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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A F</u>	or th	e 2013	s calendar year, or tax year beginning , 2013, and er	nding			, 20		
ъ			C Name of organization		D Employer ide	entificatio	n number		
D CH	neck ifap	plicable	JOBS BY GEORGE FOUNDATION		84-135	0812			
X	Addre		Doing Business As						
	7 '	change	Number and street (or P O box if mail is not delivered to street address) Room/su	ite	E Telephone number				
	Instal	return	6300 S SYRACUSE WAY, SUITE 202	(303) 72	1-730	0			
	Terma	nated	City or town, state or province, country, and ZIP or foreign postal code		-				
	Amen		CENTENNIAL, CO 80111		G Gross receipt	ts \$	202,736.		
	Applic	ation	F Name and address of principal officer STEVE FINESILVER	H(a) Is this a grou		Yes X No			
_	_ pendii	ng	C/O 6300 S SYRACUSE WAY, #202 CENTENNIAL, CO 80	111	subordinates* H(b) Are all subordi		ar Yes No		
<u> </u>	Tax-exe	empt sta		527	` '		e instructions)		
		te: 🕨	- 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	, U.Z.	H(c) Group exemp	•			
		of organi		ar of format	1996 M				
	irt I		nmary	zai Oi IOIIIIai	1011 1339 181	State Of It	sgai donnelle CC		
L 6			describe the organization's mission or most significant activities CREATE SUMM	MER JOE	R OPPORTUN	ITTE	S FOSTIIDENTS		
	1		STUDENTS						
Governance									
Ē	_								
8			this box I if the organization discontinued its operations or disposed of more		1	1	3		
ಶ ಶ			er of voting members of the governing body (Part VI, line 1a)			3	2.		
			er of independent voting members of the governing body (Part VI, line 1b)			4			
Activities			number of individuals employed in calendar year 2013 (Part V, line 2a)			5			
cti			number of volunteers (estimate if necessary)			6	107 700		
•			inrelated business revenue from Part VIII, column (C), line 12			7a	107,720.		
	b	Net un	related business taxable income from Form 990-T, line 34			7b	106,720.		
					Prior Year	_	Current Year		
9			butions and grants (Part VIII, line 1h)		10,20	$\overline{}$	5,200.		
Revenue			m service revenue (Part VIII, line 2g)		74,11		89,815.		
Şe^	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)			0	104,987.		
-	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,79		2,734.		
	12	Total r	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		86,11	1.	202,736.		
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	🗀	49,33	9.	0		
			ts paid to or for members (Part IX, column (A), line 4)			0	0		
ø			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,77	4.	0		
Expenses			sional fundraising fees (Part IX, column (A), line 11e)		0	0			
кре	b	Total f	undraising expenses (Part IX, column (D), line 25 ▶ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				;		
Û	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11-24e		12,24	3.	17,170.		
			Avronnes Add lines 13 17 (must equal Part IX of Firm (A) line 35)	•	82,35	6.	17,170.		
			ue less expenses Subtract line 18 from line 12 . MAY. 1 9. 2014		3,75	5.	185,566.		
2 8			4	Begin	ining of Current Y	'ear	End of Year		
Assets or	20	Total a	assets (Part X, line 16)		2,86	9.	188,633.		
A88 Bal	21		rabilities (Part X, line 26)	· ·		0	0		
Net / Fund	22		sets or fund balances Subtract line 21 from line 20		2,86	9.	188,633.		
	rt II		nature Block	••!		1			
			f perjury, I declare that I have examined this return, including accompanying schedules and s	tatements a	and to the best of	my knov	Medge and helief it is		
			complete Declaration of preparer (other than officer) is based on all information of which prepare						
					İ	5/1-	ارار د		
Sig	n		Signature of officer ,		Date	-//-	7/7		
He	re		Robert J. GUERRA Assit. The	_		,	•		
		🕨 :	Type or print name and title	_5					
Proof Type preparate name Preparate synathing Date / Date									
Paic	i			1, 1,	Check	"			
	parer	-	ERT J GUERRA SUERRA S COMPANY DC	/14 L	self-employe		200751243		
Use	Only		name ►KLEINMAN, GUERRA & COMPANY, PC		Firm's EIN ▶ 8				
			address ▶6300 S. SYRACUSE WAY, SUITE 202 CENTENNIAL, CO 80111		Phone no 3		21.7300		
<u> </u>			cuss this return with the preparer shown above? (see instructions)		<u> </u>		X Yes No		
For	Pape	rwork l	Reduction Act Notice, see the separate instructions.				Form 990 (2013)		

