See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493031007521

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
JEWISH FAMILY SERVICE OF COLORADO INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3201 S TAMARAC DR
ROOM/SUITE 200

City or town, state or country, and ZIP + 4
DENVER, CO 80231

D Employer identification number
84-0402701

E Telephone number
(303) 597-5000

G Gross receipts $ 10,930,656

F Name and address of principal officer
YANA VISHNITSKY
3201 S TAMARAC DR 200
DENVER,CO 80231

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JEWISHFAMILYSERVICE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1923 | **M** State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
JEWISH FAMILY SERVICE IS A HUMAN SERVICE AGENCY THAT OFFERS A BROAD RANGE OF FREE OR LOW-COST SERVICES FOR PEOPLE IN NEED INCLUDING THE ELDERLY, THE ECONOMICALLY DISADVANTAGED, REFUGEES AND IMMIGRANTS, THE DISABLED, THE MENTALLY VULNERABLE, AND THOSE FACING LIFE-ALTERING LOSSES WITHOUT JEWISH FAMILY SERVICE, THESE INDIVIDUALS MAY NOT BE ABLE TO ACCESS OR AFFORD THESE SERVICES THAT ARE PROVIDED TO ANYONE SEEKING HELP REGARDLESS OF FAITH, RACE, CREED, SEXUAL ORIENTATION, OR ECONOMIC STATUS IN THE FISCAL YEAR 2010, JEWISH FAMILY SERVICE PROVIDED SERVICES TO 10,534 CLIENTS AND TOUCHED THE LIVES OF 23,073 PEOPLE IN THE GREATER DENVER COMMUNITY

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	30
5	Total number of employees (Part V, line 2a)	**5**	472
6	Total number of volunteers (estimate if necessary)	**6**	661
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,666
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-718

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,347,689	8,707,025
9	Program service revenue (Part VIII, line 2g)	1,321,106	1,492,530
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-352,596	-35,437
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,989	-98,189
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,351,188	10,065,929
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,500,333	1,794,645
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,934,070	6,125,701
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶802,264		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,899,753	1,705,360
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,334,156	9,625,706
19	Revenue less expenses Subtract line 18 from line 12	-982,968	440,223
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	10,289,684	11,445,261
21	Total liabilities (Part X, line 26)	929,000	1,211,614
22	Net assets or fund balances Subtract line 21 from line 20	9,360,684	10,233,647

Part II Signature Block

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

Sign Here

****** | 2011-01-26
Signature of officer | Date

YANA VISHNITSKY CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LORI B BAUER CPA	Date 2011-01-31	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JDS PROFESSIONAL GROUP 5670 GREENWOOD PLAZA BLVD STE 200 GREENWOOD VILLAGE, CO 80111			EIN ▶ Phone no ▶ (303) 771-0123

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

JEWISH FAMILY SERVICE IS A HUMAN SERVICE AGENCY THAT OFFERS A BROAD RANGE OF FREE OR LOW-COST SERVICES FOR PEOPLE IN NEED INCLUDING THE ELDERLY, THE ECONOMICALLY DISADVANTAGED, REFUGEES AND IMMIGRANTS, THE DISABLED, THE MENTALLY VULNERABLE, AND THOSE FACING LIFE-ALTERING LOSSES WITHOUT JEWISH FAMILY SERVICE, THESE INDIVIDUALS MAY NOT BE ABLE TO ACCESS OR AFFORD THESE SERVICES THAT ARE PROVIDED TO ANYONE SEEKING HELP REGARDLESS OF FAITH, RACE, CREED, SEXUAL ORIENTATION, OR ECONOMIC STATUS IN THE FISCAL YEAR 2010, JEWISH FAMILY SERVICE PROVIDED SERVICES TO 10,534 CLIENTS AND TOUCHED THE LIVES OF 23,073 PEOPLE IN THE GREATER DENVER COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,504,115 including grants of $) (Revenue $ 67,893)

