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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b> 84-0402701	
<b>B</b> 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	<b>C</b> Name of organization JEWISH FAMILY SERVICE OF COLORADO INC Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 3201 S TAMARAC DR ROOM/SUITE 200 City or town, state or country, and ZIP + 4 DENVER, CO 80231		<b>E Telephone number</b> (303) 597-5000
	<b>F</b> Name and address of principal officer YANA VISHNITSKY 3201 S TAMARAC DR 200 DENVER, CO 80231	<b>G</b> Gross receipts \$ 10,391,884	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶		
<b>J Website:</b> ▶ WWW.JEWISHFAMILYSERVICE.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1923	<b>M</b> State of legal domicile CO	

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities JEWISH FAMILY SERVICE IS A HUMAN SERVICE AGENCY THAT OFFERS A BROAD RANGE OF FREE OR LOW-COST SERVICES FOR PEOPLE IN NEED INCLUDING THE ELDERLY, THE ECONOMICALLY DISADVANTAGED, REFUGEES AND IMMIGRANTS, THE DISABLED, THE MENTALLY VULNERABLE, AND THOSE FACING LIFE-ALTERING LOSSES. WITHOUT JEWISH FAMILY SERVICE, THESE INDIVIDUALS MAY NOT BE ABLE TO ACCESS OR AFFORD THESE SERVICES THAT ARE PROVIDED TO ANYONE SEEKING HELP REGARDLESS OF FAITH, RACE, CREED, SEXUAL ORIENTATION, OR ECONOMIC STATUS. IN THE FISCAL YEAR 2012, JEWISH FAMILY SERVICE PROVIDED SERVICES TO 10,252 CLIENTS AND TOUCHED THE LIVES OF 21,479 PEOPLE IN THE GREATER DENVER COMMUNITY.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	31
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	31
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	408
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	858
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	3,900
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-822
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	8,131,154	7,093,456
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,396,470	1,685,905
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	338,672	152,068
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	-111,931	-116,323
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	9,754,365	8,815,106
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	1,111,389	1,003,137
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	6,053,644	6,601,928
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		33,566
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>832,908</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	1,596,926	1,689,905
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	8,761,959	9,328,536
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	992,406	-513,430
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	12,869,535	12,206,145
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	1,024,720	1,200,964
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	11,844,815	11,005,181

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	***** Signature of officer		2013-01-28 Date		
	YANA VISHNITSKY CEO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	LORI B BAUER CPA	Date 2013-01-28	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	JDS PROFESSIONAL GROUP 10303 E DRY CREEK RD STE 400 ENGLEWOOD, CO 80112			EIN
					Phone no (303) 771-0123

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

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

JEWISH FAMILY SERVICE IS A HUMAN SERVICE AGENCY THAT OFFERS A BROAD RANGE OF FREE OR LOW-COST SERVICES FOR PEOPLE IN NEED INCLUDING THE ELDERLY, THE ECONOMICALLY DISADVANTAGED, REFUGEES AND IMMIGRANTS, THE DISABLED, THE MENTALLY VULNERABLE, AND THOSE FACING LIFE-ALTERING LOSSES WITHOUT JEWISH FAMILY SERVICE, THESE INDIVIDUALS MAY NOT BE ABLE TO ACCESS OR AFFORD THESE SERVICES THAT ARE PROVIDED TO ANYONE SEEKING HELP REGARDLESS OF FAITH, RACE, CREED, SEXUAL ORIENTATION, OR ECONOMIC STATUS IN THE FISCAL YEAR 2012, JEWISH FAMILY SERVICE PROVIDED SERVICES TO 10,252 CLIENTS AND TOUCHED THE LIVES OF 21,479 PEOPLE IN THE GREATER DENVER COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 2,415,986 including grants of \$ ) (Revenue \$ 361,264 )
	DISABILITY AND EMPLOYMENT SERVICES PROVIDES EMPLOYMENT SUPPORT AND JOB PREPARATION SERVICES TO UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS SHALOM HAS BEEN SERVING PEOPLE WITH DEVELOPMENTAL DISABILITIES SINCE 1977 AND TANF (TEMPORARY ASSISTANCE TO NEEDY FAMILIES) RECIPIENTS SINCE 1997 SERVICES OFFERED INCLUDE WORK EXPERIENCE, ASSESSMENT, CASE MANAGEMENT, COMMUNITY BASED TRAINING AND JOB PLACEMENT AT THE JFS GROUP HOME, CARING SUPERVISION IS PROVIDED FOR EIGHT DEVELOPMENTALLY DISABLED ADULTS THE JEWISH DISABILITIES NETWORK COORDINATES COMMUNITY RESOURCES TO PROMOTE PARTICIPATION OF JEWISH PEOPLE LIVING WITH PHYSICAL, DEVELOPMENTAL, AND EMOTIONAL DISABILITIES IN THE FULL SPECTRUM OF LIFE IN FISCAL YEAR 2012 695 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 1,738 LIVES WERE AFFECTED