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Form 990 (2013		Page 7
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
	escribe the organization's mission	
	PABLE, EDUCATIONAL, AND/OR SCIENTIFIC PURPOSE. SUPERVISE AND	
	STUDENTS OF DENVER PUBLIC SCHOOLS IN SUMMER JOBS TO PERMIT	
	STUDENTS TO OBTAIN WORK EXPERIENCE AND SKILLS. CIVIC PROJECT	
INVOLV	VEMENT AND PUBLIC PROGRAMS.	
prior For	organization undertake any significant program services during the year which were not listed on the m 990 or 990-EZ? describe these new services on Schedule O	Yes X No
· ·	organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
4 Describe expenses	describe these changes on Schedule O the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocal expenses, and revenue, if any, for each program service reported	
4a (Code) (Expenses \$ 12,106. including grants of \$) (Revenue \$ 89 DE JOB PLACEMENT SERVICES FOR STUDENTS IN DENVER PUBLIC),815.
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
4b (Code _) (Expenses \$ including grants of \$) (Revenue \$	
		
4c (Code _) (Expenses \$including grants of \$) (Revenue \$)
-	rogram services (Describe in Schedule O)	
(Expense		
	ogram service expenses ► 12,106.	
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Part	IV Checklist of Required Schedules			
		[Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			ĺ
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives mem				l
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			l
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"Yes," complete Schedule D, Part I	6		X
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			Į
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			Í
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			1
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	4	mill a	ACC TALL
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			İ
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			,,
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ا ., . ا		v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ا ۔ ہر ا		X.
4.5	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	, ,		х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا ـ ـ ا		v
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا مر ا		v
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
00.	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
	in res to line 20a, the the organization attach a copy of its addited financial statements to this feturity		990	(2013)
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Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Tes	NO
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ı
	employees? If "Yes," complete Schedule J	23		Х
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ı
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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	'	ı
d		24d		
25 a	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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ı
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ı
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u></u>
		Form	990	(2013

Form 990 (2013)
Part V S

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	Statements Regarding Other IRS Filings and Tax Compliance Check of Schooling Occaptains a representation and the compliance			Г
	Check if Schedule O contains a response or note to any line in this Part V		Yes	<u>.</u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4,5		7
ы	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		, ,	
c [Did the organization comply with backup withholding rules for reportable payments to vendors and $ert_{f a}$	<u>is</u> d		١
r	reportable gaming (gambling) winnings to prize winners?	1c		L
2a f	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3	\$ 1 %	*
;	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	<u> </u> :		ľ
ЬI	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? $oldsymbol{ol{ol}}}}}}}}}}}}}}}}}}}$	2b		L
ı	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	-
3a í	Did the organization have unrelated business gross income of \$1,000 or more during the year? $\dots \dots$	3a	Х	L
ЬI	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O $\dots \dots$	3b	Х	L
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	- 1		ĺ
(account)?	4a		ļ
	If "Yes," enter the name of the foreign country ▶		٠,	ļ
;	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts \Box			Ľ
5a \	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\dots \dots$	5a		ļ
bſ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? $ig ig $	5b		ļ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ı
(organization solicit any contributions that were not tax deductible as charitable contributions? $\dots \dots \dots$	<u>6a</u>		ļ
b l	If "Yes," did the organization include with every solicitation an express statement that such contributions or			١
	gifts were not tax deductible?	6b		ļ
7 (Organizations that may receive deductible contributions under section 170(c).			
a l	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods \parallel	* * 1	, 4,	
1	and services provided to the payor?	7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots \dots \dots$	7b		ļ
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ŀ		١
	required to file Form 8282?	7c		ļ
d l	If "Yes," indicate the number of Forms 8282 filed during the year	_		ļ
e l	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ot	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \dots	7f		ļ
g !	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? $ig ig $	7g		ļ
h I	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			١
,	$oldsymbol{organizations}.$ Did the supporting organization, or a donor advised fund maintained by a sponsoring $oldsymbol{ert}$			
,	organization, have excess business holdings at any time during the year?	8		ļ
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		ļ
	Did the organization make a distribution to a donor, donor advisor, or related person? $\dots \dots \dots \dots $	9b		ļ
	Section 501(c)(7) organizations. Enter			-
а	Initiation fees and capital contributions included on Part VIII, line 12			i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	ŀ		I
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			I
	against amounts due or received from them)	-		ł
		12a		ł
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ł
		13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O			1
	Enter the amount of reserves the organization is required to maintain by the states in which			I
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			1
c				1
c I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
с 4а	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b Form	000	

