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## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>Jewish Family Service of Colorado, Inc.</b>			D Employer identification number <b>84-0402701</b>	
	Doing Business As			E Telephone number <b>303-597-5000</b>	
	Number and street (or P O box if mail is not delivered to street address) <b>3201 S. Tamarac Dr.</b>			Room/suite <b>200</b>	
	City or town, state or country, and ZIP + 4 <b>Denver CO 80231</b>			G Gross receipts \$ <b>9,976,355</b>	
	F Name and address of principal officer <b>Yana Vishnitsky 3201 S. Tamarac Dr. #200 Denver CO 80231</b>			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527J Website: ► [www.jewishfamilyservice.org](http://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:  
See Schedule O2 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 individuals employed in calendar year 2010 (Part V, line 2a)

**5 481**

6 Total number of volunteers (estimate if necessary)

**6 629**

7a Total unrelated business revenue from Part VIII, column (C), line 12

**7a 13,362**

b Net unrelated business taxable income from Form 990-T, line 34

**7b**

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
		9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,707,025	-35,437	1,492,530	8,131,154
	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,125,701	-98,189	-338,672	1,396,470
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,065,929	440,223	1,705,360	9,754,365
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,794,645	440,223	9,625,706	1,111,389
	b Total fundraising expenses (Part IX, column (D), line 25) ►	726,502	1,705,360	1,705,360	6,053,644
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,211,614	9,625,706	8,761,959	1,211,614
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,233,647	440,223	440,223	992,406
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	RECEIVED	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	013	11,445,261	12,869,535	
	21 Total liabilities (Part X, line 26)		1,211,614	1,024,720	
	22 Net assets or fund balances Subtract line 21 from line 20	OGDEN, UT	10,233,647	11,844,815	

## 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	► <i>Yana Vishny</i>	Date <b>2/1/12</b>
	Signature of officer	
	<b>Yana Vishnitsky</b>	CEO
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <b>Lori B. Bauer, CPA</b>	Preparer's signature <i>Lori B. Bauer</i>	Date 01/31/12	Check <input type="checkbox"/> if self-employed	PTIN <b>P01260252</b>
	Firm's name ► <b>JDS PROFESSIONAL GROUP</b>		Firm's EIN ►	<b>20-8019714</b>	
	5670 GREENWOOD PLAZA BLVD STE 200				
	Firm's address ► <b>GREENWOOD VILLAGE, CO 80111</b>		Phone no	<b>303-771-0123</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  NoFor Paperwork Reduction Act Notice, see the separate instructions.  
DAA

Form 990 (2010)

19 618

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission

See Schedule O

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 \$ 2,331,597 including grants of \$ ) (Revenue \$ 310,651 )

Disability and Employment 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 2011, 513 clients were provided with direct services and 2,565 lives were affected.

4b (Code ) (Expenses \$ 1,702,860 including grants of \$ 5,732 ) (Revenue \$ 94,345 )

Senior Solutions & 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, 24 hours a day. In fiscal year 2011, Senior Solutions provided 1,694 clients with direct services and affected 4,235 lives.

4c (Code ) (Expenses \$ 1,418,333 including grants of \$ ) (Revenue \$ 348,375 )

Counseling Center - The Counseling Center, staffed by skilled licensed professionals, helps children, adolescents, adults, families, refugees, and seniors in healing from crisis, grief, trauma, post-traumatic stress; assists individuals and families facing critically important life challenges and struggles such as parenting, marriage, interpersonal relationships and abuse; and treats severe and persistent mental illness such as major depression and bi-polar disorder. The Department's KidSuccess program provides school-based intervention and prevention services; the International KidSuccess program assists refugee and immigrant children, adolescents, and their families who come from approximately 40 countries adjust to a new school, culture, and home in the United States. In fiscal

4d Other program services (Describe in Schedule O.)

(Expenses \$ 1,722,557 including grants of \$ ) (Revenue \$ 643,099 )

4e Total program service expenses ► 7,175,347

Form 990 (2010) Jewish Family Service of  
Part IV Checklist of Required Schedules

84-0402701

Page 3

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)

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

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

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 (see instructions)

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d	X	
11e		X
11f	X	
12a	X	
12b		X
13	X	
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		

## 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

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

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

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 lines 24b through 24d and complete Schedule K. If "No," go to line 25

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) 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

- 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

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

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

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
- b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?

- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

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

	Yes	No
21	X	
22	X	
23	X	
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X
28a		X
28b	X	
28c		X
29	X	
30		X
31		X
32		X
33	X	
34		X
35		X
36		X
37		X
38	X	

Yes  No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	40
1b	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	X
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	481
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. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
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	X
b	If "Yes," enter the name of the foreign country ► <b>Bahamas, The</b>  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	X
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?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	10a	
a	Did the organization make any taxable distributions under section 4966?	10b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10	<b>Section 501(c)(7) organizations.</b> Enter:	11b	
a	Initiation fees and capital contributions included on Part VIII, line 12	12a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11	<b>Section 501(c)(12) organizations.</b> Enter:	13a	
a	Gross income from members or shareholders	13b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13c	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	14a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **30**  
 1b Enter the number of voting members included in line 1a, above, who are independent **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? **X**

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? **X**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **X**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **X**

6 Does the organization have members or stockholders? **X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **X**

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? **X**

a The governing body? **X**

b Each committee with authority to act on behalf of the governing body? **X**

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 **X**

	Yes	No
1a		
1b		
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

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

10a Does the organization have local chapters, branches, or affiliates? **X**

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? **X**

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **X**

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 **X**

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **X**

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **X**

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done **X**

13 Does the organization have a written whistleblower policy? **X**

14 Does the organization have a written document retention and destruction policy? **X**

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? **X**

a The organization's CEO, Executive Director, or top management official **X**

b Other officers or key employees of the organization **X**

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) **X**

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? **X**

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? **X**

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

18 Section 6104 requires an organization to make its Forms 1023 (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.

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**

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

 Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Steve Kris Chair	1.00	X		X			0	0	0
(2) Chester Schwartz Past Chair	1.00	X		X			0	0	0
(3) Shelley Krovitz Member	1.00	X					0	0	0
(4) Alan Mayer Chair Elect	1.00	X		X			0	0	0
(5) Barry Silvestain Secretary	1.00	X		X			0	0	0
(6) Perry Moss Treasurer	1.00	X		X			0	0	0
(7) Eric Pollock Vice Chair	1.00	X		X			0	0	0
(8) Marc Cohen Member	1.00	X					0	0	0
(9) Dean Prina, MD At Large Member	1.00	X					0	0	0
(10) Doug Antonoff At Large Member	1.00	X					0	0	0
(11) Randall Davis Member	1.00	X					0	0	0
(12) Sheryl Feiler Member	1.00	X					0	0	0
(13) Adam Agron Member	1.00	X					0	0	0
(14) Elaine Gampel Member	1.00	X					0	0	0
(15) Sherri Goldstein Member	1.00	X					0	0	0
(16) Sheryl Goodman Member	1.00	X					0	0	0

## Part VII

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	Former	
(17) Leslie Ginsburg Member	1.00	X					0	0
(18) Jeff Johnson Member	1.00	X					0	0
(19) Rocky Miller Member	1.00	X					0	0
(20) Debbie Aleinikoff Member	1.00	X					0	0
(21) Cary Chapman Member	1.00	X					0	0
(22) Annette Pluss Member	1.00	X					0	0
(23) Michele Right Member	1.00	X					0	0
(24) Jane E. Rosenbaum Vice Chair	1.00	X	X				0	0
(25) Lary Weintraub Member	1.00	X					0	0
(26) Debra Tepper Member	1.00	X					0	0
(27) Theodore Wirecki, MD Member	1.00	X					0	0
(28) Nancy Gart Member	1.00	X					0	0
<b>1b Sub-total</b>								
c Total from continuation sheets to Part VII, Section A							<b>319,606</b>	<b>21,228</b>
d Total (add lines 1b and 1c)							<b>319,606</b>	<b>21,228</b>

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		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

## 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
Allygn IT Denver	3201 S. Tamarac Dr. #220 CO 80231 IT Support	106,070

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 VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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		
(17) Rabbi Salomon Gruenwald Member	1.00	X						0	0
(18) Martin Tobin Life Member	1.00	X						0	0
(19) Joyce Zeff Life Member	1.00	X						0	0
(20) Richard Sanders, MD Life Member	1.00	X						0	0
(21) Charlene Loup Life Member	1.00	X						0	0
(22) Evelyn Shamon Life Member	1.00	X						0	0
(23) Yana Vishnitsky Pres./CEO	37.50		X					202,964	13,248
(24) Debbie Zimmerman COO	33.00		X					116,642	7,980
(25)									
(26)									
(27)									
(28)									
<b>1b Sub-total</b>								<b>319,606</b>	<b>21,228</b>
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