4b	(Code ) (Expenses \$ 1,925,765 including grants of \$ ) (Revenue \$ 844,166 )
	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 CASE MANAGEMENT, HOMEMAKERS, MEALS ON WHEELS, NURSING HOME OUTREACH, AND INFORMATION AND REFERRAL JFS'S GERIATRIC COUNSELING PROGRAM WORKS WITH CLIENTS ON ISSUES RELATED TO AGING AND CHRONIC ILLNESS SUCH AS DEPRESSION, GRIEF & LOSS, LONELINESS AND ISOLATION, AND FAMILY RELATIONSHIP PROBLEMS JFS AT HOME SERVICES ARE DESIGNED FOR PEOPLE SEEKING A COMPLETELY CUSTOMIZED CARE PROGRAM, PROVIDED BY QUALIFIED, BONDED AND INSURED STAFF MEMBERS, AND AVAILABLE 7 DAYS A WEEK, 24HOURS A DAY JFS AT THE JCC COLORADO SENIOR CONNECTIONS PROVIDES SOCIAL, RECREATIONAL, EDUCATIONAL AND HEALTH PROGRAMMING AS WELL AS LUNCH TO OLDER ADULTS IN FISCAL YEAR 2012, SENIOR SOLUTIONS PROVIDED 1,710 CLIENTS WITH DIRECT SERVICES AND AFFECTED 4,222 LIVES

4c	(Code ) (Expenses \$ 1,579,023 including grants of \$ ) (Revenue \$ 469,417 )
	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 YEAR 2012, THE COUNSELING CENTER PROVIDED 3,678 CLIENTS WITH DIRECT SERVICES AND AFFECTED 5,018 LIVES

	(Code ) (Expenses \$ 1,640,952 including grants of \$ 1,003,137 ) (Revenue \$ 11,058 )
	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 CASE MANAGEMENT, ADVOCACY, INFORMATION AND REFERRAL, AND LEGAL AND CITIZENSHIP SERVICES, AND CHAPLAINCY AND SPIRITUAL HEALING WHICH SERVES THE SPIRITUAL, EMOTIONAL AND RELIGIOUS NEEDS OF JEWS AND THEIR FAMILIES AND THOSE DEALING WITH DEATH, GRIEF, CHRONIC ILLNESS OR PROFOUND LIFE CHANGES

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 1,640,952 including grants of \$ 1,003,137 ) (Revenue \$ 11,058 )
4e	Total program service expenses \$ 7,561,726

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	<b>Section 501(c)(3) organizations.</b> 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.		No
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.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
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.	Yes	
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.		No
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.		No
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.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
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.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
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.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.	Yes	
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.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	48
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	408
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>	Yes
<b>b</b>	If "Yes," enter the name of the foreign country: <b>CJ</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<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?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CO
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	THE ORGANIZATION 3201 S TAMARAC DR 200 DENVER, CO 80231 (303) 597-5000

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

**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 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 or former officer, director, or trustee

