV	meetions and expla			, raither the t	organization 5 c.	compt purpose in			
	During the year, did the organization solicit on solicit on solicit on sections assets to be sold to raise funds rather than t						nılar 	Yes	┌ No	
Part	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes" to I	orm 9	990,	
	s the organization an agent, trustee, custod ncluded on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions (or other assets I		Yes	┌ No	
b I	f"Yes," explain why in Part XIV and comple	te the following tabl	е							
							A mo	unt		
c [Beginning balance					1c				
d ,	Additions during the year					1d				
e [Distributions during the year					1e				
f E	Ending balance					1f				
2a [Old the organization include an amount on Fo	orm 990, Part X, line	21?				Γ	Yes	┌ No	
b I	f "Yes," explain the arrangement in Part XIV	1								
Part	V Endowment Funds. Complete									
_		(a)Current Year	(b)Prior	Year (c)Tv	vo Years Back (d)	Three Years Back (e) Four \	ears Back	
	Beginning of year balance	3,579,742								
	Contributions	137,095								
	Investment earnings or losses	-271,580								
	Grants or scholarships									
	Other expenditures for facilities and programs	113,906								
f A	Administrative expenses									
g E	End of year balance	3,331,351								
2 P	Provide the estimated percentage of the yea	r end balance held a	ıs							
a E	Board designated or quasi-endowment 🕨									
b P	Permanent endowment > 99 838 %									
	Term endowment ► 0 162 %									
	Are there endowment funds not in the posses	ssion of the organiza	ation	thata	are held and a	administered for	the			
	organization by							Yes	No	
(i) unrelated organizations						3a(i)	+	Νo	
•	ii) related organizations						3a(ii	<u> </u>	No	
	f "Yes" to 3a(II), are the related organizatio	•					3b			
	Describe in Part XIV the intended uses of th					- 1 1/ 1 40				
Part	VI Investments—Land, Buildings	s, and Equipme	nt. S			1				
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value	
1a La	ınd					3,044,604	-		3,044,604	
b Bu	uildings					19,121	19,121		0	
c Le	easehold improvements					139,125	123,843		15,282	
d Eq	quipment					8,254	7,326		928	
•	ther					298,129	, ==		298,129	
	Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B.), line	10(c).)		▶		3,358,943	
	, , , , , , , , , , , , , , , , , , , ,	. ,	. , /	-		<u> </u>	Schedule D	Form (

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other CSV - LIFE INSURANCE	171,908		F
Other SPLIT INTEREST GIFTS	2,865,334		F
Other REAL ESTATE	865,000		С
Other LIMITED PARTNERSHIPS	1,123,141		С
Other LOAN PARTICIPATION AGREEMENTS	920,450		F
Other ALTERNATIVE INVESTMENTS	0		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5,945,833		
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15.		(b) Book value
ASSETS AVAILABLE FOR LMTD USE RELATED ORG RECEIVABLES			21,919 144,714
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part 3	T'		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
RELATED ORG PAYABLES	0		
FUNDS HELD ON BEHALF OF OTHERS	11,869,770		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	11,869,770		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,406,450
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,833,407
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-426,957
4	Net unrealized gains (losses) on investments	4	-2,514,476
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-664,024
9	Total adjustments (net) Add lines 4 - 8	9	-3,178,500
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,605,457
Par	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	-805,891
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-3,095,992
3	Subtract line 2e from line 1	3	2,290,101
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 116,349		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	116,349
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,406,450
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	2,799,566
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	3.	82,508
е 3	Subtract line 2e from line 1	2e 3	2,717,058
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	2,717,030
4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 116,349		
a b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	116,349
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,833,407
-	. The supplies of the supplies		2,000,407

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
FIN 48	Schedule D, Part X	FIN 48 was not applicable to the organization for the fiscal year ended 6/30/2009 Therefore, the organization's audited financial statements do not have a footnote that reports uncertain tax positions under FIN 48
Reconciliation of Revenue	Schedule D, Part XII, Line 2d	Revenue Recognized by Supporting Entities \$ -581,516
Reconciliation of Expenses	Schedule D, Part XIII, Line 2d	Expenses Recognized by Supporting Entities \$ 82,508
Reconciliation of Net Assets	Schedule D, Part XI, Line 8	Net Income from Supporting Foundations \$ -664,024

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization Jewish Community Foundation

