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)

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

OMB No. 1545-0047 **2007** Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01/07 **, and ending** 6/30/08

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: JEFFCO ACTION CENTER, INC.

Number and street (or P.O. box if mail is not delivered to street address): 8755 W. 14TH AVE., PO BOX 150609 Room/suite:

City or town, state or country, and ZIP + 4: LAKEWOOD CO 80215

D Employer identification number: 23-7019679

E **Telephone number**: 303-237-7704

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) u

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates u

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number u

M Check u ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: j WWW.JEFFCOAC.ORG

J Organization type (check only one) u ☒ 501(c) (3) t (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here u ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 u 5,471,143

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	5,136,387		
	c	Indirect public support (not included on line 1a)	1c	42,512		
	d	Government contributions (grants) (not included on line 1a)	1d	172,089		
	e	**Total** (add lines 1a through 1d) (cash $ 1,854,548 noncash $ 3,496,440)			1e	5,350,988
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	16,259
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe u)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses — (A): ; (B): 19,439	8b	19,439		
	c	Gain or (loss) (attach schedule) — (A): ; (B): -19,439	8c	-19,439		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) SEE STMT 1			8d	-19,439
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here u ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a	78,897		
	b	Less: direct expenses other than fundraising expenses	9b	25,062		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	53,835
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	24,999
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	5,426,642
Expenses	13	Program services (from line 44, column (B))			13	4,830,538
	14	Management and general (from line 44, column (C))			14	208,889
	15	Fundraising (from line 44, column (D))			15	222,063
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	5,261,490
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	165,152
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,001,578
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2			20	-25,612
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	3,141,118

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ☐	22b				
23 Specific assistance to individuals (attach schedule) STMT 3	23	3,914,678	3,914,678		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 4	25a	239,620	159,580	42,931	37,109
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	451,324	300,567	80,861	69,896
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28	60,592	38,634	8,968	12,990
29 Payroll taxes	29	90,370	66,604	16,156	7,610
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	349,793	261,475	45,431	42,887
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	100,132	76,281	12,671	11,180
43 Other expenses not covered above (itemize): a SEE STATEMENT 5	43a	54,981	12,719	1,871	40,391
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,261,490	4,830,538	208,889	222,063

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $; **(ii)** the amount allocated to Program services $;

(iii) the amount allocated to Management and general $; and **(iv)** the amount allocated to Fundraising $

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? u SEE STATEMENT 6 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 7 (Grants and allocations $) If this amount includes foreign grants, check here u ☐	3,919,013
b J-HELP J-HELP PROVIDES HOME DELIVERED MEALS TO HOMEBOUND INDIVIDUALS IN JEFFERSON COUNTY. TOTAL J-HELP EXPENSES FOR THE YEAR WERE $41,491, OF WHICH $29,569 WAS FOR 5,811 MEALS DELIVERED TO 39 UNDUPLICATED CLIENTS. THE BALANCE OF $11,922 WAS FOR OPERATING EXPENSES. (Grants and allocations $) If this amount includes foreign grants, check here u ☐	41,491
c SEE STATEMENT 8 (Grants and allocations $) If this amount includes foreign grants, check here u ☐	33,710
d SEE STATEMENT 9 (Grants and allocations $) If this amount includes foreign grants, check here u ☐	117,787
e Other program services (attach schedule) SEE STMT 10 (Grants and allocations $) If this amount includes foreign grants, check here u ☐	718,537
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) u	4,830,538

Part IV Balance Sheets (See the instructions.)

	Line	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			23,158	45	84,342
	46	Savings and temporary cash investments			221,002	46	309,618
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a	509,892			
	b	Less: allowance for doubtful accounts	48b		529,771	48c	509,892
	49	Grants receivable			8,925	49	18,571
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			12,207	53	37,413
	54a	Investments—publicly-traded securities SEE STATEMENT 11 ☐ Cost ☒ FMV			224,288	54a	296,989
	b	Investments—other securities (attach schedule) SEE STMT 12 ☐ Cost ☒ FMV			11,332	54b	23,053
	55a	Investments—land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a	2,848,757			
	b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 13	57b	737,823	2,203,311	57c	2,110,934
	58	Other assets, including program-related investments (describe)				58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58			3,233,994	59	3,390,812
Liabilities	60	Accounts payable and accrued expenses			39,566	60	64,738
	61	Grants payable				61	
	62	Deferred revenue SEE STATEMENT 14			2,102	62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET			190,748	64b	184,956
	65	Other liabilities (describe)				65	
	66	**Total liabilities.** Add lines 60 through 65			232,416	66	249,694
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			2,332,768	67	2,467,372
	68	Temporarily restricted			597,910	68	549,608
	69	Permanently restricted			70,900	69	124,138
		Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			3,001,578	73	3,141,118
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			3,233,994	74	3,390,812