Part VI

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI			X
Soct	ion A. Governing Body and Management		<u> </u>	141
<u>Ject</u>	ion A. Governing body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	3		
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	2		;
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?		Х	<u> </u>
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	ļ	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			x
	one or more members of the governing body?			_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			x
	stockholders, or persons other than the governing body?		-	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	'		į į
_	the year by the following The governing body?	8a		X
a b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	` 9	Ī	х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Cod	e)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	$Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? \\ .$	11a	Х	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_		<u>.</u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	L		
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes			
	describe in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?			X
14 15	Did the organization have a written document retention and destruction policy?			-
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official			х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ıt		
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard th	.		
<u> </u>	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
	ion C. Disclosure	<u>.</u>		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sect available for public inspection. Indicate how you made these available. Check all that apply.	on 501(c)(3)s	only)
	Own website Another's website X Upon request Other (explain in Schedule O)			
40		intorest		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	nierest	holic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records of	f the		
	organization ► Sue graver address on Page one , 303-721-7300			
JSA			000	/2042)

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1 01111 330 (201											raye
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
•	Independent Co	onti	ractors								

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor	any related	orga	nıza			npen	sate	ed any current offic	er, director, or trus	stee	_
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	unles	s pe	rtion more rson irect	than or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
_(1)STEVE_FINESILVERPRESIDENT	2.00	х		x				0	0		(
(2)HELEN REUBEN VP/SECRETARY	1.00			x				0	0		(
(3)ROBERT J. GUERRA ASST TREASURER	0			x				0			—` (
_(4)										-	_
											_
											_
									_		_
									_		_
_(9)											_
(10)									·		
(11)											_
(12)							-				_
(13)											
(14)							-				_
	1	1		1	<u> </u>	Ь	٠	<u> </u>	<u> </u>	<u> </u>	_

orm 990 (20												Page
Part VII⊦	Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(B) (C) erage Position urs per (do not check more than one box, unless person is both an officer and a director/trustee						(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
		<u> </u>										
c Total t	otal from continuation sheets to Part VII, S (add lines 1b and 1c)	ection A .						* * *)	0 0 0	
2 Total r	number of individuals (including but not able compensation from the organization	limited to t	hose						eceived more than	\$100,000	of	
	ne organization list any former offic yee on line 1a? If "Yes," complete Sched											Yes N
organi	ny individual listed on line 1a, is the ization and related organizations gradual	eater than	n \$15	50,0	0007	<i>i h</i>	f "Ye:	s, "	complete Schedu	ıle J for	such	4
5 Did ai	ny person listed on line 1a receive or ruces rendered to the organization? If "Y	accrue co	mper	sat	ion	fror	n any	ur	nrelated organizati	on or indiv	idual	5
	. Independent Contractors									·		_
	lete this table for your five highest comensation from the organization. Report (
- "	(A) Name and business ad	dress							(B) Description of se	ervices	Co	(C) empensation
NONE								1				
								$^{\pm}$				
								+				
2 Total	number of independent contractors (i	including h	ut no	t lir	nıte	d t	n tho	 Se	listed ahove) who	received		