Employer identification number 01-0831698

1 Indicate whether the org	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	, IIIC 17.
a		tinough a	iy of the	e Solicitation of	non-government grants government grants	
Did the organization have or key employees listed If "Yes," list the ten high to be compensated at least	in Form 990, Part VII) est paid individuals or	or entity entities (f	in connec	ction with professional rs) pursuant to agreem	fundraising activities? ents under which the fun	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
The Ostroff Group	Capital Campaign	res	N o	0	30,115	0

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

Total

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မေ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493137022110

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

Jewish Community Foundation						01-0831698	
Does the organization mathe selection criteria use	aintain records to s ed to award the grar	nts or assistance?	t of the grants or assista		ıbılıty for the grants or as	ssistance, and	F Yes Γι
Form 990, Part Part IV and Sch	her Assistance IV, line 21 for an edule I-1 if addit	to Governments by recipient that rece conal space is	and Organizations erved more than \$5,0	in the United Stat 00. Check this box	t es. Complete if the confined one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
See Additional Data Table							
							_
2 Enter total number of seconganizations3 Enter total number of oth							29
For Paperwork Reduction Act Not	tice, see the Instruct	ions for Form 990.		Cat No 50055F)	Scl	nedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedures for Monitoring Use of Grants		Jewish Community Foundation requires an application process in which other organizations apply for funds. The application requires that a report be sent back to Jewish Community Foundation describing how the funds were used for their intended purpose.

Software ID:

Software Version:

EIN: 01-0831698

Name: Jewish Community Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado Symphony821 17th St Denver,CO 80202		501(c)(3)	5,250				Charitable
Ntnl Foundation of Dentistry for the Handicapped1800 15th St Denver, CO 80203		501(c)(3)	5,250				Charitable
Hillel at Binghamton University Union B-8 Binghamton University Binghamton, NY 13902		501(c)(3)	6,000				Charitable
Kent Denver Country Day School4000 E Quincy Ave Englewood, CO 801109908		501(c)(3)	6,000				Charitable
Colorado Agency for Jewish Education300 S Dahlia St Denver, CO 80246		501(c)(3)	6,213				Charitable
A merican Techion Society55 E 59th St New York, NY 10022		501(c)(3)	7,247				Charitable
Autism Society of Colorado 550 S Wadsworth Blvd Lakewood, CO 80226		501(c)(3)	7,900				Charitable
Jewish National Fund950 17th St Denver, CO 80202		501(c)(3)	9,450				Charitable
A merican Committee for Weismann Inst of Science51 Madison A ve New York, NY 10010		501(c)(3)	9,663				Charitable
A merican Jewish Committee 1156 15th St NW WASHINGTON, DC 20005		501(c)(3)	9,663				Charitable

Form 990, Schedule I, I	Part II, Gr	ants and Other	Assistance to Gov	vernments and C	rganizations in	the United States	š
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	n (e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Make a Wish Foundation of Colorado1241 S Parker Rd Denver, CO 80231		501(c)(3)	10,000				Charitable
Community Food Share of Boulder6363 Horizon Lane Longmont, CO 80503		501(c)(3)	10,050				Charitable
Congregation Beth Am 26790 Arastradero Los Altos Hills, CA 94022		501(c)(3)	10,500				Charitable
Denver Campus for Jewish 2450 S Wabash Denver, CO 80231		501(c)(3)	10,550				Charitable
Congregation Har Hashem 3950 Baseline Rd Mission Viejo, CA 92691		501(c)(3)	11,000				Charitable
Children's Hospital Foundation13123 E 16th Ave Box 045 Aurora, CO 80045		501(c)(3)	12,500				Charitable
Keshet of the RockiesPO Box 200726 Denver, CO 80220		501(c)(3)	15,260				Charitable
Public Broadcasting of Colorado DBA KCFR Radio7409 S Alton Ct Centennial, CO 80112		501(c)(3)	16,860				Charitable
Shalom Park14800 E Belleview Dr Aurora, CO 80015		501(c)(3)	18,850				Charitable
Anti-Defamation League 1120 Lincoln St Denver, CO 80203		501(c)(3)	19,000				Charitable