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	333,160		22,028

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 2

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

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization ►

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	60,000			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	543,997			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	3,030,223			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,459,236			
	g	Noncash contributions included in lines 1a-1f \$ 527,679					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	JFS AT HOME		765,124	765,124		
	b	CLINICAL SERVICES		469,417	469,417		
	c	SHALOM DENVER		302,551	302,551		
	d	SENIOR SERVICES		79,042	79,042		
	e	GROUP HOME SERVICES		58,713	58,713		
	f	All other program service revenue		11,058	11,058		
	g	Total. Add lines 2a-2f . . . . .			1,685,905		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		99,221			99,221
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .		52,847			52,847
	8a	Gross income from fundraising events (not including \$ 543,997 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a	69,825				
		b	248,621				
	c	Net income or (loss) from fundraising events . .		-178,796			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
a							
b							
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . . . . .						
	a						
	b						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	MISC		58,573	58,573			
b	REEL HOPE ADVERTISING		541800	3,900		3,900	
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			62,473			
12	Total revenue. See Instructions . . . . .			8,815,106	1,744,478	3,900	152,068

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)

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

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 United States See Part IV, line 21	14,112	14,112		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	989,025	989,025		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	383,934	141,851	113,353	128,730
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	5,102,818	4,233,574	536,523	332,721
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	164,445	138,489	16,500	9,456
9	Other employee benefits . . . . .	492,337	402,526	54,997	34,814
10	Payroll taxes . . . . .	458,394	371,537	52,642	34,215
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	29,651	25,202	2,912	1,537
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .	33,566			33,566
f	Investment management fees . . . . .	32,103		32,103	
g	Other . . . . .	352,734	245,319	14,699	92,716
12	Advertising and promotion . . . . .	55,791	39,109		16,682
13	Office expenses . . . . .	274,020	167,851	24,847	81,322
14	Information technology . . . . .	88,253	73,416	7,273	7,564
15	Royalties . . . . .				
16	Occupancy . . . . .	293,926	256,838	24,840	12,248
17	Travel . . . . .	105,362	99,867	3,767	1,728
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	24,486	11,765	10,435	2,286
20	Interest . . . . .	2,226	2,226		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	209,841	178,634	21,072	10,135
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	146,169	146,169		
b	DUES AND SUBSCRIPTIONS	30,343	12,985	16,269	1,089
c	SPECIAL EVENTS	23,606	8,886	1,000	13,720
d	PROVISION FOR BAD DEBTS	18,857	728		18,129
e					
f	All other expenses	2,537	1,617	670	250
25	Total functional expenses. Add lines 1 through 24f	9,328,536	7,561,726	933,902	832,908
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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			505,782	1	875,882
	2	Savings and temporary cash investments . . . . .			1,124,752	2	304,134
	3	Pledges and grants receivable, net . . . . .			1,152,401	3	1,070,102
	4	Accounts receivable, net . . . . .			658,824	4	739,293
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			60,222	9	50,570
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	5,902,636			
	b	Less: accumulated depreciation . . . . .	10b	2,312,159	3,675,868	10c	3,590,477
	11	Investments—publicly traded securities . . . . .			4,064,458	11	3,991,495
	12	Investments—other securities. See Part IV, line 11 . . . . .			241,928	12	156,833
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			1,385,300	15	1,427,359
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			12,869,535	16	12,206,145	
Liabilities	17	Accounts payable and accrued expenses . . . . .			988,103	17	1,166,937
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			4,816	19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			31,801	24	34,027
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			1,024,720	26	1,200,964
Net Assets or Fund Balances	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 . . . . .			6,172,571	27	5,912,106
	28	Temporarily restricted net assets . . . . .			3,725,621	28	3,175,512
	29	Permanently restricted net assets . . . . .			1,946,623	29	1,917,563
	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 . . . . .			11,844,815	33	11,005,181
34	Total liabilities and net assets/fund balances . . . . .			12,869,535	34	12,206,145	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,815,106
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,328,536
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-513,430
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	11,844,815
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-326,204
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	11,005,181

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?	Yes	
<b>b</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	

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
JEWISH FAMILY SERVICE OF  
COLORADO INC

Employer identification number  
84-0402701

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(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	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions )					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization 		
b	<b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization 		
17a	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
b	<b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,976,043	7,406,894	8,707,025	8,131,154	7,093,456	38,314,572
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	1,334,812	1,321,106	1,492,530	1,438,670	1,755,730	7,342,848
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	8,310,855	8,728,000	10,199,555	9,569,824	8,849,186	45,657,420
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,522,425	998,070	757,035	666,619	140,000	4,084,149
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	1,522,425	998,070	757,035	666,619	140,000	4,084,149
8 Public Support (Subtract line 7c from line 6 )						41,573,271