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	5,531,629
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-25,612		
2	Donated services and use of facilities	b2	111,160		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	85,548
c	Subtract line **b** from line **a**			c	5,446,081
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): SEE STATEMENT 15	d2	-19,439		
	Add lines **d1** and **d2**			d	-19,439
e	**Total revenue** (Part I, line 12). Add lines **c** and **d**			e	5,426,642

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	5,392,089
b	Amounts included on line **a** but not Part I, line 17:				
1	Donated services and use of facilities	b1	111,160		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 16	b4	19,439		
	Add lines **b1** through **b4**			b	130,599
c	Subtract line **b** from line **a**			c	5,261,490
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d**			e	5,261,490

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 17				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings u 16			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement N/A	79		
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization u and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0			
b	Did the organization file **Form 1120-POL** for this year? N/A	81b		

Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b 111,160			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders	87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI u		88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 u 0 ; section 4912 u 0 ; section 4955 u 0				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u	0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization u	0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed u NONE

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 29

91a The books are in care of u THE ORGANIZATION Telephone no. u 303-237-7704

Located at u 8755 W. 14TH AVENUE LAKEWOOD, CO ZIP + 4 u 80215

			Yes	No
b	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)?	91b		X
	If "Yes," enter the name of the foreign country u			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country u			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041—**Check here u ☐			
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	**(B)** Amount	**(C)** Exclusion code	**(D)** Amount	Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	16,259	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-19,439
101 Net income or (loss) from special events					53,835
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS					24,999
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		16,259	59,395
105 **Total** (add line 104, columns (B), (D), and (E)) u					75,654

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. q	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103B	MISCELLANEOUS REVENUE ASSOCIATED WITH ORGANIZATION'S
	EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ **Yes** ☒ **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **Yes** ☒ **No**

Note: If "Yes" to **(b),** file Form 8870 **and** Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

Signature of officer — Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Kristin L. Schuelling, CPA, PC	Date 2/12/09	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Instr. X) P00013338
Firm's name (or yours if self-employed), address, and ZIP + 4: " , CPA, PC P.O. BOX 209 LOUISVILLE, CO 80027-0209		EIN	Phone no. 303-499-7445

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization: JEFFCO ACTION CENTER, INC.

Employer identification number 23-7019679

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to empl. benefit plans & deferred comp.	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ________ (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year u ________

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year u ________

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts u 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u 0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ....

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total .... u					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,472,795	4,065,397	3,725,368	4,376,746	16,640,306
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	82,907	73,555	62,512	58,987	277,961
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	29,559	17,598	5,240	13,252	65,649
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	4,585,261	4,156,550	3,793,120	4,448,985	16,983,916
24 Line 23 minus line 17	4,502,354	4,082,995	3,730,608	4,389,998	16,705,955
25 Enter 1% of line 23	45,853	41,566	37,931	44,490	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ 26a 334,119

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 16,705,955

d Add: Amounts from column (e) for lines: 18 65,649 19 ______ 22 ______ 26b ______ ▶ 26d 65,649

e Public support (line 26c minus line 26d total) ▶ 26e 16,640,306

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 99.6070 %

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Affiliated group totals	**(b)** To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is-	**The lobbying nontaxable amount is-**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51a(i)**		X
(ii) Other assets	**a(ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		X
(iv) Reimbursement arrangements	**b(iv)**		X
(v) Loans or loan guarantees	**b(v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ **Yes** ☒ **No**

b If "Yes," complete the following schedule:

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship
N/A		

Special Events Schedule

Form **990** For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08 **2007**

Name: JEFFCO ACTION CENTER, INC.

Employer Identification Number: 23-7019679

	(A)	(B)	(C)	Others	Total
Gross receipts	78,897	0	0	0	78,897
Less contributions	0	0	0	0	0
Gross revenue	78,897	0	0	0	78,897
Less direct expenses	25,062	0	0	0	25,062
Net income (loss)	53,835	0	0	0	53,835

Description:

(A) SPECIAL EVENTS

(B)

(C)

Others

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

2007

For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08

Name: JEFFCO ACTION CENTER, INC.