Form 990,Schedule I, P	Part II, Gra	ants and Other A	ssistance to Gov	ernments and O	rga <u>nizations in</u>	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant
United Jewish Communities14724 Ventura Blvd Sherman Oaks, CA 91403		501(c)(3)	20,000				Charitable
Jewish Family Service of Colo3201 S Tamarac Dr Denver, CO 80237		501(c)(3)	24,247				Charitable
Denver Hebrew Educ Alliance3600 S Ivanhoe St Denver, CO 80237		501(c)(3)	24,665				Charitable
Mental Health Center of Denver1385 S Colorado Blvd Denver, CO 80222		501(c)(3)	31,000				Charitable
SO FER on Site1060 169th Terrace N Miami Beach, FL 33162		501(c)(3)	41,790				Charitable
Mental Health Corporation 4141 E Dickenson Pl Denver, CO 80222		501(c)(3)	50,000				Charitable
Crystal Water Foundation 110 16th Street Denver, CO 80202		501(c)(3)	52,886				Charitable
Anti Defamation League 1120 Lincoln St Denver, CO 80203		501(c)(3)	70,868				Charitable
Allied Jewish Federation - Colo300 S Dahlia Street Denver, CO 80246		501(c)(3)	538,408				Charitable
							I

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DLN: 93493137022110

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name	of	t he	org	janiza	at ior	1
Jewish	Cor	nmui	nity	Found	dation	ı

Employer identification number

01-0831698

Ρā	Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,'			1b		
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		·			
	✓ Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par	t V I	I, Section A, line 1a			
а	Receive a severance payment or change of control pay	men	t?	4a	Yes	
b	Participate in, or receive payment from, a supplementa	l nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must comp	lete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	e 1 a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III			R		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name				(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Doug Seserman	(ı) (ıı)	67,599 202,797	5,065 15,194						
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
Severance Payments	Schedule J, Part I, Line 4a	David Fellows was employed through July 31, 2008 He received a severance payment of \$44,000 at termination

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DLN: 93493137022110

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization Employer identification number Jewish Community Foundation 01-0831698

P	art I Bond Issues (Required	for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) De	feased	Bel)On nalf of suer
											Yes	No	Yes	No
A	Colorado Educational and Cultural Facilities	13-2555119	196458U76	03-28-	2006	3,	500,000	See Schedu	e O			x		x
Pä	art II Proceeds (Optional for	2008)				_				,				
1	Total Proceeds of Issue			-	4	<u> </u>	3	(С) E		
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasai	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion					•		•		•				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is:	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain ad final allocation of proceeds?	equate books and red	cords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	")											
						E		(D			E	
	Was the second second second			Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
<u> </u>	Was the organization a partner in a which owned property financed by		ember of an LLC,											
2	Are there any lease arrangements which may result in private busine	•	inanced property											
For	Paparwark Poduction Act Natice coath	a Instructions for Form	- 000			Cat No 501	025			-	hadula K	/Earm 00	01 200	0

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	В		(С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493137022110

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization Jewish Community Foundation

Employer identification number

					01-0831698			
Pa	rt I Types of Property		<u> </u>					
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	1	30,506	FMV			
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 (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			0
	_						Yes	No
30a	During the year, did the organiza hold for at					 		
	least three years from the date of for the entire holding period? .			not required to be used for a	exempt purposes	30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third part • • •	-	to solicit, process, or sell i	non-cash	32a		Νo
b	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	property for which Column (a	ı) ıs			

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.										
Identifier	ReturnReference	Explanation									
240111111	Notal III Colored	Explanation									
	1	1									

OMB No 1545-0047

OMB NO 1545-004

2008

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization Jewish Community Foundation **Employer identification number**

01-0831698

ldentifier	Return Reference	Explanation
Conflict of Interest Policy	Part VI, Section B, Line 12	The organization monitors compliance of the conflict of interest policy by inquiring whether any new conflicts have arisen at each board meeting

ldentifier	Return Reference	Explanation
Process for Determining Compensation	Part VI, Section B, Line 15	The organization does not have any paid employees, so it does not have a process for determining compensation. Top management and financial officers are shared with Allied Jewish Federation of Colorado (EIN 84-0402662), which is a related organization to Jewish Community Foundation. Allied Jewish Federation has a compensation committee in place that uses comparative data and maintains appropriate documentation to determine the compensation for all employees. The Board of Directors reviews the process.

