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Form 990

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pendingC Name of organization
JEWISH FAMILY SERVICE OF COLORADO INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
3201 S TAMARAC DR
ROOM/SUITE 200City or town, state or country, and ZIP + 4
DENVER, CO 80231

D Employer identification number

84-0402701

E Telephone number

(303) 597-5000

G Gross receipts \$ 12,091,662

F Name and address of principal officer
YANA VISHNITSKY
3201 STAMARAC DR 200
DENVER, CO 80231H(a) Is this a group return for affiliates?
 Yes NoH(b) Are all affiliates included?
 Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► WWW.JEWISHFAMILYSERVICE.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1923

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities

JEWISH FAMILY SERVICE IS A HUMAN SERVICE AGENCY THAT OFFERS A BROAD RANGE OF FREE OR LOW-COST SERVICES FOR PEOPLE IN NEED INCLUDING THE ELDERLY, THE ECONOMICALLY DISADVANTAGED, REFUGEES AND IMMIGRANTS, THE DISABLED, THE MENTALLY VULNERABLE, AND THOSE FACING LIFE-ALTERING LOSSES WITHOUT JEWISH FAMILY SERVICE, THESE INDIVIDUALS MAY NOT BE ABLE TO ACCESS OR AFFORD THESE SERVICES THAT ARE PROVIDED TO ANYONE SEEKING HELP REGARDLESS OF FAITH, RACE, CREED, SEXUAL ORIENTATION, OR ECONOMIC STATUS IN THE FISCAL YEAR 2013, JEWISH FAMILY SERVICE PROVIDED SERVICES TO 10,230 CLIENTS AND TOUCHED THE LIVES OF 23,031 PEOPLE IN THE GREATER DENVER COMMUNITY

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	32
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	423
6 Total number of volunteers (estimate if necessary)	6	836
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,088
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,093,456	9,254,018
9 Program service revenue (Part VIII, line 2g)	1,685,905	1,733,123
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	152,068	170,426
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-116,323	-180,154
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,815,106	10,977,413

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,003,137	1,061,936
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)	6,601,928	6,751,668
16a Professional fundraising fees (Part IX, column (A), line 11e)	33,566	25,470
b Total fundraising expenses (Part IX, column (D), line 25)	910,913	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,689,905	1,866,451
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,328,536	9,705,525
19 Revenue less expenses Subtract line 18 from line 12	-513,430	1,271,888

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,206,145	13,497,935
21 Total liabilities (Part X, line 26)	1,200,964	816,149
22 Net assets or fund balances Subtract line 21 from line 20	11,005,181	12,681,786

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	*****	2014-01-28
	Signature of officer	Date
	YANA VISHNITSKY CEO	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LORI B BAUER CPA	Preparer's signature	Date 2014-01-28	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► JDS PROFESSIONAL GROUP	Firm's EIN ►			
	Firm's address ► 10303 E DRY CREEK RD STE 400 ENGLEWOOD, CO 80112	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 2013, JEWISH FAMILY SERVICE PROVIDED SERVICES TO 10,230 CLIENTS AND TOUCHED THE LIVES OF 23,031 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 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 \$	2,498,685	including grants of \$	63,029	) (Revenue \$	406,863
DISABILITY & EMPLOYMENT SERVICES SHALOM DENVER PROVIDES EMPLOYMENT SUPPORT AND JOB PREPARATION SERVICES TO UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS SHALOM HAS BEEN SERVING PEOPLE WITH DEVELOPMENTAL DISABILITIES SINCE 1977 AND RECIPIENTS OF TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) SINCE 1997 SERVICES OFFERED INCLUDE PRE-VOCATIONAL EXPERIENCE, ASSESSMENT, CASE MANAGEMENT, COMMUNITY-BASED TRAINING AND JOB PLACEMENT AT THE JFS GROUP HOME, CARING SUPERVISION IS PROVIDED FOR UP TO EIGHT DEVELOPMENTALLY DISABLED ADULTS SINCE 1983, THE HOME HAS PROVIDED A WARM AND COMFORTABLE SETTING FOR THE RESIDENTS, RANGING IN AGE FROM 31 TO 68, WHERE THEY ENJOY ACTIVE LIVES AND PARTICIPATE IN A VARIETY OF SOCIAL, RECREATIONAL AND CULTURAL ACTIVITIES 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 THIS PROGRAM IDENTIFIES AND COORDINATES SERVICES AVAILABLE THROUGH EXISTING COMMUNITY PROGRAMS FOR PEOPLE LIVING WITH DISABILITIES, ENHANCES THE JEWISH COMMUNITY'S UNDERSTANDING OF DISABILITIES, ENHANCES SOCIAL INTERACTION THROUGH ACTIVITIES, AND PROVIDES DIRECT CASE MANAGEMENT IN FISCAL YEAR 2013, 717 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 1,793 LIVES WERE AFFECTED							