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	8,310,855	8,728,000	10,199,555	9,569,824	8,849,186	45,657,420
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	136,956	81,385	140,849	171,060	99,221	629,471
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	136,956	81,385	140,849	171,060	99,221	629,471
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.)	32,751	34,989	12,496	32,489	58,573	171,298
13 Total support (Add lines 9, 10c, 11 and 12.)	8,480,562	8,844,374	10,352,900	9,773,373	9,006,980	46,458,189
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	89.490 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	85.900 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	1.000 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.000 %
19a 33 1/3% support tests—2011. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2010. 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	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	



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

Facts And Circumstances Test

Explanation
OTHER INCOME INCLUDES STIPENDS FOR EMPLOYEES TO ATTEND SEMINARS AND CONFERENCES, REBATES, VARIOUS FEES, OFFICE SPACE RENTAL, AND PROCEEDS FROM SETTLEMENTS

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
Attach to Form 990. See separate instructions.

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 checked="" type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<input type="checkbox"/> Yes <input checked="" 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☒ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☒ No

9

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

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☒ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	17,054
1d	1,328
1e	
1f	18,382

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	2,114,394	1,805,983	1,648,023	2,118,323	
b Contributions . . . . .	25,525	5,250	15,650	27,160	
c Investment earnings or losses . . . . .	-72,698	355,204	200,275	-463,964	
d Grants or scholarships . . . . .			-3,000		
e Other expenditures for facilities and programs . . . . .	-83,117	-31,939	-36,622	-33,496	
f Administrative expenses . . . . .		-20,104	-18,343		
g End of year balance . . . . .	1,984,104	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 ▶ 20 000 %

b

Permanent endowment ▶ 73 700 %

c

Term endowment ▶ 6 300 %

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)	Yes	
3a(ii)		No

b

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

3b		No
----	--	----

4

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

Part VI

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

Description of property	(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	967,057	1,725,391
c Leasehold improvements . . . . .		1,570,351	477,580	1,092,771
d Equipment . . . . .		1,015,837	867,522	148,315
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				3,590,477



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,815,106
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,328,536
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-513,430
4	Net unrealized gains (losses) on investments	4	-283,104
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-43,100
9	Total adjustments (net) Add lines 4 - 8	9	-326,204
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-839,634

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	8,732,578
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-283,104
b	Donated services and use of facilities . . . . .	2b	69,008
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	163,671
e	Add lines 2a through 2d . . . . .	2e	-50,425
3	Subtract line 2e from line 1 . . . . .	3	8,783,003
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	32,103
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	32,103
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	8,815,106

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	9,572,212
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	69,008
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	206,771
e	Add lines 2a through 2d . . . . .	2e	275,779
3	Subtract line 2e from line 1 . . . . .	3	9,296,433
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	32,103
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	32,103
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	9,328,536

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS	SCHEDULE D, PAGE 2, PART IV, LINE 1B	THEODORE JAY STONE TRUST THE FUNDS IN THE STONE TRUST ARE HELD AT WELLS FARGO ADVISORS, LLC THE TRUST WAS ESTABLISHED 11/13/88 AND STATES THAT THE FUND BE USED TO PAY FOR THE COST FOR A COMPANION AND MEALS AND OTHER EXPENSES OF A SPECIFIC CLIENT JFS CONTINUES TO MAKE MONTHLY PAYMENTS FOR CARE OF THE CLIENT
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	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 TRAING PROGRAM, WHICH WILL LEAD TO A SPECIFIC VOCATIONAL GOAL BY OFFERING AN INTEREST FREE SCHOLARSHIP LOAN 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 SAFETY NET PROGRAM SUPPORT COMMUNITY FIRST FOUNDATION ENDOWMENT FUND 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 GROUP HOME ENDOWMENT AND BTO GROUP HOME ENDOWMENT INCOME FROM THESE ENDOWMENTS IS RESTRICTED FOR OPERATIONS AT THE JEWISH GROUP HOME JACK BERNSTONE ENDOWMENT, AGING SERVICES ENDOWMENT AND CORINNE ROTTMAN ENDOWMENT INCOME FROM THESE ENDOWMENTS IS RESTRICTED FOR USE IN THE SENIOR SERVICES PROGRAMS
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	JFS FOLLOWS 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, 2012, JFS'S 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
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENT EXPENSES 163,671 SPECIAL EVENT EXPENSES -206,770 ROUNDING ADJUSTMENT -1
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 163,671
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SPECIAL EVENT EXPENSES 206,770 ROUNDING ADJUSTMENT 1