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 ►

	Yes	No
3	3	
4	4	
5	5	

## 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

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 ►

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Part VIII Statement of Revenue

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		(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 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f 1h Total. Add lines 1a-1f	160,000 501,640 2,974,634 4,494,880 591,346 8,131,154			
Program Service Revenue	2a JFS at home 2b Clinical services 2c Shalom Denver 2d Senior services 2e Group Home 2f All other program service revenue 2g Total. Add lines 2a-2f	554,108 348,375 258,484 94,345 52,167 88,991 1,396,470	554,108 348,375 258,484 94,345 52,167 88,991		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross Rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory (i) Securities 189,620 b Less cost or other basis & sales exps 22,008 c Gain or (loss) 167,612 d Net gain or (loss) 167,612 8a Gross income from fundraising events (not including \$ 501,640 of contributions reported on line 1c). See Part IV, line 18 a 42,200 b Less: direct expenses 199,982 c Net income or (loss) from fundraising events -157,782 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 11a Misc b Reel Hope Advertising c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	171,060		171,060	
	Miscellaneous Revenue	Busn. Code			
	11a Misc b Reel Hope Advertising c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	541800	32,489 13,362 45,851 9,754,365	32,489 13,362 1,428,959	13,362 338,672

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## 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	81,490	81,490		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,029,899	1,029,899		
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	369,463	145,843	100,940	122,680
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	4,722,879	3,909,190	509,851	303,838
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	147,930	127,831	14,262	5,837
9 Other employee benefits	410,918	372,451	12,815	25,652
10 Payroll taxes	402,454	329,888	45,947	26,619
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	30,702	25,451	3,707	1,544
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,579		38,579	
g Other	340,577	210,222	15,278	115,077
12 Advertising and promotion	95,179	46,237	582	48,360
13 Office expenses	20,075	9,683	1,139	9,253
14 Information technology	91,328	79,426	7,770	4,132
15 Royalties				
16 Occupancy	284,805	235,266	34,936	14,603
17 Travel	91,044	86,762	3,683	599
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,438	12,415	12,166	3,857
20 Interest	2,080	2,080		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	211,962	177,456	21,803	12,703
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Cost of Sales	128,738	128,738		
b Equipment	92,624	74,882	11,401	6,341
c Supplies	84,037	69,845	9,167	5,025
d Dues and subscriptions	31,798	14,292	15,891	1,615
e Special Events	15,611	1,938	150	13,523
f All other expenses	9,349	4,062	43	5,244
25 Total functional expenses. Add lines 1 through 24f	8,761,959	7,175,347	860,110	726,502
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

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		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	248,581	1	505,782
	2 Savings and temporary cash investments	1,146,829	2	1,124,752
	3 Pledges and grants receivable, net	511,836	3	1,152,401
	4 Accounts receivable, net	788,898	4	658,824
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
	7 Notes and loans receivable, net		5	
	8 Inventories for sale or use		6	
	9 Prepaid expenses and deferred charges		7	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	5,778,187	8	
	b Less accumulated depreciation	2,102,319	9	65,461 60,222
	11 Investments—publicly traded securities	3,822,721	10c	3,675,868
	12 Investments—other securities. See Part IV, line 11	3,270,677	11	4,064,458
	13 Investments—program-related. See Part IV, line 11	367,301	12	241,928
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
Liabilities	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,222,957	15	1,385,300
	17 Accounts payable and accrued expenses	11,445,261	16	12,869,535
	18 Grants payable	1,131,231	17	988,103
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	50,662	19	4,816
	21 Escrow or custodial account liability Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities Complete Part X of Schedule D	29,721	24	31,801
	26 Total liabilities. Add lines 17 through 25	1,211,614	25	1,024,720
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,482,775	27	6,172,571
	28 Temporarily restricted net assets	2,891,667	28	3,725,621
Net Assets or Fund Balances	29 Permanently restricted net assets	1,859,205	29	1,946,623
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	10,233,647	33	11,844,815
	34 Total liabilities and net assets/fund balances	11,445,261	34	12,869,535

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**Part XI** Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	9,754,365
2 Total expenses (must equal Part IX, column (A), line 25)	2	8,761,959
3 Revenue less expenses Subtract line 2 from line 1	3	992,406
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,233,647
5 Other changes in net assets or fund balances (explain in Schedule O)	5	618,762
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,844,815