4b	(Code	) (Expenses \$	2,086,758	including grants of \$	61,377	) (Revenue \$	836,508
SENIOR SOLUTIONS JFS'S SENIOR SOLUTIONS DEPARTMENT ASSISTS INDIVIDUALS TO LIVE AS INDEPENDENTLY AS POSSIBLE, FOR AS LONG AS POSSIBLE WITHOUT COMPROMISING THEIR SAFETY OR HEALTH SERVICES INCLUDE CASE MANAGEMENT, HOUSEKEEPING, KOSHER MEALS ON WHEELS, AND INFORMATION AND REFERRAL JFS'S GERIATRIC COUNSELING PROGRAM WORKS WITH CLIENTS ON ISSUES RELATED TO AGING AND CHRONIC ILLNESS SUCH AS DEPRESSION, GRIEF AND LOSS, LONELINESS AND ISOLATION, AND FAMILY RELATIONSHIP PROBLEMS JFS PROVIDES HOME-BASED SUPPORT SERVICES AND HOMEMAKER ASSISTANCE TO INDIVIDUALS LIVING WITH HIV/AIDS FOR OLDER JEWISH INDIVIDUALS UNABLE TO REMAIN AT HOME, SENIOR SOLUTIONS' NURSING HOME OUTREACH PROGRAM ASSISTS CLIENTS AND FAMILIES IN SELECTING AN APPROPRIATE RESIDENTIAL FACILITY, OFFERS IN-SERVICE PROGRAMS FOR NURSING HOME RESIDENTS AND STAFF BASED ON JEWISH TRADITIONS, VALUES, AND HOLIDAYS, STRENGTHENS THE CONNECTION BETWEEN THE RESIDENTS AND THE JEWISH COMMUNITY BY ARRANGING RELIGIOUS SERVICES AND JEWISH HOLIDAY CELEBRATIONS, AND HELPS FAMILIES COPE WITH THE EMOTIONAL PAIN OF HAVING A RELATIVE IN A LONG-TERM CARE FACILITY JFS OPERATES COLORADO SENIOR CONNECTIONS, A NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC), IN THE CITY OF EDGEWATER AND THE SURROUNDING NEIGHBORHOODS JFS FACILITATES COLLABORATIONS, VOLUNTEER RECRUITMENT, TRAINING, AND MANAGEMENT SERVICES TO THE EDGEWATER COMMUNITY PARTICIPANTS TAKE AN ACTIVE ROLE IN THE PLANNING AND IMPLEMENTATION OF THE PROGRAM, THEREBY EMPOWERING SENIORS TO BE RESPONSIBLE FOR THEIR OWN LIVES AS WELL AS FOR THEIR COMMUNITY AT LARGE JFS AT HOME OFFERS COMPASSIONATE SUPPORT AND COMPREHENSIVE HOME CARE SERVICES TO HELP SENIORS AND INDIVIDUALS LIVING WITH CHRONIC OR TEMPORARY MEDICAL CONDITIONS TO LIVE SAFELY AND INDEPENDENTLY IN THEIR OWN HOMES JFS AT HOME SERVICES ARE DESIGNED FOR PEOPLE SEEKING A COMPLETELY CUSTOMIZED CARE PROGRAM, PROVIDED BY QUALIFIED, BONDED AND INSURED STAFF MEMBERS AND IS AVAILABLE 7 DAYS A WEEK, 24 HOURS A DAY SERVICES ARE PROVIDED ON A PRIVATE-PAY BASIS JEWISH FAMILY SERVICE OF COLORADO AND THE ROBERT E LOUP JEWISH COMMUNITY CENTER (JCC) HAVE TEAMED UP TO PROVIDE SOCIAL, RECREATIONAL, EDUCATIONAL, AND HEALTH PROGRAMMING AS WELL AS LUNCH TO OLDER ADULTS THE PROGRAMS TAKE PLACE AT THE JCC UNDER THE NAME OF JFS AT THE JCC COLORADO SENIOR CONNECTIONS IN FISCAL YEAR 2013, 2,404 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 6,010 LIVES WERE AFFECTED							