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more than \$100,000 in compensation from the organization ▶

e de la companya de l	**************************************	Check if Schedule O contains a resp		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rants	1a	Federated campaigns 1a Membership dues 1b		d s	, ,		; 7 <u>6</u> 4
ar Amo	b c	Fundraising events 1c		*s , ,	ŝ _y ,		*3 55*
ons, G	a e	Related organizations		* * *	. , &	* * î	* · ·
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above . 11	5,200.	· 4 2 4	· '- '- '- '- '- '- '- '- '- '- '- '- '-	•	، چ <u>ې</u>
Sol	g	Noncash contributions included in lines 1a-1f \$ _				the day May	s. +,̂
	<u>h</u>	Total. Add lines 1a-1f	Business Code	5,200.	, , , , , , , , , , , , , , , , , , ,		
Program Service Revenue	_	DPS PROGRAMS	Business Code	89,815.	89,815.		
8	2a	DES EROGRAMS		09,013.	37,013.		
9	b						
ŞeZ	4						
E	e						
gu	f	All other program service revenue					
<u>.</u>	g	Total. Add lines 2a-2f	>	89,815.		· · · <u> </u>	
	3	Investment income (including dividends, int other similar amounts). ATTACHMENT	erest, and	1.	1.		
İ	4	Income from investment of tax-exempt bond		0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·		0	<u></u>		
		(ı) Real	(II) Personal	- 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1	& '	. 1*	7
	6a b	Gross rents		₫ * *	*		
	c d	Rental income or (loss)		2,734.		2,734.	
	7a	Gross amount from sales of assets other than inventory	(II) Other				<u>.</u>
	b	Less cost or other basis					
		and sales expenses	- -				
_	d	Net gain or (loss)		104,986.		104,986.	
enne	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18	a				
he	ь	Less direct expenses					
ŏ	9a	Net income or (loss) from fundraising events Gross income from gaming activities	· · · · · · · · · · · · · · · · · · ·	0			
	b	See Part IV, line 19	1				
				0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b	0			
		Miscellaneous Revenue	Business Code				
	11a						
ļ	ь		-				
	С						
	d	All other revenue				<u> </u>	-
	e	Total. Add lines 11a-11d				107,720.	

84-1350812

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)					
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
			ехрепзез	general expenses	Френзев					
•	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.	d			!					
2	Grants and other assistance to individuals in									
-	the United States See Part IV, line 22	o								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	O								
5	Compensation of current officers, directors,	_								
	trustees, and key employees	0								
6	Compensation not included above, to disqualified			•						
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	9								
7	Other salaries and wages	9								
8	Pension plan accruals and contributions (include section	o								
	401(k) and 403(b) employer contributions)	0								
	Other employee benefits	9								
	Payroll taxes	9								
	Fees for services (non-employees)	ا								
	Management	o d								
	Legal	1,000.		1,000.	·					
	Accounting	0								
	Professional fundraising services See Part IV, line 17.	d								
	Investment management fees	0								
9	Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	o								
12	Advertising and promotion	O	-							
	Office expenses	q								
	Information technology	O								
	Royalties	0								
	Occupancy	0								
	Travel	0								
	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	o			 					
19	Conferences, conventions, and meetings	o								
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization		2 157							
23	Insurance	3,157.	3,157.							
24	Other expenses Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e If									
	(A) amount, list line 24e expenses on Schedule O)									
	OTHER PROGRAM EXPENSE:									
_	GROUNDS SUPPLIES & MAINT	849.	849.							
_	TELEPHONE	1,725.	1,725.							
_	AUTO	4,572.	4,572.							
	All other expenses ATCH 2	5,867.	1,803.	4,064.						
	Total functional expenses. Add lines 1 through 24e	17,170.	12,106.	5,064.	-					
	Joint costs. Complete this line only if the			-,-,-						
	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)	o								