DISABLITY SERVICES PROVIDES RECREATIONAL ACTIVITIES, VOCATIONAL ASSESSMENT, TRAINING, JOB PLACEMENT, AND RESIDENTIAL SERVICES FOR PEOPLE LIVING WITH PHYSICAL AND DEVELOPMENTAL DISABILITIES, AND INDIVIDUALS TRANSITIONING FROM WELFARE TO WORK IN FISCAL YEAR 2010,645 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 3,225 LIVES WERE AFFECTED

4b (Code) (Expenses $ 1,802,966 including grants of $) (Revenue $ 743,867)

SENIOR SOLUTIONS/CARE CONNECTIONS & JFS AT HOME ASSISTS SENIORS AND DISABLED OR CHRONICALLY ILL ADULTS TO LIVE AS INDEPENDENTLY AS POSSIBLE, FOR AS LONG AS POSSIBLE WITHOUT COMPROMISING THEIR SAFETY OR HEALTH SERVICES INCLUDE CARE MANAGEMENT, HOMEMAKER SERVICES, PERSONAL CARE ASSISTANCE, TRANSPORTATION, MEALS ON WHEELS, NURSING HOME OUTREACH, AND INFORMATION AND REFERRAL JFS AT HOME SERVICES ARE DESIGNED FOR PEOPLE SEEKING A COMPLETELY CUSTOMIZED CARE PROGRAM, PROVIDED BY QUALIFIED, BONDED AND INSURED STAFF MEMBERS, AND AVAILABLE 7 DAYS A WEEK, 24HOURS A DAY IN FISCAL YEAR 2010, SENIOR SOLUTIONS PROVIDED 1,557 CLIENTS WITH DIRECT SERVICES AND AFFECTED 3,893 LIVES

4c (Code) (Expenses $ 1,994,373 including grants of $ 108,428) (Revenue $)

FAMILY SAFETY NET PROVIDES COMPLEMENTARY AND NECESSARY SUPPORT SERVICES DESIGNED TO HELP THOSE FACING CRISES REGAIN THEIR SELF-SUFFICIENCY WHILE MAINTAINING THEIR DIGNITY AND RESPECT SERVICES INCLUDE RENT AND FOOD ASSISTANCE, CARE MANAGEMENT, AND INFORMATION AND REFERRAL IN FISCAL YEAR 2010, FAMILY SAFETY NET PROVIDED 317 HOUSEHOLDS WITH EMERGENCY FINANCIAL ASSISTANCE AND 2,068 HOUSEHOLDS WITH FOOD ASSISTANCE, AFFECTING A TOTAL OF 6,128 LIVES

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 1,739,211 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 8,040,665

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and 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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	49		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	472		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ BF See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 30		
b	Enter the number of voting members that are independent . .	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, 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 with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

THE ORGANIZATION
3201 S TAMARAC DR 200
DENVER, CO 80231
(303) 597-5000

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	283,925		17,707

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 2

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED HEALTHCARE INSURANCE CO DEPT 10151 PALATINE, IL 60055	HEALTHCARE	405,539

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 117,096				
	b	Membership dues	1b				
	c	Fundraising events	1c 374,951				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 4,090,938				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,124,040				
	g	Noncash contributions included in lines 1a-1f $ 851,250					
	h	**Total.** Add lines 1a-1f	▶	8,707,025			
Program Service Revenue			Business Code				
	2a	JFS AT HOME		612,334	612,334		
	b	CLINICAL SERVICES		414,012	414,012		
	c	SHALOM DENVER		273,329	273,329		
	d	SENIOR SERVICES		131,533	131,533		
	e	GROUP HOME SERVICES		55,823	55,823		
	f	All other program service revenue		5,499	5,499		
	g	**Total.** Add lines 2a–2f	▶	1,492,530			
	3	Investment income (including dividends, interest and other similar amounts)	▶	140,849			140,849
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	537,979				
	b	Less cost or other basis and sales expenses	714,265				
	c	Gain or (loss)	-176,286				
	d	Net gain or (loss)	▶	-176,286			-176,286
Other Revenue	8a	Gross income from fundraising events (not including $ 374,951 of contributions reported on line 1c) See Part IV, line 18	a 34,111				
	b	Less direct expenses	b 150,462				
	c	Net income or (loss) from fundraising events	▶	-116,351	-116,351		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	MISC		12,496	12,496		
	b	REEL HOPE ADVERTISING	541,800	5,666		5,666	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	18,162			
	12	**Total revenue.** See Instructions	▶	10,065,929	1,388,675	5,666	-35,437