Employer Identification Number: 23-7019679

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	MORTGAGE PAYABLE - FIRSTBANK OF COLO	NONE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	200,000	10/11/05	10/10/15	$1,483/MONTH	6.250
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	DEED OF TRUST ON BLDG 8755 W. 14TH	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		190,748	184,956
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		190,748	184,956

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
BUILDINGS AND EQUIPMENT	PURCHASE		6/30/91	12/31/07	$	$ 369,521	$ 350,082	$ -19,439
TOTAL					$ 0	$ 369,521	$ 350,082	$ -19,439

Federal Statements

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	$ -25,612
TOTAL	$ -25,612

Federal Statements

Statement 3 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Amount
DIRECT ASSISTANCE TO INDIVIDUALS	$ 3,914,678
TOTAL	$ 3,914,678

Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	$	$	$
OFFICER COMPENSATION			
COMPENSATION	159,580	42,931	37,109
TOTAL	$ 159,580	$ 42,931	$ 37,109

Federal Statements

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	$	$	$	$
NEWSLETTER AND INFORMATION	11,078	7,758	1,165	2,155
OTHER EXPENSES	43,903	4,961	706	38,236
TOTAL	$ 54,981	$ 12,719	$ 1,871	$ 40,391

Federal Statements

Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

JEFFCO ACTION CENTER'S MISSION IS TO PROVIDE AN IMMEDIATE RESPONSE TO BASIC HUMAN NEEDS AND TO PROMOTE PATHWAYS TO SELF-SUFFICIENCY.

Statement 7 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

Description

CLIENT SERVICES -
CLIENT SERVICES INCLUDE COUNSELING AND SUPPORT, A FOOD BANK, CLOTHING BANK, AND OTHER PROGRAMS TO MEET IMMEDIATE BASIC NEEDS.
CLIENT SERVICES TOTAL EXPENSES OF $3,919,013 INCLUDES DONATED GOODS DISTRIBUTED TO FAMILIES IN NEED VALUED AT $3,091,125, DIRECT FINANCIAL ASSISTANCE OF $391,159 AND OPERATING EXPENSES OF $436,729.
DISTRIBUTIONS TO CLIENTS INCLUDES THE FOLLOWING:
FOOD DISTRIBUTED TO:
5 DAY SUPPLIES TO 47,420 HOUSEHOLDS
16,467 MEALS TO RESIDENTS OF THE SHELTER
HOLIDAY FOOD TO 1,078 HOUSEHOLDS
THANKSGIVING FOOD TO 1,450 HOUSEHOLDS
CLOTHING - 111,249 ITEMS DISTRIBUTED TO 20,990 CLIENTS
HOUSEHOLD ITEMS - EST. 11,860 ITEMS DISTRIBUTED
PERSONAL CARE ITEMS - EST. 103,416 ITEMS DISTRIBUTED
BABY CARE ITEMS - 2,490 ITEMS DISTRIBUTED

Statement 8 - Form 990, Part III, Line c - Statement of Program Service Accomplishments

Description

TENANT-LANDLORD COUNSELING
COUNSELING SERVICES ARE MADE AVAILABLE TO BOTH TENANTS AND LANDLORDS, 2,479 CASES WERE HANDLED DURING THE YEAR REGARDING TENANT/LANDLORD ISSUES. TOTAL EXPENSES FOR THE YEAR WERE $33,710, WHICH CONSISTS OF SALARIES AND OPERATING EXPENSES. IN ADDITION, DONATED SERVICES BY VOLUNTEER ATTORNEYS AMOUNTED TO APPROXIMATELY $27,000.

Statement 9 - Form 990, Part III, Line d - Statement of Program Service Accomplishments

Description

MEDICAL ASSISTANCE
THIS PROGRAM PROVIDES MEDICAL AND MENTAL HEALTH CLINIC AND REFERRAL SERVICES TO NEEDY CLIENTS OF JEFFCO ACTION CENTER. THE PROGRAM SERVED 4,221 CLIENTS, OF WHICH 296 RECEIVED DIRECT FINANCIAL ASSISTANCE FOR VISION, MEDICAL AND PRESCRIPTION NEEDS. TOTAL EXPENSES FOR THE YEAR WERE $117,787 CONSISTING OF DIRECT CASH ASSISTANCE TO CLIENTS FOR DRUGS, DENTAL AND OPTICAL NEEDS TOTALING $21,169, AND OPERATING EXPENSES OF $96,618.

Federal Statements

Statement 10 - Form 990, Part III, Line e - Other Program Services

Description
SHELTER JEFFCO ACTION CENTER OPERATES AN EMERGENCY SHELTER FOR THE HOMELESS IN JEFFERSON COUNTY. TOTAL EXPENSES OF THE SHELTER FOR THE YEAR WERE $462,545 WHICH CONSISTED OF $198,825 FOR FOOD AND OTHER NECESSITIES PROVIDED TO RESIDENTS OF THE SHELTER, AND $263,720 FOR SALARIES AND OTHER OPERATING EXPENSES. THE SHELTER HOUSED 175 CLIENTS WHICH EQUATES TO 5,489 CLIENT NIGHTS.............$462,545
SANTA SHOP AND SPECIAL PROGRAMS THE SANTA SHOP COLLECTS AND DISTRIBUTES NEW TOYS TO NEEDY CHILDREN. TOTAL EXPENSES FOR THE YEAR WERE $255,992, OF WHICH $182,831 WAS FOR DONATED AND PURCHASED GOODS AND THE BALANCE OF $73,161 WAS FOR SALARIES AND OTHER OPERATING EXPENSES. SPECIAL PROGRAMS INCLUDE COLLECTION OF SCHOOL SUPPLIES. 27,760 TOYS WERE DISTRIBUTED TO 2,761 CHILDREN. SCHOOL SUPPLIES WERE DISTRIBUTED TO 2,701 CHILDREN......$255,992

