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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities JEWISH FAMILY SERVICE IS A HUMAN SERVICE AGENCY THAT OFFERS A BROAD RANGE OF FREE OR LOW-COST SERVICES FOR PEOPLE IN NEED INCLUDING THE ELDERLY, THE ECONOMICALLY DISADVANTAGED, REFUGEES AND IMMIGRANTS, THE DISABLED, THE MENTALLY VULNERABLE, AND THOSE FACING LIFE-ALTERING LOSSES WITHOUT JEWISH FAMILY SERVICE, THESE INDIVIDUALS MAY NOT BE ABLE TO ACCESS OR AFFORD THESE SERVICES THAT ARE PROVIDED TO ANYONE SEEKING HELP REGARDLESS OF FAITH, RACE, CREED, SEXUAL ORIENTATION, OR ECONOMIC STATUS. IN THE FISCAL YEAR 2012, JEWISH FAMILY SERVICE PROVIDED SERVICES TO 10,252 CLIENTS AND TOUCHED THE LIVES OF 21,479 PEOPLE IN THE GREATER DENVER COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	408
	6 Total number of volunteers (estimate if necessary)	6	858
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,900
b Net unrelated business taxable income from Form 990-T, line 34	7b	-822	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,131,154	7,093,456
	9 Program service revenue (Part VIII, line 2g)	1,396,470	1,685,905
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	338,672	152,068
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-111,931	-116,323
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,754,365	8,815,106
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,111,389	1,003,137
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,053,644	6,601,928
	16a Professional fundraising fees (Part IX, column (A), line 11e)		33,566
	b Total fundraising expenses (Part IX, column (D), line 25)		832,908
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,596,926	1,689,905
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,761,959	9,328,536	
19 Revenue less expenses Subtract line 18 from line 12	992,406	-513,430	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	12,869,535	12,206,145
	21 Total liabilities (Part X, line 26)	1,024,720	1,200,964
	22 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 *****	Date 2013-01-28		
	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 AccomplishmentsCheck 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, 24 HOURS 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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		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? <i>If "Yes," complete Schedule F, Part I.</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? <i>If "Yes," complete Schedule F, Part II and IV.</i>		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? <i>If "Yes," complete Schedule F, Part III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	35b		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Rows include questions 1a-14a regarding Form 1096, W-2G, Form W-3, federal employment tax returns, unrelated business gross income, prohibited tax shelter transactions, deductible contributions, and charitable trusts.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (31); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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); 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

Table with 3 columns: Question, Yes, No. Rows include: 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: Own website, Another's website, 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.

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							333,160		22,028	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>	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>		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 ▶	7,093,456				
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			
		a	Gross rents				
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	(i) Securities		(ii) Other			
		a	Gross amount from sales of assets other than inventory	1,381,004			
		b	Less cost or other basis and sales expenses	1,328,157			
		c	Gain or (loss)	52,847			
	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		Less direct expenses 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	Less direct expenses b					
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances						
	a						
	b	Less cost of goods sold b					
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a	MISC	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	5,902,636		
	b Less accumulated depreciation	2,312,159	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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 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 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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
- 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
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. 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)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), 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?
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)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

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

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

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

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

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

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

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

	Amount
1c Beginning balance	17,054
1d Additions during the year	1,328
1e Distributions during the year	
1f Ending balance	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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	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 XII Reconciliation 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 XIII Reconciliation 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 XIV Supplemental Information

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

Identifier	Return Reference	Explanation
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 TRAINING PROGRAM, WHICH WILL LEAD TO A SPECIFIC 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)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2011

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Inspection**

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.

Department of the Treasury
Internal Revenue Service

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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				
Direct Expenses	2 Cash prizes				
	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)

OMB No 1545-0047

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

2011

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

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Department of the Treasury Internal Revenue Service

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...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) DENVER URBAN MINISTRIES, 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
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

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

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

Note. The sum of columns (B)(i)-(iii) 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) YANA VISHNITSKY	(i) (ii)	59,136		156,671	7,108	3,970	226,885	

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

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

Department of the Treasury Internal Revenue Service

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

Table with 3 main columns: (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

Table with 7 main columns: (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?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
JEWISH FAMILY SERVICE OF
COLORADO INC

Employer identification number

84-0402701

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

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

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)			

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

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 GAMPPEL 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 LIPSUS 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