4c	(Code	) (Expenses \$	1,553,708	including grants of \$	2,880	) (Revenue \$	484,196
MENTAL HEALTH SERVICES THE COUNSELING CENTER, STAFFED BY SKILLED LICENSED PROFESSIONALS, HELPS CHILDREN, ADOLESCENTS, ADULTS, FAMILIES, REFUGEES, AND SENIORS IN HEALING FROM CRISIS, GRIEF, TRAUMA, AND 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 JFS OFFERS SPIRITUAL AND PSYCHOLOGICAL SUPPORT FOR THOSE DEALING WITH DEATH, GRIEF, CHRONIC ILLNESS, OR PROFOUND LIFE CHANGES THE PROGRAM PROVIDES THE COMBINED SERVICES OF A PSYCHOTHERAPIST AND A RABBI TRAINED IN PASTORAL/SPIRITUAL COUNSELING TO GUIDE INDIVIDUALS SUFFERING DUE TO ILLNESS OR LOSS TO A PLACE OF HEALING THE DEPARTMENT'S KIDSUCCESS PROGRAM PROVIDES SCHOOL-BASED INTERVENTION AND PREVENTION SERVICES IN A NUMBER OF DENVER PUBLIC AND AURORA PUBLIC SCHOOLS INTERNATIONAL KIDSUCCESS PROVIDES PROGRAMMING TO ASSIST 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 2013, 3,407 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 6,356 LIVES WERE AFFECTED							

4d	(Code	) (Expenses \$	1,745,613	including grants of \$	934,650	) (Revenue \$	5,556
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 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 \$	1,745,613	including grants of \$	934,650	) (Revenue \$	5,556
4e Total program service expenses ► 7,884,764							

Part IV Checklist of Required Schedules

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

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

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

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

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

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

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

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

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<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? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<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? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<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)		28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input checked="" type="checkbox"/>	33	Yes	
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	34		No
35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<input checked="" type="checkbox"/>	35a		No
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<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? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	65	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	423	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b If "Yes," enter the name of the foreign country CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	Yes	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	32		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	32		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No	
6 Did the organization have members or stockholders?	6		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?	7a		No	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes		
a The governing body?	8b	Yes		
b Each committee with authority to act on behalf of the governing body?	9		No	
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				

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CO
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- 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 (303) 597-5000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SOLVE IT INC 200 UNION BLVD STE 115 LAKWOOD CO 80228	IT SERVICES	108,509