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
JEWISH FAMILY SERVICE OF  
COLORADO INC

Employer identification number  
  
84-0402701

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

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. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser 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			
APOGEE RETAIL LLC 3080 CENTERVILLE RD  LITTLE CANADA, MN 55117	DONATIONS	Yes		98,260	31,889	66,371
Total . . . . . ▶				98,260	31,889	66,371

3

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

CO

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		REEL HOPE (event type)	EXECUTIVE LUNCH (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	377,094	236,728	613,822
	2	Less Charitable contributions . . . .	352,230	191,767	543,997
	3	Gross income (line 1 minus line 2) . . . .	24,864	44,961	69,825
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	12,352		12,352
	7	Food and beverages . . . .	22,818	21,610	44,428
	8	Entertainment . . . .		40,325	40,325
	9	Other direct expenses . . . .	62,421	89,095	151,516
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			( 248,621 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			-178,796

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 . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash 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) . . . . . ▶			( )
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

Identifier	ReturnReference	Explanation
CUSTODY OR CONTROL ARRANGEMENT	SCHEDULE G PAGE 1 PART I LINE 2B COLUMN III	APOGEE RETAIL LLC THE FUNDRAISER HAS CUSTODY OR CONTROL OF THE CONTRIBUTIONS
FUNDRAISING VS REIMBURSEMENT EXPLANATION	SCHEDULE G PAGE 1 PART I LINE 2B COLUMN V	APOGEE RETAIL LLC EXPENSES



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
JEWISH FAMILY SERVICE OF  
COLORADO INC

Employer identification number  
84-0402701

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DENVER URBAN MINISTRIES1717 E COLFAX DENVER, CO 80218	84-0935955	501	14,112				HOMELESS PREVENTION

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

1

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III**

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) RENT, UTILITY, TRANSPORT	761	395,539			
(2) HOUSEHOLD ITEMS			12,550	FMV	HOUSEHOLD ITEMS
(3) FOOD ASSISTANCE & SUP	4176	74,065	506,871	FMV	DONATED FOOD &

**Part IV**

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	ORGANIZATIONS RECEIVING GRANTS FROM JEWISH FAMILY SERVICE ARE REIMBURSED ON A COST-INCURRED BASIS A CONTRACT SIGNED BY THE GRANTEE AND JEWISH FAMILY SERVICE SPECIFIES THE 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)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number  
84-0402701

Part I

Questions Regarding Compensation

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

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
JEWISH FAMILY SERVICE OF  
COLORADO INC

Employer identification number  
  
84-0402701

Part I

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

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

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

2

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

\$

3

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

\$

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(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
Total . . . . .										

Part III

Grants or Assistance Benefitting Interested Persons.

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

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

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANNA TSESARSKY	RELATIVE OF CEO	22,028	2011 COMP & BENEFITS		No
(2) ALLA MILSTEIN	RELATIVE OF CEO	13,292	2011 COMP & BENEFITS		No

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		14,600	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	2	2,508	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	283,702	506,871	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( COPIER ) . . . . .	X	1	3,700	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

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



Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, PAGE 1, PART I, LINE 32B	JEWISH FAMILY SERVICE HAS A CONTRACT WITH A COMPANY THAT RECEIVES AND SELLS CLOTHING DONATIONS AND HOUSEHOLD ITEMS JEWISH FAMILY SERVICE IS COMPENSATED BASED ON CUBIC FEET OF ITEMS DONATED, COMPENSATION IS ESTIMATED TO BE APPROXIMATELY 69% OF GROSS REVENUE FROM THE COLLECTIONS JEWISH FAMILY SERVICE HAS A CONTRACT WITH AN AUTOMOBILE BROKER THAT RECEIVES AND SELLS DONATED CARS AND PAYS THE COMPANY BASED ON THE PROCEEDS FROM SELLING THE CARS
SUPPLEMENTAL INFORMATION	SCHEDULE M, PAGE 2, PART II	FOOD INVENTORY DONATED WAS 283,702 POUNDS