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	rt X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	C		(
2	Savings and temporary cash investments	22,255.	2	159,511
3	Pledges and grants receivable, net	<u>_</u>	3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L	C	5	
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
_	organizations (see instructions) Complete Part II of Schedule L	С	6	(
Assets 8	Notes and loans receivable, net	C	7	(
8 8	Inventories for sale or use	C	8	(
9	Prepaid expenses and deferred charges	C	9	. (
10:	a Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D			Manager with the course of the course of
	b Less accumulated depreciation	C	10c	(
11	Investments - publicly traded securities	C	11	(
12	Investments - other securities. See Part IV, line 11	C	12	
13	Investments - program-related See Part IV, line 11	C	13	(
14	Intangible assets	C	14	
15	Other assets See Part IV, line 11	-19,386.		29,122.
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,869.	_	188,633.
17	Accounts payable and accrued expenses		17	(
18	Grants payable		18	(
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	(20	(
စ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D	<u> </u>	21	
Liabilities 22	Loans and other payables to current and former officers, directors,			
ia	trustees, key employees, highest compensated employees, and	,	-	
	disqualified persons Complete Part II of Schedule L		22	- (
23	Secured mortgages and notes payable to unrelated third parties	(23	(
24	Unsecured notes and loans payable to unrelated third parties	υ	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X	C	.	
-	of Schedule D			0
26			26	
ဖွာ	Organizations that follow SFAS 117 (ASC 958), check here ▶			
27			27	***
E 28	Unrestricted net assets Temporarily restricted net assets	•	28	-
m 29	Permanently restricted net assets		29	-
Fund Balances 28 29 29	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
<u>ه</u> ا	complete lines 30 through 34.			
	Capital stock or trust principal, or current funds	(30	C
8 31	Paid-in or capital surplus, or land, building, or equipment fund	(31	
8 32	Retained earnings, endowment, accumulated income, or other funds	2,869.		188,633.
Net Assets 33 31 32 30	Total net assets or fund balances	2,869.		188,633.
34	Total liabilities and net assets/fund balances	2,869.		188,633.
	reconstruction and not appoint and palations,	2,003.		5 990 (2042)

Form **990** (2013)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

JOBS	BY G	EORGE FOUN	DATION							84	-1350812								
Part I	Re	ason for Pub	lic Charity Status	(All organizations mu	st con	plete	this pa	rt) Se	e instru	uctions									
		ion is not a priv	ate foundation bed	ause it is (For lines 1 thi	rough '	11, che	ck only	one box	c)	-									
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).																		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)																		
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).																		
4	A n	nedical researc	ch organization ope	erated in conjunction wi	th a h	ospita	l descri	bed in	section	n 170(b)(1)(A)(iii). En	ter the							
	hos	pital's name, cit	ty, and state																
5	An	organization of	perated for the ber	nefit of a college or univer	ersity (owned	or ope	rated b	y a go	vernme	ntal unit descr	ibed in							
_	section 170(b)(1)(A)(iv). (Complete Part II)																		
6	A fe	deral, state, or	r local government	or governmental unit des	cribed	n sect	ion 170	(b)(1)(<i>i</i>	4)(v).										
7	An	organization th	at normally receive	es a substantial part of its	s supp	ort fro	m a go	vernme	ental un	ut or fro	om the general	public							
_	_ des	cribed in sectio	on 170(b)(1)(A)(vi).	(Complete Part II)															
8	_	-		on 170(b)(1)(A)(vi). (Com															
9 X		_	•	s (1) more than 331/3%								_							
		•		exempt functions - subj															
				me and unrelated busin						1 511	tax) from busi	nesses							
40 [_ `	-	-	e 30, 1975 See section															
10	_	-	-	ted exclusively to test for		-					or to corn. o	us sha							
11 _		-	-	rated exclusively for the															
				pported organizations de es the type of supporting								ection							
	a	Type I	b Type II	c Type III-Function	-						inctionally integ	rated							
eГ	_		· · ·	e organization is not conf	-	_													
		•	•	other than one or more			•	•	•										
		ection 509(a)(2	-	,		,		· J - · · · ·				- (/(- /							
f				n determination from the	e IRS	that it	ıs a Ty	ype I, T	ype II.	or Type	e III supporting	ı							
		-						,	,	,,									
g	Sin	ce August 17, 2	2006, has the organ	nization accepted any gift	or co	ntributi	on from	any of	the										
•		wing persons?																	
	(i)	A person who	directly or indirec	tly controls, either alone	or toge	ether v	vith per	sons d	escribe	d in (ii)	and Ye	es No							
		(III) below, the	governing body of	the supported organization	on?						11g(ı)	X							
		•	· ·	scribed in (i) above?							11g(iı)	X							
	(iii)	A 35% contro	lled entity of a pers	on described in (i) or (ii) a	bove?						11g(iiı)	X							
<u>h</u>	Pro	vide the followi		ut the supported organiza	ation(s)		····	_	1										
(i)		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9		ls the zation in		ou notify		s the zation in	(vii) Amount of m support	onetary							
	orga	iization	above or IRC section		above or IRC section on	above or IRC section col	above or IRC section col		above or IRC section col		above or IRC section	coi (i)	listed in overning	ın col (i) of your	col (i) o	rganızed	зарроп	
				(see instructions))	docu	ment?	supp		-	US?									
			<u> </u>		Yes	No	Yes	No	Yes	No									
(A)							1												

(B)										1									
(C)																			
		•				-													
(D)																			
-			-		<u> </u>		1		_	 									
(E)																			
											-								
Total							L	<u></u>											
			Notice, see the Instru	ctions for					Sc	hedule A	(Form 990 or 990-	EZ) 2013							
rorm t	990 or 9	シローにん.																	