Part VIII Statement of Revenue

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

		(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 739,144				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,909,493				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,545,381				
	g Noncash contributions included in lines 1a-1f \$		615,494			
	h Total. Add lines 1a-1f		9,254,018			
Program Service Revenue	2a JFS AT HOME	Business Code				
			753,299	753,299		
	b CLINICAL SERVICES		484,196	484,196		
	c SHALOM DENVER		352,695	352,695		
	d SENIOR SERVICES		83,210	83,210		
	e GROUP HOME SERVICES		54,168	54,168		
	f All other program service revenue		5,555	5,555		
	g Total. Add lines 2a-2f		1,733,123			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		153,030		153,030	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		5,611				
	b Less rental expenses	4,764				
	c Rental income or (loss)	847				
	d Net rental income or (loss)			847		847
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	840,398					
b Less cost or other basis and sales expenses	823,002					
c Gain or (loss)	17,396					
d Net gain or (loss)			17,396		17,396	
8a Gross income from fundraising events (not including \$ 739,144 of contributions reported on line 1c) See Part IV, line 18						
b Less direct expenses	a 83,521					
c Net income or (loss) from fundraising events	b 286,483		-202,962			
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	a					
c Net income or (loss) from gaming activities	b					
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	a					
c Net income or (loss) from sales of inventory	b					
Miscellaneous Revenue		Business Code				
11a REEL HOPE ADVERTISING		541800	11,088		11,088	
b MISC			10,873	10,873		
c						
d All other revenue						
e Total. Add lines 11a-11d		21,961				
12 Total revenue. See Instructions		10,977,413	1,743,996	11,088	171,273	

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)

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	43,984	43,984		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,017,952	1,017,952		
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	411,007	129,895	132,054	149,058
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	5,215,209	4,328,721	521,222	365,266
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	172,306	147,634	14,692	9,980
9 Other employee benefits	507,009	418,297	51,937	36,775
10 Payroll taxes	446,137	365,457	45,963	34,717
11 Fees for services (non-employees)				
a Management				
b Legal	45,867	44,205	1,662	
c Accounting	30,594	25,665	3,075	1,854
d Lobbying				
e Professional fundraising services See Part IV, line 17	25,470			25,470
f Investment management fees	43,327		43,327	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	403,265	268,961	10,418	123,886
12 Advertising and promotion	103,705	35,939		67,766
13 Office expenses	240,199	170,300	24,803	45,096
14 Information technology	142,373	90,815	9,305	42,253
15 Royalties				
16 Occupancy	294,949	266,325	19,108	9,516
17 Travel	89,177	83,964	4,063	1,150
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,717	12,756	10,814	3,147
20 Interest	2,382	2,382		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	217,400	194,873	15,120	7,407
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COST OF SALES	198,011	198,011		
b DUES AND SUBSCRIPTIONS	33,102	29,845	1,755	1,502
c SPECIAL EVENTS	18,430	3,852	156	14,422
d PROVISION FOR BAD DEBTS	2,539	-241		2,780
e All other expenses	-25,586	5,172	374	-31,132
25 Total functional expenses. Add lines 1 through 24e	9,705,525	7,884,764	909,848	910,913
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	875,882	1 697,855
2	Savings and temporary cash investments	304,134	2 125,060
3	Pledges and grants receivable, net	1,070,102	3 1,259,344
4	Accounts receivable, net	739,293	4 716,158
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	50,570	9 93,152
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,146,227
b	Less accumulated depreciation	10b	2,531,486
		3,590,477	10c 3,614,741
11	Investments—publicly traded securities	3,991,495	11 5,206,035
12	Investments—other securities See Part IV, line 11	156,833	12 648,349
13	Investments—program-related See Part IV, line 11		13
14	Intangible assets		14
15	Other assets See Part IV, line 11	1,427,359	15 1,137,241
16	Total assets. Add lines 1 through 15 (must equal line 34)	12,206,145	16 13,497,935
Liabilities			
17	Accounts payable and accrued expenses	1,166,937	17 779,739
18	Grants payable		18
19	Deferred revenue		19
20	Tax-exempt bond liabilities		20
21	Escrow or custodial account liability Complete Part IV of Schedule D		21
22	Loans and other 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	34,027	24 36,410
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	1,200,964	26 816,149
Net Assets or Fund Balances			
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	5,912,106	27 6,317,560
28	Temporarily restricted net assets	3,175,512	28 3,372,987
29	Permanently restricted net assets	1,917,563	29 2,991,239
	Organizations that do not follow SFAS 117 (ASC 958), 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	11,005,181	33 12,681,786
34	Total liabilities and net assets/fund balances	12,206,145	34 13,497,935