**Part XII** Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII 

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?  
 b Were the organization's financial statements audited by an independent accountant?  
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  
 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 separate basis, consolidated basis, or both.  
 Separate basis  Consolidated basis  Both consolidated and separate 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?  
 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

	Yes	No
2a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE A**  
 (Form 990 or 990-EZ)
Department of the Treasury  
Internal Revenue Service
**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**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 described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A 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?  
 (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 supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h  Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2010. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2009. 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2010 **Jewish Family Service of****84-0402701**

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	6,349,332	6,976,043	7,406,894	8,707,025	8,131,154	37,570,448
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	794,500	1,334,812	1,321,106	1,492,530	1,438,670	6,381,618
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	7,143,832	8,310,855	8,728,000	10,199,555	9,569,824	43,952,066
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,547,706	1,522,425	998,070	757,035	666,619	5,491,855
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	1,547,706	1,522,425	998,070	757,035	666,619	5,491,855
8 Public support (Subtract line 7c from line 6 )						38,460,211

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	7,143,832	8,310,855	8,728,000	10,199,555	9,569,824	43,952,066
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,037	136,956	81,385	140,849	171,060	671,287
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	141,037	136,956	81,385	140,849	171,060	671,287
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.)	35,060	32,751	34,989	12,496	32,489	147,785
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,319,929	8,480,562	8,844,374	10,352,900	9,773,373	44,771,138
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	85.90 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	81.12 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1 %
19a 33 1/3% support tests—2010. 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—2009. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Part III, Line 12 - Other Income Detail**

**Other Income** \$ 147,785

## Supplemental Information

2010 Other income includes stipends for employees to attend seminars and conferences, credit card rebates, fees for client bill paying and office space rental.

**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

**2010**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

## 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

## Schedule D (Form 990) 2010 Jewish Family Service of

84-0402701

Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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

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

	Amount
1c	
1d	
1e	
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 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	1,805,983	1,648,023	2,118,323		
b Contributions	5,250	15,650	27,160		
c Net investment earnings, gains, and losses	355,204	200,275	-463,964		
d Grants or scholarships		-3,000			
e Other expenditures for facilities and programs	-31,939	-36,622	-33,496		
f Administrative expenses	-20,104	-18,343			
g End of year balance	2,114,394	1,805,983	1,648,023		

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

a Board designated or quasi-endowment ► 20.60 %

b Permanent endowment ► 79.40 %

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
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI | 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		2,692,448	876,677	1,815,771
c Leasehold improvements		1,480,336	397,419	1,082,917
d Equipment		981,403	828,223	153,180
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,675,868

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 **Jewish Family Service of****84-0402701****Page 3****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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

**Total. (Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Total. (Column (b) must 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
(1) Assets held under deferred comp plan	530,671
(2) Beneficial int Comm 1st Found Endow	411,803
(3) Beneficial interest Rose Found Endow	334,661
(4) Other receivables	59,398
(5) Beneficial Interest Pac Life Ins	48,767
(6)	
(7)	
(8)	
(9)	
(10)	

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15 ) ►****1,385,300****Part X Other Liabilities. See Form 990, Part X, line 25.**

(a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ►**

2. FIN 48 (ASC 740) 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 (ASC 740)

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,754,365
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	8,761,959
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	992,406
4 Net unrealized gains (losses) on investments	4	593,808
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	24,954
9 Total adjustments (net). Add lines 4 through 8	9	618,762
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,611,168

**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	10,550,913
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments	2a	593,808
b Donated services and use of facilities	2b	41,337
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	199,982
e Add lines 2a through 2d	2e	835,127
3 Subtract line 2e from line 1	3	9,715,786
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	38,579
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	38,579
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,754,365

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

1 Total expenses and losses per audited financial statements	1	8,939,745
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	41,337
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	175,028
e Add lines 2a through 2d	2e	216,365
3 Subtract line 2e from line 1	3	8,723,380
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	38,579
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	38,579
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,761,959

**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, line 2, 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

**Part V, Line 4 - Intended Uses for Endowment Funds**

**General Endowment, Healing Services Endowment and Friedman Family Endowment:**

**The income from these endowments may be used for general purposes of JFS.**

**Shapiro Family Fund Endowment and Agnes Badion Endowment:**

**Income from these endowments must be used to support the SHALOM Denver programs of JFS.**

**Children of Hope Endowment: The income from this endowment is to be used**

for children's programs and services.