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	108,428	108,428		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,686,217	1,686,217		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	360,217	132,024	106,897	121,296
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,689,630	3,948,459	437,858	303,313
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	100,496	86,831	8,396	5,269
9 Other employee benefits	473,865	381,854	31,536	60,475
10 Payroll taxes	501,493	422,235	46,823	32,435
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	24,006	20,813	1,990	1,203
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	40,047		40,047	
g Other	305,107	199,311	14,450	91,346
12 Advertising and promotion	106,355	38,478	594	67,283
13 Office expenses	18,608	8,501	1,735	8,372
14 Information technology	56,499	48,984	4,684	2,831
15 Royalties				
16 Occupancy	295,068	256,809	22,422	15,837
17 Travel	95,854	91,632	4,018	204
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,805	8,796	10,830	1,179
20 Interest	1,944	1,944		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	226,273	189,398	24,065	12,810
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a COST OF SALES	172,230	172,230		
b SUPPLIES	147,501	131,899	9,459	6,143
c EQUIPMENT	98,971	78,514	12,683	7,774
d PROVISION FOR BAD DEBTS	50,664	-7,746		58,410
e DUES AND SUBSCRIPTIONS	33,432	26,180	3,942	3,310
f All other expenses	11,996	8,874	348	2,774
25 **Total functional expenses.** Add lines 1 through 24f	9,625,706	8,040,665	782,777	802,264
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		173,977	1	248,581
	2	Savings and temporary cash investments		560,730	2	1,146,829
	3	Pledges and grants receivable, net		792,947	3	511,836
	4	Accounts receivable, net		802,653	4	788,898
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		51,780	9	65,461
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 5,713,078			
	b	Less accumulated depreciation	10b 1,890,357	3,996,920	10c	3,822,721
	11	Investments—publicly traded securities		2,146,038	11	3,270,677
	12	Investments—other securities See Part IV, line 11		699,989	12	367,301
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,064,650	15	1,222,957
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,289,684	16	11,445,261
Liabilities	17	Accounts payable and accrued expenses		828,482	17	1,131,231
	18	Grants payable			18	
	19	Deferred revenue		72,741	19	50,662
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, 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		27,777	24	29,721
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		929,000	26	1,211,614
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,138,534	27	5,482,775
	28	Temporarily restricted net assets		2,429,785	28	2,891,667
	29	Permanently restricted net assets		1,792,365	29	1,859,205
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,360,684	33	10,233,647
	34	Total liabilities and net assets/fund balances		10,289,684	34	11,445,261

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493031007521

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,093,645	6,349,332	6,976,043	7,406,894	8,707,025	35,532,939
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	774,382	794,500	1,334,812	1,321,106	1,492,530	5,717,330
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	6,868,027	7,143,832	8,310,855	8,728,000	10,199,555	41,250,269
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,376,274	1,547,706	1,522,425	998,070	757,035	7,201,510
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	2,376,274	1,547,706	1,522,425	998,070	757,035	7,201,510
8 **Public Support** (Subtract line 7c from line 6)						34,048,759