Statement 11 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	$	$	
EQUITY SECURITIES	199,187	239,729	MARKET
INVESTMENTS IN MARKETABLE SECURITIES		12,185	MARKET
CORPORATE BONDS			
FIXED INCOME	25,101	45,075	MARKET
TOTAL	$ 224,288	$ 296,989	

Statement 12 - Form 990, Part IV, Line 54b - Other Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT	$	$	
MONEY MARKET	11,332	23,053	MARKET
TOTAL	$ 11,332	$ 23,053	

Statement 13 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
AUTOMOBILES/TRANSPORTATION EQUIPMENT	$ 25,435	$ 18,030	$ 29,935	$ 23,502
FURNITURE AND FIXTURES	66,859	47,097	80,962	45,533
BUILDINGS	2,764,038	750,489	2,597,014	663,341
IMPROVEMENTS	201,527	170,631	24,764	5,447
LAND	116,082		116,082	0
OTHER	17,144	1,527		
TOTAL	$ 3,191,085	$ 987,774	$ 2,848,757	$ 737,823

Statement 14 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED REVENUE	$ 2,102	$
TOTAL	$ 2,102	$ 0

Federal Statements

Statement 15 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
LOSS ON DISPOSAL OF BUILDINGS AND EQUIPMENT	$ -19,439
TOTAL	$ -19,439

Statement 16 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	Amount
LOSS ON DISPOSAL OF BUILDINGS AND EQUIPMENT	$ 19,439
TOTAL	$ 19,439

Statement 17 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DAVE NORWOOD 2897 S. NELSON STREET LAKEWOOD CO 80227	PRESIDENT	1	0	0	0
RON HOLMES 2207 S. ELDRIDGE STREET LAKEWOOD CO 80228	VICE PRES	1	0	0	0
JON HALVERSON 3237 ZUNI STREET DENVER CO 80211	TREASURER	1	0	0	0
LESLIE MITCHELL 8800 WADSWORTH BLVD WESTMINSTER CO 80021	SECRETARY	1	0	0	0
ALLYSON GOTTSMAN 2327 WIELER ROAD EVERGREEN CO 80439	PAST PRES	1	0	0	0
CHERYL BENWARE 2676 HIWAN DRIVE EVERGREEN CO 80439	DIRECTOR	1	0	0	0
BETTY BOYD 12527 W. ARIZONA PLACE LAKEWOOD CO 80228	DIRECTOR	1	0	0	0
BECKY CUNNINGHAM 29885 MONTEREY LANE EVERGREEN CO 80439	DIRECTOR	1	0	0	0
IRENE GRIEGO 12422 W. 16TH DRIVE LAKEWOOD CO 80215	DIRECTOR	1	0	0	0

Statement 17 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MARTIN HARTLEY 7294 W. OTERO AVENUE LITTLETON CO 80128	DIRECTOR	1	0	0	0
COLLEEN JORGENSEN 13662 DOUGLASS RANCH DR PINE CO 80470	DIRECTOR	1	0	0	0
BRAD LUDFORD 1835 FRANKLIN ST. DENVER CO 80218	DIRECTOR	1	0	0	0
ROGER MATTSON 2511 FOSSIL TRACE COURT GOLDEN CO 80401	DIRECTOR	1	0	0	0
SUSAN PADDOCK 11027 W. 31ST AVE. LAKEWOOD CO 80215	DIRECTOR	1	0	0	0
DICK SCHEURER 29212 RAINBOW HILL ROAD GOLDEN CO 80401	DIRECTOR	1	0	0	0
WILL WALSER 8318 QUAY DRIVE ARVADA CO 80003	DIRECTOR	1	0	0	0
MAG STRITTMATTER 11076 N. CLAY DRIVE WESTMINSTER CO 80234	EXEC DIR	40	83,703	5,699	0
CATHY HATFIELD 7017 W. VIRGINIA AVE. LAKEWOOD CO 80226	DIR OF OPER	40	56,790	7,033	0

Statement 17 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOE HAINES 6871 KNOX CT. DENVER CO 80221	DIR OF DEVEL	40	50,155	4,099	0
NANCY MORGAN 2455 HOYT STREET LAKEWOOD CO 80215	DIR OF PROG	40	48,972	7,033	0