**2011**

**Open to Public  
Inspection**

**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 to provide any additional information.**  
**► Attach to Form 990 or 990-EZ.**

Name of the organization  
JEWISH FAMILY SERVICE OF  
COLORADO INC

**Employer identification number**

84-0402701

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	JEWISH FAMILY SERVICE IS A HUMAN SERVICE AGENCY THAT OFFERS A BROAD RANGE OF FREE OR LOW-COST SERVICES FOR PEOPLE IN NEED INCLUDING THE ELDERLY , THE ECONOMICALLY DISADVANTAGED, REFUGEES AND IMMIGRANTS, THE DISABLED, THE MENTALLY VULNERABLE, AND THOSE FACING LIFE-ALTERING LOSSES WITHOUT JEWISH FAMILY SERVICE, THESE INDIVIDUALS MAY NOT BE ABLE TO ACCESS OR AFFORD THESE SERVICES THAT ARE PROVIDED TO ANY ONE SEEKING HELP REGARDLESS OF FAITH, RACE, CREED, SEXUAL ORIENTATION, OR ECONOMIC STATUS IN THE FISCAL YEAR 2012, JEWISH FAMILY SERVICE PROVIDED SERVICES TO 10,252 CLIENTS AND TOUCHED THE LIVES OF 21,479 PEOPLE IN THE GREATER DENVER COMMUNITY

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	AFFECTED

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	AND HEALTH PROGRAMMING AS WELL AS LUNCH TO OLDER ADULTS IN FISCAL YEAR 2012, SENIOR SOLUTIONS PROVIDED 1,710 CLIENTS WITH DIRECT SERVICES AND AFFECTED 4,222 LIVES

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	Y EAR 2012, THE COUNSELING CENTER PROVIDED 3,678 CLIENTS WITH DIRECT SERVICES AND AFFECTED 5,018 LIVES

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	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 CASE MANAGEMENT, ADVOCACY , INFORMATION AND REFERRAL, AND LEGAL AND CITIZENSHIP SERVICES, AND CHAPLAINCY AND SPIRITUAL HEALING WHICH SERVES THE SPIRITUAL, EMOTIONAL AND RELIGIOUS NEEDS OF JEWS AND THEIR FAMILIES AND THOSE DEALING WITH DEATH, GRIEF, CHRONIC ILLNESS OR PROFOUND LIFE CHANGES

Identifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	CAYMAN ISLANDS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE CONTROLLER AND DIRECTOR OF FINANCE REVIEW THE ENTIRE FORM 990 THE HUMAN RESOURCES DIRECTOR REVIEWS APPROPRIATE SECTIONS OF THE FORM 990, AND THEN IT IS REVIEWED BY THE CEO AND COO ONCE THE PREPARERS AND INTERNAL MANAGEMENT ARE SATISFIED THE THE FORM 990, IT IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE ALL MEMBERS OF THE BOARD OF DIRECTORS ARE THEN EMAILED A LINK TO A PASSWORD-PROTECTED WEB SITE WHERE THEY MAY REVIEW THE FORM 990 AFTER THE BOARD HAS HAD THE OPPORTUNITY TO REVIEW 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



Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	UNDER THE EMPLOYEE CONFLICT OF INTEREST POLICY , ALL EMPLOYEES ARE PROHIBITED FROM ENGAGING IN ACTIVITIES WHICH CONFLICT WITH OR APPEAR TO CONFLICT WITH THE INTERESTS OF THE AGENCY , PERSONS SERVED, FUNDING SOURCES, AND/OR BUSINESSES, ORGANIZATIONS, OR OTHERS WITH WHOM THE AGENCY CONDUCTS ITS OPERATIONS ALL BOARD MEMBERS AND EXECUTIVE TEAM MEMBERS ARE REQUIRED TO ANNUALLY ACKNOWLEDGE RECEIPT OF THE CONFLICT OF INTEREST POLICY AND TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ALL EMPLOYEES RECEIVE TRAINING ON THE AGENCY'S CONFLICT OF INTEREST POLICY THE FRAUD, WASTE AND ABUSE POLICY PROVIDES THE MEANS TO REPORT ANY ACTIVITY THAT MAY CREATE A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF JFS INCLUDED IN THEIR DETERMINATION IS A REVIEW OF PRIOR YEAR'S PERFORMANCE ACCOMPLISHMENTS AND COMPETITIVE DATA GOALS FOR THE UPCOMING YEAR ARE SET AT THAT TIME