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,977,413
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,705,525
3	Revenue less expenses Subtract line 2 from line 1	3	1,271,888
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,005,181
5	Net unrealized gains (losses) on investments	5	404,717
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,681,786

Part XII Financial Statements and ReportingCheck 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

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

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 (list any hours for related organizations below dotted line)	(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
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
STEVE KRIS PAST CHAIR/T	1 00	X		X			0	0	0
DEBBIE ALENIKOFF 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 MEMBER	1 00	X					0	0	0
LINDA LOWENSTEIN MEMBER	1 00	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
WILL GOLD MEMBER	1 00	X					0	0	0
RANDY DAVIS MEMBER	1 00	X					0	0	0
JAMIE SACHE MEMBER	1 00	X					0	0	0
ADAM AGRON AT LARGE MEM	1 00	X					0	0	0
CHARLIE GWIRTSMAN MEMBER	1 00	X					0	0	0
SHERYL GOODMAN SECRETARY	1 00	X		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
GARETH HEYMAN 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 AT LARGE MEM	1 00	X					0	0	0
LARY WEINTRAUB MEMBER	1 00	X					0	0	0
KERRY SHELANSKI AT LARGE MEM	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 (list any hours for related organizations below dotted line)	(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	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Former highest compensated employee			
NANCY GART MEMBER	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
LINDA APPEL LIPSIUS MEMBER	1 00		X					0	0	0
DAVID ASARCH AT LARGE MEM	1 00		X					0	0	0
CARLA BARTELL MEMBER	1 00		X					0	0	0
ED BARAD MEMBER	1 00		X					0	0	0
YANA VISHNITSKY PRES /CEO	37 50			X				233,902	0	8,073
DEBRA ZIMMERMAN COO	34 25			X				124,585	0	11,269

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****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 described in **section 170(b)(1)(A)(i)**.

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

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

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

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

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

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

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

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

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

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

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f 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)

g 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

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

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

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

i 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 monetary support
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,406,894	8,707,025	8,131,154	7,093,456	9,254,018	40,592,547
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	1,321,106	1,492,530	1,438,670	1,755,730	1,816,644	7,824,680
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	8,728,000	10,199,555	9,569,824	8,849,186	11,070,662	48,417,227
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	998,070	757,035	666,619	140,000	2,227,372	4,789,096
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	998,070	757,035	666,619	140,000	2,227,372	4,789,096
8 Public support. (Subtract line 7c from line 6.)						43,628,131

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	8,728,000	10,199,555	9,569,824	8,849,186	11,070,662	48,417,227
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,385	140,849	171,060	99,221	153,030	645,545
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	81,385	140,849	171,060	99,221	153,030	645,545
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.)	34,989	12,496	32,489	58,573	16,484	155,031
13 Total support. (Add lines 9, 10c, 11, and 12.)	8,844,374	10,352,900	9,773,373	9,006,980	11,240,176	49,217,803

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	88 640 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	89 490 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1 000 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1 000 %
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		

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

Facts And Circumstances Test

Explanation

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

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2012****Open to Public
Inspection**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organizationJEWISH FAMILY SERVICE OF
COLORADO INC**Employer identification number**

84-0402701

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ► \$ _____

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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 XIII and complete the following table

	Amount
1c	18,382
1d	315
1e	11,547
1f	7,150

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,984,104	2,114,394	1,805,983	1,648,023	2,118,323
b Contributions	1,040,431	25,525	5,250	15,650	27,160
c Net investment earnings, gains, and losses	269,281	-72,698	355,204	200,275	-463,964
d Grants or scholarships				-3,000	
e Other expenditures for facilities and programs	-148,808	-83,117	-31,939	-36,622	-33,496
f Administrative expenses			-20,104	-18,343	
g End of year balance	3,145,008	1,984,104	2,114,394	1,805,983	1,648,023