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization far	d the box on l	ine 5, 7, or 8 d	of Part I or if th	ne organizatio	n failed to qua	
Sect	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009_	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u>-</u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	~ e a, /	- 24				
5	The portion of total contributions by each person (other than a governmental unit or publicly			Å ş	& <i>}</i>	* Ž. v	
	supported organization) included on line 1 that exceeds 2% of the amount		ips di	الله الله الله الله الله الله الله الله	ક્રમ દૂધિ ક	\$ \$ m	
6	shown on line 11, column (f)		\$ 0c#			, , , , , , , , , , , , , , , , , , ,	
	tion B. Total Support	*				<u> </u>	
	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-					
11	Total support. Add lines 7 through 10		l	l		 	
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					,	
14	Public support percentage for 2013 (li	ne 6, column (f) divided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2012						
16a	331/3% support test - 2013. If the o	•		-			
L	this box and stop here. The organizate 331/3% support test - 2012. If the o	•		-			
D	check this box and stop here. The org	_					
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization						
	Part IV how the organization meets					•	•
	organization			-	•	•	• —
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the organic						
	Explain in Part IV how the organization				_		
18	supported organization						
-	instructions				-		
						Schedule A (Form 9	

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	1,000.	100.	10,404.	10,200.	5,200.	26,904.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	56,301.	109,743.	44,642.	74,119.	89,815.	374,620.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf					1	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	57,301.	109,843.	55,046.	84,319.	95,015.	401,524.
7 a	Amounts included on lines 1, 2, and 3						i
	received from disqualified persons					1	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified				İ		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						
•	line 6)						401,524.
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	57,301.	109,843.	55,046.	84,319.	95,015.	401,524.
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	89.	5.	4.			98.
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					104,987.	104,987.
_	Add lines 10a and 10b	89.	5.	4.		104,987.	105,085.
11	Net income from unrelated business	- 05.	3.	7.		104,507.	103,003.
••	activities not included in line 10b,						
	whether or not the business is regularly	802.	389.	536.	1,792.	2,734.	6,253.
	carried on	002.	305.	330.	1,,52.	2,734.	0,233.
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,						
13	and 12)	58,192.	110,237.	55,586.	86,111.	202,736.	512,862.
14	First five years. If the Form 990 is for			`			
1-4	organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup			· · · · · · · · · · · ·	• • • • • • • •		
15	Public support percentage for 2013 (line 8,			nn (fl)		15	78.29%
16	Public support percentage from 2012 Sche					16	99.34%
	tion D. Computation of Investmen			<u> </u>	• • • • • • • •	10	33.01/6
				3 column (f)		17	20.49%
17	Investment income percentage for 2013 (In						.07%
18	Investment income percentage from 2012 S					18	
19 a	331/3% support tests - 2013. If the org						
	17 is not more than 331/3 %, check thi		=	=		-	
b	33 1/3 % support tests - 2012. If the orga				· ·		
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation, If the organization (uiu not check i	a vux un illie l	17. 138. UL 19D	. LINEUK KIIS DO	a anu see msm.	ICHUHS 🚩 📗

Schedule A (Form 990 or 990-EZ) 2013

Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).