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	6,868,027	7,143,832	8,310,855	8,728,000	10,199,555	41,250,269
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	93,257	141,037	136,956	81,385	140,849	593,484
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	93,257	141,037	136,956	81,385	140,849	593,484
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	15,974	35,060	32,751	34,989	12,496	131,270
13 **Total support** (Add lines 9, 10c, 11 and 12)	6,977,258	7,319,929	8,480,562	8,844,374	10,352,900	41,975,023

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	81 120 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	76 200 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	1 000 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	1 000 %

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
2010 OTHER INCOME INCLUDES STIPENDS FOR EMPLOYEES TO ATTEND SEMINARS AND CONFERENCES, CREDIT CARD REBATES, FEES FOR CLIENT BILL PAYING AND OFFICE SPACE RENTAL

Additional Data

Software ID:

Software Version:

EIN: 84-0402701

Name: JEWISH FAMILY SERVICE OF COLORADO INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,739,211 including grants of $) (Revenue $)

OTHER PROGRAM SERVICES PROVIDED BY JEWISH FAMILY SERVICE INCLUDE THE COUNSELING CENTER WHICH ASSISTS CLIENTS IN CRISIS AND THOSE SUFFERING FROM TRAUMA, GRIEF AND SEVERE AND PERSISTENT MENTAL ILLNESS, THE NEW AMERICANS PROGRAM WHICH SUPPORTS REFUGEES BY PROVIDING CARE MANAGEMENT, ADVOCACY, INFORMATION AND REFERRAL, AND EMPLOYMENT SERVICES, AND CHAPLAINCY AND SPIRITUAL HEALING WHICH SERVES THE SPIRITUAL, EMOTIONAL AND RELIGIOUS NEEDS OF JEWS AND THEIR FAMILIES AND THOSE DEALING WITH DEATH, GRIEF, CHRONIC ILLNESS OR PROFOUND LIFE CHANGES

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE KRIS CHAIR	1 00	X		X				0	0	0
CHESTER SCHWARTZ PAST CHAIR	1 00	X		X				0	0	0
SHELLEY KROVITZ VICE CHAIR	1 00	X		X				0	0	0
ALAN MAYER CHAIR ELECT	1 00	X		X				0	0	0
BARRY SILVESTAIN TREASURER	1 00	X		X				0	0	0
PERRY MOSS SECRETARY	1 00	X		X				0	0	0
ERIC POLLOCK VICE CHAIR	1 00	X		X				0	0	0
RICHARD SANDERS MD LIFE MEMBER	1 00	X						0	0	0
DEAN PRINA MD MEMBER	1 00	X						0	0	0
DOUG ANTONOFF MEMBER	1 00	X						0	0	0
RANDALL DAVIS MEMBER	1 00	X						0	0	0
SHERYL FEILER MEMBER	1 00	X						0	0	0
ADAM AGRON MEMBER	1 00	X						0	0	0
ELAINE GAMPEL MEMBER	1 00	X						0	0	0
SHERRI GOLDSTEIN MEMBER	1 00	X						0	0	0
SHERYL GOODMAN MEMBER	1 00	X						0	0	0
LINDSEY GUTTERMAN MEMBER	1 00	X						0	0	0
JEFF JOHNSON MEMBER	1 00	X						0	0	0
ANDREW KLEIN MEMBER	1 00	X						0	0	0
DEBBIE ALEINIKOFF MEMBER	1 00	X						0	0	0
CARY CHAPMAN MEMBER	1 00	X						0	0	0
ANNETTE PLUSS MEMBER	1 00	X						0	0	0
MICHELE RIGHT MEMBER	1 00	X						0	0	0
JANE E ROSENBAUM MEMBER	1 00	X						0	0	0
DAN SEFF MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA TAUSSIG MEMBER	1 00	X						0	0	0
THEODORE WIRECKI MD MEMBER	1 00	X						0	0	0
NANCY GART MEMBER	1 00	X						0	0	0
SALOMON GRUENWALD MEMBER	1 00	X						0	0	0
ANDREW MILLER MEMBER	1 00	X						0	0	0
JOYCE ZEFF LIFE MEMBER	1 00	X						0	0	0
JOSEPH BERENBAUM LIFE MEMBER	1 00	X						0	0	0
CHARLENE LOUP LIFE MEMBER	1 00	X						0	0	0
EVELYN SHAMON LIFE MEMBER	1 00	X						0	0	0
MARTIN TOBIN LIFE MEMBER	1 00	X						0	0	0
YANA VISHNITSKY PRES /CEO	40 00			X				182,479	0	10,054
DEBBIE ZIMMERMAN COO	32 00			X				101,446	0	7,653