**Terry Ruth Bilett Education Loan Fund:** This endowment was established to assist any Jewish person to begin or continue in an educational or training program, which will lead to a specific vocational goal by offering an interest free scholarship loan.

**Group Home Endowment and BTO Group Home Endowment:** Income from these endowments is restricted for operations at the Jewish Group Home.

**Jack Bernstein Endowment, Aging Services Endowment and Corinne Rottman Endowment:** Income from these endowments is restricted for use in the Senior Services programs.

**Bertha and Raphael Levy Endowment:** Income from this fund is restricted for use in the Resettlement Services programs.

**Carol and Eric Schwartz Self-Sufficiency Endowment and the Samuel R. Freeman Self-Sufficiency Endowment:** Income from these endowments is used to help clients achieve self-sufficiency.

**Rose Foundation Endowment Fund:** The assets of this endowment are held by the Rose Foundation. The income from this endowment is to be used for program support.

**Community First Foundation Endowment Fund:** Most of the assets of this endowment are held by Community First Foundation. The income from this endowment is to be used for mental health counseling.

**Eric and Ellen Pollock Family Fund:** This fund is invested in a life insurance policy, the proceeds of which will be used to establish a permanent endowment whose earnings will be used to support JFS's annual operating budget in the area of greatest need.

**Part X - Liability Under FIN 48 Footnote**

JFS adopted the Accounting for Uncertainty in Income Taxes accounting standard which requires JFS to determine whether a tax position (and the related tax benefit) is more likely than not to be sustained upon examination by the applicable taxing authority, based solely on the technical merits of the position. The tax benefit to be recognized is measured as the largest amount of benefit that is greater than fifty percent likely of being realized upon settlement, presuming that the tax position is examined by the appropriate taxing authority that has full knowledge of all relevant information. During the year ended June 30, 2011, JFS' management evaluated its tax positions to determine the existence of uncertainties, and did not note any matters that would require recognition or which may have an effect on its tax-exempt status.

**Part XI, Line 8 - Reconciliation of Changes - Other**

Special Event Expenses	\$	199,982
Special Event Expenses	\$	-175,027
Rounding Adjustment	\$	-1

**Part XII, Line 2d - Revenue Amounts Included in Financials - Other**

Special Event Expenses	\$	199,982
------------------------	----	---------

**Part XIII, Line 2d - Expense Amounts Included in Financials - Other**

Special Event Expenses	\$	175,027
Rounding Adjustment	\$	1

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2010**Open To Public  
InspectionName 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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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 services?

 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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions?	(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
			Yes	No		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>Reel Hope</b> (event type)	(b) Event #2 <b>Executive Lunch</b> (event type)	(c) Other events <b>None</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	<b>346,595</b>	<b>197,245</b>		<b>543,840</b>
2 Less Charitable contributions	<b>331,720</b>	<b>169,920</b>		<b>501,640</b>
3 Gross income (line 1 minus line 2)	<b>14,875</b>	<b>27,325</b>		<b>42,200</b>
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	<b>9,046</b>	<b>32,550</b>		<b>41,596</b>
8 Entertainment	<b>15,000</b>	<b>31,973</b>		<b>46,973</b>
9 Other direct expenses	<b>43,855</b>	<b>67,558</b>		<b>111,413</b>
10 Direct expense summary Add lines 4 through 9 in column (d)				<b>199,982</b>
11 Net income summary Combine line 3, column (d), and line 10				<b>-157,782</b>

**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 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				<b>►</b>
8 Net gaming income summary. Combine line 1, column d, and line 7				<b>►</b>

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?  
b If "No," explain:

9a  Yes  No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain.

10a  Yes  No

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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?  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?  Yes  No

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 of the third party:

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?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV. Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury Internal Revenue Service	<b>Grants and Other Assistance to Organizations, Governments, and Individuals in the United States</b>						
<b>2010</b>							
<b>Open to Public Inspection</b>							
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.							