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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
JEWISH FAMILY SERVICE OF  
COLORADO INC

Employer identification number  
  
84-0402701

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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			N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

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

Part IV

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

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

Part V

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

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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

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

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

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:  
Software Version:  
EIN: 84-0402701  
Name: JEWISH FAMILY SERVICE OF  
COLORADO INC

Form 990, Special Condition Description:

Special Condition Description
-------------------------------

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

4d. Other program services
(Code ) (Expenses \$ 1,640,952 including grants of \$ 1,003,137 ) (Revenue \$ 11,058 ) 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 CASE MANAGEMENT, ADVOCACY, INFORMATION AND REFERRAL, AND LEGAL AND CITIZENSHIP SERVICES, AND CHAPLAINCY AND SPIRITUAL HEALING WHICH SERVES THE SPIRITUAL, EMOTIONAL AND RELIGIOUS NEEDS OF JEWS AND THEIR FAMILIES AND THOSE DEALING WITH DEATH, GRIEF, CHRONIC ILLNESS OR PROFOUND LIFE CHANGES

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE KRIS IMMED PAST	1 00	X		X				0	0	0
WILL GOLD MEMBER	1 00	X						0	0	0
SHELLEY KROVITZ MEMBER	1 00	X						0	0	0
ALAN MAYER CHAIR	1 00	X		X				0	0	0
BARRY SILVESTAIN SECRETARY	1 00	X		X				0	0	0
PERRY MOSS TREASURER	1 00	X		X				0	0	0
ERIC POLLOCK CHAIR ELECT	1 00	X		X				0	0	0
MARC COHEN MEMBER	1 00	X						0	0	0
DAVID FRIEDMAN MEMBER	1 00	X						0	0	0
DOUG ANTONOFF AT LARGE MEM	1 00	X						0	0	0
RANDY DAVIS MEMBER	1 00	X						0	0	0
SHERYL FEILER MEMBER	1 00	X						0	0	0
ADAM AGRON MEMBER	1 00	X						0	0	0
ELAINE GAMPSEL MEMBER	1 00	X						0	0	0
SHERRI GOLDSTEIN MEMBER	1 00	X						0	0	0
SHERYL GOODMAN AT LARGE MEM	1 00	X						0	0	0
LESLIE GINSBURG MEMBER	1 00	X						0	0	0
CARY CHAPMAN VICE CHAIR	1 00	X		X				0	0	0
ROCKY MILLER VICE CHAIR	1 00	X		X				0	0	0
DEBBIE ALEINIKOFF MEMBER	1 00	X						0	0	0
BLANCA LERMAN MEMBER	1 00	X						0	0	0
ROBERT NAIMAN MEMBER	1 00	X						0	0	0
MICHELE RIGHT MEMBER	1 00	X						0	0	0
JANE E ROSENBAUM MEMBER	1 00	X						0	0	0
LARY WEINTRAUB MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KERRY SHELANSKI MEMBER	1 00	X						0	0	0
NANCY GART AT LARGE MEM	1 00	X						0	0	0
RABBI SALOMON GRUENWALD MEMBER	1 00	X						0	0	0
MARTIN TOBIN HONORARY LIF	1 00	X						0	0	0
JOYCE ZEFF LIFE MEMBER	1 00	X						0	0	0
RICHARD SANDERS MD HONORARY LIF	1 00	X						0	0	0
CHARLENE LOUP HONORARY LIF	1 00	X						0	0	0
EVELYN SHAMON HONORARY LIF	1 00	X						0	0	0
JOSEPH BERENBAUM HONORARY LIF	1 00	X						0	0	0
LINDA APPEL LIPSIOUS MEMBER	1 00	X						0	0	0
DAVID ASARCH MEMBER	1 00	X						0	0	0
CARLA BARTELL MEMBER	1 00	X						0	0	0
YANA VISHNITSKY PRES /CEO	37 50			X				215,807	0	11,078
DEBRA ZIMMERMAN COO	34 25			X				117,353	0	10,950