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
JFS AT HOME		612,334	612,334		
CLINICAL SERVICES		414,012	414,012		
SHALOM DENVER		273,329	273,329		
SENIOR SERVICES		131,533	131,533		
GROUP HOME SERVICES		55,823	55,823		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
COST OF SALES	172,230	172,230		
SUPPLIES	147,501	131,899	9,459	6,143
EQUIPMENT	98,971	78,514	12,683	7,774
PROVISION FOR BAD DEBTS	50,664	-7,746		58,410
DUES AND SUBSCRIPTIONS	33,432	26,180	3,942	3,310

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493031007521

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,648,023	2,118,323			
b Contributions	15,650	27,160			
c Investment earnings or losses	200,275	-463,964			
d Grants or scholarships	-3,000				
e Other expenditures for facilities and programs	-36,622	-33,496			
f Administrative expenses	-18,343				
g End of year balance	1,805,983	1,648,023			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 20 000 % %
- b Permanent endowment ▶ 80 000 % %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		624,000		624,000
b Buildings		2,692,449	786,295	1,906,154
c Leasehold improvements		1,444,788	319,717	1,125,071
d Equipment		951,841	784,345	167,496
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,822,721

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
ASSETS HELD UNDER DEFERRED COMP PLAN	458,432
BENEFICIAL INT COMM 1ST FOUND ENDOW	367,562
BENEFICIAL INTEREST ROSE FOUND ENDOW	300,199
OTHER RECEIVABLES	96,764
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,222,957

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,065,929
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,625,706
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	440,223
4	Net unrealized gains (losses) on investments	4	432,740
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	432,740
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	872,963

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	10,706,128
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	432,740		
b	Donated services and use of facilities	2b	97,044		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	150,462		
e	Add lines **2a** through **2d**			2e	680,246
3	Subtract line **2e** from line **1**			3	10,025,882
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,047		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	40,047
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,065,929

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	9,833,165
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	97,044		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	150,462		
e	Add lines **2a** through **2d**			2e	247,506
3	Subtract line **2e** from line **1**			3	9,585,659
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,047		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	40,047
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,625,706

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENT EXPENSES 150,462 SPECIAL EVENT EXPENSES -150,462
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 150,462
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SPECIAL EVENT EXPENSES 150,462

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493031007521

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 REEL HOPE (event type)	(b) Event #2 EXECUTIVE LUNCH (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	280,469	128,593		409,062
	2 Less Charitable contributions	266,424	108,527		374,951
	3 Gross income (line 1 minus line 2)	14,045	20,066		34,111
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	52,076	98,386		150,462
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				150,462
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-116,351

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493031007521

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO COALITION FOR THE HOMELESS2111 CHAMPA ST DENVER,CO 80205	840951575	3	47,604				PASS THRU DHS GRANT
METRO CARERINGPO BOX 300459 DENVER,CO 80203	846116951	3	14,124				PASS THRU DHS GRANT
CATHOLIC CHARITIES & COMMUNITY SVC4045 PECOS ST DENVER,CO 80211	840686679	3	46,700				PASS THRU DHS GRANT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 3

3 Enter total number of other organizations . . . ▶ 1

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD, MEDICAL, HOUSING,	3364	834,968	851,249	FMV	DONATED FOOD &
TRANSPORTATION, AND					HOUSEHOLD ITEMS
UTILITY ASSISTANCE					