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?  
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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	2 (b) EIN	3 (c)IRC section if applicable	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of non-cash assistance	8 (h) Purpose of grant or assistance
(1) <b>Catholic Charities &amp; Community Svc</b> <b>4045 Pecos St.</b> <b>Denver</b> CO 80211	<b>84-0686679</b>	<b>501c3</b>	<b>62,939</b>				<b>Homeless Prevention</b>
(2) <b>Denver Urban Ministries</b> <b>1717 E. Colfax</b> <b>Denver</b> CO 80218	<b>84-0935955</b>	<b>501c3</b>	<b>12,819</b>				<b>Partner in SEP</b>
(3) <b>Dominican Sisters</b> <b>2501 Gaylord St.</b> <b>Denver</b> CO 80205	<b>84-0567786</b>	<b>501c3</b>	<b>5,732</b>				<b>Wellness clinics</b>
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

► 3  
3 ► 0

**Schedule I (Form 990) (2010) Jewish Family Service of Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.****84-0402701**

Page 2

**Part III Grants and Other Assistance to Individuals in the United States.**

Part III can be duplicated 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
<b>1 Food Assistance &amp; Sup.</b>	<b>4989</b>	<b>98,140</b>	<b>567,974</b>	<b>FMV</b>	<b>Donated food &amp; household items</b>
<b>2 Household items</b>			<b>13,235</b>	<b>FMV</b>	
<b>3 Rent, Utility, Transport.</b>	<b>701</b>	<b>350,550</b>			
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

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 responsibilities 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.

SCHEDULE J  
(Form 990)Department of the Treasury  
Internal Revenue ServiceCompensation Information  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open To Public  
InspectionName of the organization **Jewish Family Service of Colorado, Inc.** Employer identification number **84-0402701****Part I Questions Regarding Compensation**

**1a** Check the appropriate 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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**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

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**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 from the organization or a related organization?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations 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?

**b** Any related organization?

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?

**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.**

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				
1 Yana Vishnitsky	55,494	7,525	139,945	7,226	6,022	216,212	0
2	0	0	0	0	0	0	0
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**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.

**SCHEDULE L**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**Jewish Family Service of  
Colorado, Inc.****Transactions With Interested Persons**

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

OMB No 1545-0047

**2010**Open To Public  
InspectionEmployer 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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

**Total**

► \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting 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 and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

DAA

## 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 org revenues?	
				Yes	No
(1) Anna Tsesarsky	relative of CEO	20,151	2010 comp & benefits		X
(2) Alla Milstein	relative of CEO	13,237	2010 comp		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V | Supplemental Information

**Supplementary Information** Complete this part to provide additional information for responses to questions on Schedule 1. (see instructions)

**SCHEDULE M**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

**2010****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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( Jewelry )	X	3	13,235	FMV
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	

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

**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.

**Part I, Line 32b - Third Party Used to Process Noncash Contributions**

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.

**Schedule M - Supplemental Information**

Food Inventory donated was 311,323 pounds.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**Open to Public  
InspectionName of the organization **Jewish Family Service of  
Colorado, Inc.**Employer identification number  
**84-0402701**
**Form 990 - 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 2011, Jewish Family Service provided services to 9,664 clients and touched the lives of 21,417 people in the greater Denver Community.

**Form 990, Part III, Line 4c - Third Achievement**

year 2011, the Counseling Center provided 3,677 clients with direct services and affected 4,625 lives.

**Form 990, Part III, Line 4d - All Other Achievements**

Other program services provided by Jewish Family Service include the Family Safety Net which 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; 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

Name of the organization

Jewish Family Service ofEmployer identification number  
**84-0402701**

illness or profound life changes.

**Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries**

Bahamas, The

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**  
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 with 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.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

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

## Schedule O (Form 990 or 990-EZ) (2010)

Page 2

Name of the organization

Jewish Family Service of

Employer identification number

**84-0402701**

create a conflict of interest.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

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.

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

Compensation for officers & key employees 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.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

The governing documents, conflict of interest policy and financial statements are made available to the public upon request.

**SCHEDULE R**  
**(Form 990)**

OMB No 1545-0047

**2010**Department of the Treasury  
Internal Revenue ServiceName of the organization  
Jewish Family Service of  
Colorado, Inc.

► 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.

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► 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.

**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" to 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
(1) Shalom Workshop LLC 3201 S. Tamarac Dr #200 Denver CO 80231	Property	CO			N/A
(2) JFST LLC 3201 S. Tamarac Dr #200 Denver CO 80231	Property	CO			
(3)					
(4)					
(5)					

**Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?
(1)						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(2)						
(3)						
(4)						
(5)						

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 alloc?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
									Yes	No
(1)	.....									
(2)										
(3)										
(4)										

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
(1)							
(2)							
(3)							
(4)							

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

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

1 During the tax year, did the organization 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 or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								

**Part VII****Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).