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 12 900 %

b Permanent endowment ► 86 000 %

c Temporarily restricted endowment ► 1 100 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part XIII 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	1,057,021		1,635,427
c Leasehold improvements		1,663,689	564,979		1,098,710
d Equipment		1,166,090	909,486		256,604
e Other					
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					3,614,741

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)

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

(a) Description	(b) Book value
(1) BENEFICIAL INT COMM 1ST FOUND ENDOW	458,101
(2) BENEFICIAL INTEREST ROSE FOUND ENDOW	336,837
(3) ASSETS HELD UNDER DEFERRED COMP PLAN	205,806
(4) BENEFICIAL INTEREST PAC LIFE INS	50,281
(5) INV IN GREEN GABLES COUNTRY CLUB	43,539
(6) OTHER RECEIVABLES	42,677
Total (Column (b) must equal Form 990, Part X, col (B) line 15.)	1,137,241

Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)

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

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

1	Total revenue, gains, and other support per audited financial statements	1	11,738,606
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	404,717
b	Donated services and use of facilities	2b	108,556
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	286,483
e	Add lines 2a through 2d	2e	799,756
3	Subtract line 2e from line 1	3	10,938,850
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	43,327
b	Other (Describe in Part XIII)	4b	-4,764
c	Add lines 4a and 4b	4c	38,563
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,977,413

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

1	Total expenses and losses per audited financial statements	1	10,062,001
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	108,556
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	286,483
e	Add lines 2a through 2d	2e	395,039
3	Subtract line 2e from line 1	3	9,666,962
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	43,327
b	Other (Describe in Part XIII)	4b	-4,764
c	Add lines 4a and 4b	4c	38,563
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,705,525

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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	RENTA
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 VOCATIONAL GOAL BY OFFERING AN INTEREST FREE SCHOLARSHIP LOAN BERTHA AND RAPHAEL LEVY ENDOWMENT INCOME FROM THIS FUND IS RESTRICTED FOR USE IN THE RESETTLEMENT SERVICES PROGRAMS CAROL AND ERIC SCHWARTZ SELF-SUFFICIENCY ENDOWMENT AND THE SAMUEL R. FREEMAN SELF-SUFFICIENCY ENDOWMENT INCOME FROM THESE ENDOWMENTS IS USED TO HELP CLIENTS ACHIEVE SELF-SUFFICIENCY ROSE FOUNDATION ENDOWMENT FUND THE ASSETS OF THIS ENDOWMENT ARE HELD BY THE ROSE FOUNDATION THE INCOME FROM THIS ENDOWMENT IS TO BE USED FOR SAFETY NET PROGRAM SUPPORT COMMUNITY FIRST FOUNDATION ENDOWMENT FUND THE ASSETS OF THIS ENDOWMENT ARE HELD BY COMMUNITY FIRST FOUNDATION THE INCOME FROM THIS ENDOWMENT IS TO BE USED FOR MENTAL HEALTH COUNSELING ERIC AND ELLEN POLLACK 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, 2013, 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
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENT EXPENSES 286,483
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	RENTAL EXPENSES -4,764
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 286,483
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	RENTAL EXPENSES -4,764

SCHEDULE G
(Form 990 or 990-FZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

• Attach to Form 990 or Form 990 EZ. If see separate instructions.