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	ORGANIZATIONS RECEIVING GRANTS FROM JEWISH FAMILY SERVICE ARE REIMBURSED ON A COST-INCURRED BASIS A CONTRACT SIGNED BY THE GRANTEE AND JEWISH FAMILY SERVICE SPECIFIES THE RESPONSIBILITES OF EACH ORGANIZATION GRANTEES MEET REGULARLY WITH JEWISH FAMILY SERVICE STAFF AND SUBMIT FINANCIAL AND STATISTICAL REPORTS AS SPECIFIED IN THE CONTRACT ORIGINAL DOCUMENTATION IS REQUIRED TO BE SUBMITTED UPON REQUEST BY JEWISH FAMILY SERVICE PROGRAM STAFF MONITOR ADHERENCE TO PROGRAM GUIDELINES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493031007521

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
YANA VISHNITSKY	(i)	60,275	29,988	92,216	4,453	5,601	192,533	
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493031007521

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
ALLA MILSTEIN	RELATIVE OF CEO	12,715	EMPLOYEE EARNINGS		No
ANNA TSESARSKY	RELATIVE OF CEO	19,585	EMPLOYEE EARNINGS		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493031007521

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		12,536	FMV ESTIMATED
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	479,026	838,714	FMV ESTIMATED
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, PAGE 1, PART I, LINE 32B	JEWISH FAMILY SERVICE HAS A CONTRACT WITH A COMPANY THAT RECEIVES AND SELLS CLOTHING DONATIONS AND HOUSEHOLD ITEMS JEWISH FAMILY SERVICE IS COMPENSATED BASED ON CUBIC FEET OF ITEMS DONATED JEWISH FAMILY SERVICE HAS A CONTRACT WITH AN AUTOMOBILE BROKER THAT RECEIVES AND SELLS DONATED CARS AND PAYS THE COMPANY BASED ON THE PROCEEDS FROM SELLING THE CARS
SUPPLEMENTAL INFORMATION	SCHEDULE M, PAGE 2, PART II	FOOD INVENTORY DONATED WAS 479,206 POUNDS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493031007521