ldentifier	Return Reference	Explanation
Documents Available to the Public	Part VI, Section C, Line 19	The organization does not make its governing documents and conflict of interest policy available to the general public. The financial statements are made available on their wiebsite at www.jewishcolorado org

ldentifier	Return Reference	Explanation
Board Review of Form 990	Part VI, Section A, Line 10	The CEO and Vice President of Finance review a copy of the Form 990 in detail. Once reviewed, it is presented to select members of the Financial Oversight Group and then provided to the board of directors prior to filing

ldentifier	Return Reference	Explanation
Employees of Jew ish Community Foundation	Part V, Line 2a	The organization does not have its own employees. The employees are shared with Allied Jewish Federation of Colorado (EIN 84-0402662), which is a related organization to Jewish Community Foundation. Allied Jewish Federation has entered into a client services agreement with ADP TotalSource, Inc., which is a Professional Employer Organization (PEO). Employees of Allied Jewish Federation are considered employees of both Allied Jewish Federation and TotalSource. Allied Jewish Federation directs the employees in their day-to-day duties and activities, and it retains the right to control the means and manner of each employee's performance. The PEO arrangement enables Allied Jewish Federation to cost-effectively outsource certain human resource matters, employee benefits, and payroll and workers' compensation functions. Although TotalSource's name appears on the paychecks and W-2 Forms, the funds that provide the basis for the compensation is provided to TotalSource by Allied Jewish Federation.

ldentifier	Return Reference	Explanation
Fundraising Capital Campaign	Schedule G, Part I, Line 2b	Due to the economic conditions during the fiscal year, the organization suspended the fundraising capital campaign for which it had hired a professional fundraiser. The campaign was suspended prior to any gross receipts being raised

DLN: 93493137022110

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Employer identification number Name of the organization Jewish Community Foundation 01-0831698 **Identification of Disregarded Entities** (D) (A)
Name, address, and EIN of disregarded entity Legal domicile (state End-of-year assets Primary activity Total income Direct controlling entity or foreign country) Flying J Ranch LLC 3,807,000 NA 300 S Dahlia Street Suite 300 CO Investment 7,494 Denver, CO 80246 20-5896091 Part II Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity Allied Jewish Federation of Colorado NΑ 501(c)(3) 300 S Dahlia Street Suite 300 CO 509(a)(1) Support Denver, CO80246 84-0402662 J&R Pluss Supporting Foundation NΑ 300 S Dahlia Street Suite 300 CO 501(c)(3) 509(a)(3) Support Denver, CO80246 84-1586867 **E&P Supporting Foundation** NΑ 300 S Dahlia Street Suite 300 Support CO 501(c)(3) 509(a)(3) Denver, CO80246 84-1246863

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	entity		(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		Code V—UBI amount on Box 20 of K-1		(J) General o managing partner?	
										Yes	No		Yes	No	
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust									
(A) Name, address, and EIN of related organization		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership			

Part V Transactions with Related Organizati	ons
---	-----

Part V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Ye	:s 1
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	3	r
b Gift, grant, or capital contribution to other organization(s)	1b	Ye	:s
c Gift, grant, or capital contribution from other organization(s)	1c	: Ye	:s
d Loans or loan guarantees to or for other organization(s)	1d	t	ı
e Loans or loan guarantees by other organization(s)	1e	2	
f Sale of assets to other organization(s)	1f	•	r
g Purchase of assets from other organization(s)	1 g	9	
h Exchange of assets	1h	1	
i Lease of facilities, equipment, or other assets to other organization(s)	1 i	i	
j Lease of facilities, equipment, or other assets from other organization(s)	<u>1j</u>	i	\neg
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	<	T
l Performance of services or membership or fundraising solicitations by other organization(s)	11	ı	r
m Sharing of facilities, equipment, mailing lists, or other assets	1n	n Ye	s
n Sharing of paid employees	1n	ı Ye	s
• Reimbursement paid to other organization for expenses	10	-	\neg
p Reimbursement paid by other organization for expenses	1 p	,	
q Other transfer of cash or property to other organization(s)	19	1	
r Other transfer of cash or property from other organization(s)	1r	r	7
		_	

2 If the answer to any of the above is "Yes," see the instruction	ns for information on who must complete this line, including covered relationships and transaction thresholds
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	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Allied Jewish Federation of Colorado	В	694,814
(2)	Allied Jewish Federation of Colorado	С	915,006
(3)	Allied Jewish Federation of Colorado	M, N	252,294
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			