Name of the organization

JEWISH FAMILY SERVICE OF
COLORADO INC

Employer identification number

84-040270:

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 email 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

(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
APOGEE RETAIL LLC 3080 CENTERVILLE RD	DONATIONS	Yes	No			
LITTLE CANADA, MN 55117		Yes			79,244	24,527
						54,717
Total					79,244	24,527
						54,717

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>REEL HOPE</u> (event type)	<u>EXECUTIVE LUNCH</u> (event type)	(total number)	
1	Gross receipts . . .	413,005	409,660		822,665
2	Less Contributions . . .	374,010	365,134		739,144
3	Gross income (line 1 minus line 2) . . .	38,995	44,526		83,521
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .	16,655			16,655
7	Food and beverages . . .	30,829	48,639		79,468
8	Entertainment . . .	15,360	40,328		55,688
9	Other direct expenses . . .	52,027	82,645		134,672
10	Direct expense summary Add lines 4 through 9 in column (d)				(286,483) ►
11	Net income summary Combine line 3, column (d), and line 10				-202,962 ►

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))
1	Gross revenue				
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 _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

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

Identifier	Return Reference	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)

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

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

► Attach to Form 990

2012

Open to Public Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government **(b) EIN** **(c) IRC Code section if applicable** **(d) Amount of cash grant** **(e) Amount of non-cash assistance** **(f) Method of valuation (book, FMV, appraisal, other)** **(g) Description of non-cash assistance** **(h) Purpose of grant or assistance**

(1) DENVER URBAN 84-0935955 501C3 43,984 HOMELESS
MINISTRIES PREVENTION
1717 E COLFAX
DENVER, CO 80218

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.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) RENT, UTILITY, TRANSPORT	676	432,861			
(2) HOUSEHOLD ITEMS	272		22,659 FMV		HOUSEHOLD ITEMS
(3) FOOD ASSISTANCE & SUP	5925	86,923	475,509 FMV		DONATED FOOD &

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2012**Open to Public Inspection**Name of the organization
JEWISH FAMILY SERVICE OF
COLORADO INC

Employer identification number

84-0402701

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) YANA VISHNITSKY PRESCEO	(i) (ii)	50,462	5,025	178,415	7,790	283	241,975

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	YANA VISHNITSKY 0 71,029 0

Schedule L

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH FAMILY SERVICE OF
COLORADO INC

Employer identification number

84-040270

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
			Yes	No		

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. _____ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose 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	11,042	2012 COMP & BENEFITS		No
(2) ALLA MILSTEIN	RELATIVE OF CEO	11,574	2012 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
		Schedule L (Form 990 or 990-EZ) 2012

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►Complete if the organizations 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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	116,314	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	261,223	475,509	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MISC)	X	169	23,671	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?	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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 261,223 POUNDS

Schedule M (Form 990) (2012)

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.

2012**Open to Public
Inspection**Name of the organization
JEWISH FAMILY SERVICE OF
COLORADO INC**Employer identification number**

84-0402701

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990 - ORGANIZATIONS 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 2013, JEWISH FAMILY SERVICE PROVIDED SERVICES TO 10,230 CLIENTS AND TOUCHED THE LIVES OF 23,031 PEOPLE IN THE GREATER DENVER COMMUNITY

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	VARIETY OF SOCIAL, RECREATIONAL AND CULTURAL ACTIVITIES 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. THIS PROGRAM IDENTIFIES AND COORDINATES SERVICES AVAILABLE THROUGH EXISTING COMMUNITY PROGRAMS FOR PEOPLE LIVING WITH DISABILITIES, ENHANCES THE JEWISH COMMUNITY'S UNDERSTANDING OF DISABILITIES, ENHANCES SOCIAL INTERACTION THROUGH ACTIVITIES, AND PROVIDES DIRECT CASE MANAGEMENT IN FISCAL YEAR 2013, 717 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 1,793 LIVES WERE AFFECTED