SCHEDULÈ D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

			OA 1250012
		Y GEORGE FOUNDATION	84-1350812
Par	1	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc Complete if the organization answered "Yes" to Form 990, Part IV, line 6	ounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Tota	I number at end of year	
		regate contributions to (during year)	
		regate grants from (during year)	
		regate value at end of year	
		the organization inform all donors and donor advisors in writing that the assets held in do	nor advised
		s are the organization's property, subject to the organization's exclusive legal control?	
		he organization inform all grantees, donors, and donor advisors in writing that grant funds of	
		for charitable purposes and not for the benefit of the donor or donor advisor, or for any otl	
		erring impermissible private benefit?	
Par		Conservation Easements. Complete if the organization answered "Yes" to Form	990, Part IV, line 7.
1		ose(s) of conservation easements held by the organization (check all that apply)	
		Preservation of land for public use (e.g., recreation or education) Preservation of a	n historically important land area
			certified historic structure
		Preservation of open space	
2	Com	plete lines 2a through 2d if the organization held a qualified conservation contribution in the	e form of a conservation
	ease	ement on the last day of the tax year	
			Held at the End of the Tax Year
а	Tota	I number of conservation easements	а
b	Tota	I acreage restricted by conservation easements	b
С	Num	ber of conservation easements on a certified historic structure included in (a) 2	<u>c </u>
d	Num	ber of conservation easements included in (c) acquired after 8/17/06, and not on a	
		oric structure listed in the National Register	
3	Num	ber of conservation easements modified, transferred, released, extinguished, or terminate	d by the organization during the
		rear ▶	
4		ber of states where property subject to conservation easement is located >	
5		s the organization have a written policy regarding the periodic monitoring, inspection, hand	
		tions, and enforcement of the conservation easements it holds?	
6	Staf	f and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easem	ents during the year
_	_ _		
7		ount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
_			4
8		s each conservation easement reported on line 2(d) above satisfy the requirements of sections and the section of the section o	
_		nd section 170(h)(4)(B)(ii)?	
9		art XIII, describe how the organization reports conservation easements in its revenue and ex	·
		nce sheet, and include, if applicable, the text of the footnote to the organization's financial inization's accounting for conservation easements	statements that describes the
Par		Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets
ı aı		Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
40	16 +b		anus statement and halance sheet
1a	work	e organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revise of art, historical treasures, or other similar assets held for public exhibition, educate	ion, or research in furtherance of
	publ	ic service, provide, in Part XIII, the text of the footnote to its financial statements that describ	pes these items
b		e organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	
		(s of art, historical treasures, or other similar assets held for public exhibition, educat ic service, provide the following amounts relating to these items	ion, or research in furtherance of
	•	Revenues included in Form 990, Part VIII, line 1	▶ \$
		Assets included in Form 990, Part VIII, line I	
2		e organization received or held works of art, historical treasures, or other similar ass	
2		-	ets for illianicial gain, provide the
_		wing amounts required to be reported under SFAS 116 (ASC 958) relating to these items enues included in Form 990, Part VIII, line 1	> ¢
a b		ets included in Form 990, Part X	
	55	and Deduction And Nation on the Instructions for Four 000	<u> </u>

Page	2

Par	Organizations Maintaining Colle	ctions of Art, His	storical Treasu	ıres,	or Othe	r Similar	Asset	s (cont	inued)
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other reco	ords, check any	of the	e followir	g that are	a signi	ificant u	se of its
а	Public exhibition	đ	Loan or excl	hange	program	\$			
b	Scholarly research	e	Other		_				
C	Preservation for future generations								
4	Provide a description of the organization's	collections and exp	lain how they fi	urther	the orga	inization's e	exempt	purpose	ın Part
	XIII								
5	During the year, did the organization solicit of	or receive donations	of art, historical	treasu	ires, or ot	her sımılar			
	assets to be sold to raise funds rather than to	o be maintained as p	art of the organi	zation	's collecti	on?	[Yes	No
Par	t IV Escrow and Custodial Arrangeme or reported an amount on Form 9			n ans	wered "\	es" to For	m 990	, Part I\	/, line 9,
	Is the organization an agent, trustee, custod included on Form 990, Part X?						[Yes	X No
						Amo	unt		
С	Beginning balance		 .	1c					
d	Additions during the year	 .	 .	. 1d					
е	Distributions during the year			. 1e					
f	Ending balance			. 1f					
2a	Did the organization include an amount on F	Form 990, Part X, lin	e 21?					Yes	X No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation has b	een p	rovided in	Part XIII		-	
	t V Endowment Funds. Complete if t								
		rrent year (b) Pr	nor year (c) T	wo yea	rs back	(d) Three year	s back	(e) Four y	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships							::	
	Other expenditures for facilities								
	and programs								
f	Administrative expenses						-		
	End of year balance								
2	Provide the estimated percentage of the cur	rent vear end halan	ce (line 1a colum	າກ (ລາ)	held as				
a	Board designated or quasi-endowment	%	50 (mio 19, 00ian	(۵))	noid do				
b	Permanent endowment ▶ %								
c	Temporarily restricted endowment ▶	%							
•	The percentages in lines 2a, 2b, and 2c short								
3a	Are there endowment funds not in the poss	•	zation that are he	eld an	d adminis	tered for the	9		
••	organization by							[v	es No
	(i) unrelated organizations							3a(i)	- 110
	(ii) related organizations							3a(ii)	
h	If "Yes" to 3a(ii), are the related organization							3b	
A .	Describe in Part XIII the intended uses of the	•						<u> </u>	
Par	Land, Buildings, and Equipment. Complete if the organization ans	 	-	, line	11a See	Form 990), Part	X, line	 10
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other (other)		(c) Accur	mulated) Book valu	
12	Land	(mvesument)	(Other)		depred	iauon			
b	Buildings								
	Leasehold improvements		+-	\dashv					
d	Equipment								
	• •		+						
	Other	t agual Form 000 Pa	t V column (P)	line 10	2/6) 1				
ota	I. Add lines 1a through 1e (Column (d) musi	i equal Follii 990, Pal	(B), I	ine iu	(<i>()) </i>	▶[Oct.		