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	JEWISH FAMILY SERVICE IS A HUMAN SERVICE AGENCY THAT OFFERS A BROAD RANGE OF FREE OR LOW-COST SERVICES FOR PEOPLE IN NEED INCLUDING THE ELDERLY, THE ECONOMICALLY DISADVANTAGED, REFUGEES AND IMMIGRANTS, THE DISABLED, THE MENTALLY VULNERABLE, AND THOSE FACING LIFE-ALTERING LOSSES WITHOUT JEWISH FAMILY SERVICE, THESE INDIVIDUALS MAY NOT BE ABLE TO ACCESS OR AFFORD THESE SERVICES THAT ARE PROVIDED TO ANYONE SEEKING HELP REGARDLESS OF FAITH, RACE, CREED, SEXUAL ORIENTATION, OR ECONOMIC STATUS IN THE FISCAL YEAR 2010, JEWISH FAMILY SERVICE PROVIDED SERVICES TO 10,534 CLIENTS AND TOUCHED THE LIVES OF 23,073 PEOPLE IN THE GREATER DENVER COMMUNITY
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	CLIENTS WITH DIRECT SERVICES AND AFFECTED 3,893 LIVES
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES PROVIDED BY JEWISH FAMILY SERVICE INCLUDE THE COUNSELING CENTER WHICH ASSISTS CLIENTS IN CRISIS AND THOSE SUFFERING FROM TRAUMA, GRIEF AND SEVERE AND PERSISTENT MENTAL ILLNESS, THE NEW AMERICANS PROGRAM WHICH SUPPORTS REFUGEES BY PROVIDING CARE MANAGEMENT, ADVOCACY, INFORMATION AND REFERRAL, AND EMPLOYMENT SERVICES, AND CHAPLAINCY AND SPIRITUAL HEALING WHICH SERVES THE SPIRITUAL, EMOTIONAL AND RELIGIOUS NEEDS OF JEWS AND THEIR FAMILIES AND THOSE DEALING WITH DEATH, GRIEF, CHRONIC ILLNESS OR PROFOUND LIFE CHANGES
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	BAHAMAS, THE
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	CHESTER SCHWARTZ LINDSEY GUTTERMAN PAST CHAIR BOARD MEMBER FATHER-DAUGHTER
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE CONTROLLER AND DIRECTOR OF FINANCE REVIEW THE ENTIRE FORM 990 THE HUMAN RESOURCES DIRECTOR REVIEWS APPROPRIATE SECTIONS OF THE FORM 990, AND THEN IT IS REVIEWED BY THE CEO AND COO ONCE THE PREPARERS AND INTERNAL MANAGEMENT ARE SATISFIED THE THE FORM 990, IT IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE ALL MEMBERS OF THE BOARD OF DIRECTORS ARE THEN EMAILED A LINK TO A PASSWORD-PROTECTED WEB SITE WHERE THEY MAY REVIEW THE FORM 990 AFTER THE BOARD HAS HAD THE OPPORTUNITY TO APPROVE THE FORM 990, A VOTE IS TAKEN AT THE NEXT BOARD MEETING TO APPROVE THE FORM 990 ONCE THE BOARD HAS APPROVED THE FORM 990, IT IS FILED ELECTRONICALLY WITH THE IRS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	UNDER THE EMPLOYEE CONFLICT OF INTEREST POLICY, ALL EMPLOYEES ARE PROHIBITED FROM ENGAGING IN ACTIVITIES WHICH CONFLICT WITH OR APPEAR TO CONFLICT WITH THE INTERESTS OF THE AGENCY, PERSONS SERVED, FUNDING SOURCES, AND/OR BUSINESSES, ORGANIZATIONS, OR OTHERS WITH WHOM THE AGENCY CONDUCTS ITS OPERATIONS ALL BOARD MEMBERS AND EXECUTIVE TEAM MEMBERS ARE REQUIRED TO ANNUALLY ACKNOWLEDGE RECEIPT OF THE CONFLICT OF INTEREST POLICY AND TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ALL EMPLOYEES RECEIVE TRAINING ON THE AGENCY'S CONFLICT OF INTEREST POLICY THE FRAUD, WASTE AND ABUSE POLICY PROVIDES THE MEANS TO REPORT ANY ACTIVITY THAT MAY CREATE A CONFLICT OF INTEREST
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF JFS INCLUDED IN THEIR DETERMINATION IS A REVIEW OF PRIOR YEAR'S PERFORMANCE ACCOMPLISHMENTS AND COMPETITIVE DATA GOALS FOR THE UPCOMING YEAR ARE SET AT THAT TIME

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493031007521

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SHALOM WORKSHOP LLC 3201 S TAMARAC DR 200 DENVER, CO 80231	PROPERTY	CO			N/A
JFST LLC 3201 S TAMARAC DR 200 DENVER, CO 80231	PROPERTY	CO			N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	
b	Gift, grant, or capital contribution to other organization(s)	**1b**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	
d	Loans or loan guarantees to or for other organization(s)	**1d**	
e	Loans or loan guarantees by other organization(s)	**1e**	
f	Sale of assets to other organization(s)	**1f**	
g	Purchase of assets from other organization(s)	**1g**	
h	Exchange of assets	**1h**	
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	
n	Sharing of paid employees	**1n**	
o	Reimbursement paid to other organization for expenses	**1o**	
p	Reimbursement paid by other organization for expenses	**1p**	
q	Other transfer of cash or property to other organization(s)	**1q**	
r	Other transfer of cash or property from other organization(s)	**1r**	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No