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>SOLUTIONS' NURSING HOME OUTREACH PROGRAM ASSISTS CLIENTS AND FAMILIES IN SELECTING AN APPROPRIATE RESIDENTIAL FACILITY, OFFERS IN-SERVICE PROGRAMS FOR NURSING HOME RESIDENTS AND STAFF BASED ON JEWISH TRADITIONS, VALUES, AND HOLIDAYS, STRENGTHENS THE CONNECTION BETWEEN THE RESIDENTS AND THE JEWISH COMMUNITY BY ARRANGING RELIGIOUS SERVICES AND JEWISH HOLIDAY CELEBRATIONS, AND HELPS FAMILIES COPE WITH THE EMOTIONAL PAIN OF HAVING A RELATIVE IN A LONG-TERM CARE FACILITY. JFS OPERATES COLORADO SENIOR CONNECTIONS, A NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC), IN THE CITY OF EDGEWATER AND THE SURROUNDING NEIGHBORHOODS. JFS FACILITATES COLLABORATIONS, VOLUNTEER RECRUITMENT, TRAINING, AND MANAGEMENT SERVICES TO THE EDGEWATER COMMUNITY. PARTICIPANTS TAKE AN ACTIVE ROLE IN THE PLANNING AND IMPLEMENTATION OF THE PROGRAM, THEREBY EMPOWERING SENIORS TO BE RESPONSIBLE FOR THEIR OWN LIVES AS WELL AS FOR THEIR COMMUNITY AT LARGE. JFS AT HOME OFFERS COMPASSIONATE SUPPORT AND COMPREHENSIVE HOME CARE SERVICES TO HELP SENIORS AND INDIVIDUALS LIVING WITH CHRONIC OR TEMPORARY MEDICAL CONDITIONS TO LIVE SAFELY AND INDEPENDENTLY IN THEIR OWN HOMES. JFS AT HOME SERVICES ARE DESIGNED FOR PEOPLE SEEKING A COMPLETELY CUSTOMIZED CARE PROGRAM, PROVIDED BY QUALIFIED, BONDED AND INSURED STAFF MEMBERS AND IS AVAILABLE 7 DAYS A WEEK, 24 HOURS A DAY. SERVICES ARE PROVIDED ON A PRIVATE-PAY BASIS. JEWISH FAMILY SERVICE OF COLORADO AND THE ROBERT E. LOUP JEWISH COMMUNITY CENTER (JCC) HAVE TEAMED UP TO PROVIDE SOCIAL, RECREATIONAL, EDUCATIONAL, AND HEALTH PROGRAMMING AS WELL AS LUNCH TO OLDER ADULTS. THE PROGRAMS TAKE PLACE AT THE JCC UNDER THE NAME OF JFS AT THE JCC COLORADO SENIOR CONNECTIONS. IN FISCAL YEAR 2013, 2,404 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 6,010 LIVES WERE AFFECTED.</p>

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	PASTORAL/SPIRITUAL COUNSELING TO GUIDE INDIVIDUALS SUFFERING DUE TO ILLNESS OR LOSS TO A PLACE OF HEALING THE DEPARTMENT'S KIDSUCCESS PROGRAM PROVIDES SCHOOL-BASED INTERVENTION AND PREVENTION SERVICES IN A NUMBER OF DENVER PUBLIC AND AURORA PUBLIC SCHOOLS INTERNATIONAL KIDSUCCESS PROVIDES PROGRAMMING TO ASSIST 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 2013, 3,407 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 6,356 LIVES WERE AFFECTED

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 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
ORGANIZATIONS 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 WITH THE FORM 990, IT IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE THEN EMAILED A LINK TO A PASSWORD-PROTECTED WEB SITE WHERE THEY MAY REVIEW THE FORM 990. AFTER THE BOARD HAS HAD THE OPPORTUNITY TO 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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	SPECIAL EVENT EXPENSES 286,483 RENTAL EXPENSES 4,764 SPECIAL EVENT EXPENSES -286,483 RENTAL EXPENSES -4,764

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Department of the Treasury
Internal Revenue ServiceOpen to Public
InspectionName of the organization
JEWISH FAMILY SERVICE OF
COLORADO INC

Employer identification number

84-0402701

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

(a) Name, address, and EIN (if applicable) 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to 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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** 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		
1s		

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-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

Software ID:**Software Version:****EIN:** 84-0402701**Name:** JEWISH FAMILY SERVICE OF
COLORADO INC**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
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