Schedule	D (Form	990) 2013

Schedule D (1 offir 330) 2013			- age (
Part VII Investments - Other Securities. Complete if the organization answere	ad "Yes" to Form 990) Part IV line 11h See Form 990 Pa	art X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
		Cost of one of your market of	
(1) Financial derivatives			
(3) Other			
(A)			- · · · · · · · · · · · · · · · · · · ·
(B)			
(C)			
(D)			
(E)			
(F)	-		
(G)	-		
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related.			
Complete if the organization answer	ed "Yes" to Form 990). Part IV. line 11c. See Form 990. Pa	art X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
(a) Bosonphon of infoamon	(2) 20011 10100	Cost or end-of-year market	alue /
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	,
Part IX Other Assets. Complete if the organization answer	ad "Vas" to Form 000) Part IV line 11d See Form 000 Pr	ort V. lino 15
	a) Description	, raitiv, line 11d See rollii 990, ra	(b) Book value
(1) EQUIP	a) Description		35,232
(2) INVESTMENT ST DORIS LP			-6,110
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		_	
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		29,122
Part X Other Liabilities.	ad !!Vaa!! ta Farm 000	2 Dort IV line 44e en 44f Coe Form (000 D-4 V
Complete if the organization answer line 25.	ed tes lo rolli 990	J, Partiv, line Tie of Til See Form's	990, Part A,
1. (a) Description of liability	(b) Book val	ue	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 2:	5) ▶		
2. Liability for uncertain tax positions. In Part XIII, provide the		he organization's financial statements that reper	ts the
a. Elability for differential tax positions. In Fall Alli, provide the	in revi of the toothore to t	no organization o infantal statements that repor	10 tile

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

JOBS BY GEORGE FOUNDATION

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization JOBS BY GEORGE FOUNDATION Employer identification number 84-1350812

PART VI, QUESTION 10

THE PREPARED RETURN IS PROVIDED TO THE ORGANIZATION UPON COMPLETION BY THE RETURN PREPARER. THE RETURN IS REVIEWED AND SIGNED BY ONE OF THE DIRECTORS PRIOR TO BEING FILED WITH THE INTERNAL REVENUE SERVICE.

PART XI LINE 5

BOOK TO TAX DIFFERENCE FROM ST DORIS LP, 84-1451511.

PART VI, SECTION C, QUESTION 19

UPON WRITTTEN REQUEST.

FORM 990, PART VIII - INVESTMENT INCOME	<u> </u>			ATTACHMENT 1	
DESCRIPTION	(A) TOTAL REVENUE	•	B) ED OR REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
ST DORIS, LP INTEREST INCOME		1.	1.		
TOTALS =		<u>1.</u>	1.		

FORM 990, PART IX - OTHER EXPENSES		=	
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) (D) MANAGEMENT FUNDRAISING AND GENERAL EXPENSES
MISC OPER EXP	1,679.	1,679.	
LICENSES & FEES	124.	124.	
STATE INCOME TAX	4,064.		4,064.
TOTALS	5,867.	1,803.	4,064.

ATTACHMENT 2