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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

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 pending

C Name of organization

JEWISH FAMILY SERVICE OF COLORADO INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

3201 S TAMARAC DR ROOM/SUITE 200

City or town, state or country, and ZIP + 4

DENVER, CO 80231

Room/suite

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 S TAMARAC DR 200
DENVER,CO 80231

H(a) Is this a group return for affiliates?

☐ Yes☒ No

H(b) Are all affiliates included?☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)☐ 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																																										
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>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</div></div>																																										
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>32</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>32</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2012 (Part V, line 2a)</td><td>423</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>836</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>11,088</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td></td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	32	4	Number of independent voting members of the governing body (Part VI, line 1b)	32	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	423	6	Total number of volunteers (estimate if necessary)	836	7a	Total unrelated business revenue from Part VIII, column (C), line 12	11,088	7b	Net unrelated business taxable income from Form 990-T, line 34																									
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Part II

Signature Block

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

Sign Here

Signature of officer

YANA VISHNITSKY, CEO

Type or print name and title

2014-01-28

Date

Paid Preparer Use Only

Prrnt/Type preparer's name

LORI B BAUER, CPA

Preparer's signature

Date

2014-01-28

Check ☐ 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

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

(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

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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	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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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	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	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?	Yes	
b	If "Yes," enter the name of the foreign country: 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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	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	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	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
7b	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	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	No
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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 STAMARAC DR 200 DENVER, CO (303) 597-5000

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

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

- List 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

[illegible]

Part VII

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								358,487		19,342

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 LAKEWOOD CO 80228	IT SERVICES	108,509

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

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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 b CLINICAL SERVICES c SHALOM DENVER d SENIOR SERVICES e GROUP HOME SERVICES f All other program service revenue		Business Code					
			753,299					
			484,196					
			352,695					
			83,210					
			54,168					
	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	(i) Real						
		5,611						
		(ii) Personal						
	b	Less rental expenses		847			847	
	c	4,764						
	Rental income or (loss)							
	847							
	d	Net rental income or (loss)						
	7a	(i) Securities						
		840,398						
		(ii) Other						
	b	Less cost or other basis and sales expenses		17,396			17,396	
	c	823,002						
	Gain or (loss)							
	17,396							
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 739,144 of contributions reported on line 1c) See Part IV, line 18		-202,962				
	a	83,521						
	b	Less direct expenses						
	c	286,483						
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19						
	a							
	b	Less direct expenses						
	c							
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances						
a								
b								
c								
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue			Business Code					
11a	REEL HOPE ADVERTISING		541800	11,088				11,088
b	MISC			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 Sheet

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

				(A)		(B)
				Beginning of year		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	10a6,146,227			
	b	Less accumulated depreciation	10b2,531,486	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 Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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
b	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
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE KRIS PAST CHAIR/T	1 00	X		X				0	0	0
DEBBIE ALEINIKOFF 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 SARCHE 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 LIPSIOUS 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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF
COLORADO INC

Employer identification number
84-0402701

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☒

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

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

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

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

h

☐

Provide the following information about the supported organization(s)

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

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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 IIISupport 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF
COLORADO INC

Employer identification number

84-0402701

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

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

Schedule D (Form 990) 2012

Part XIReconciliation 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 XIIReconciliation 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 XIIISupplemental 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 TRAING PROGRAM, WHICH WILL LEAD TO A SPECIFIC VOCATIONAL GOAL BY OFFERING AN INTEREST FREE SCHOLARSHIP LOAN. BERTHA AND RAPHAEL LEVY ENDOWMENT. INCOME FROM THIS FUND IS RESTRICTED FOR USE IN THE RESETTLEMENT SERVICES PROGRAMS. CAROL AND ERIC SCHWARTZ SELF-SUFFICIENCY ENDOWMENT AND THE SAMUEL R. FREEMAN SELF-SUFFICIENCY ENDOWMENT. INCOME FROM THESE ENDOWMENTS IS USED TO HELP CLIENTS ACHIEVE SELF-SUFFICIENCY. ROSE FOUNDATION ENDOWMENT FUND. THE ASSETS OF THIS ENDOWMENT ARE HELD BY THE ROSE FOUNDATION. THE INCOME FROM THIS ENDOWMENT IS TO BE USED FOR SAFETY NET PROGRAM SUPPORT. COMMUNITY FIRST FOUNDATION ENDOWMENT FUND. THE ASSETS OF THIS ENDOWMENT ARE HELD BY COMMUNITY FIRST FOUNDATION. THE INCOME FROM THIS ENDOWMENT IS TO BE USED FOR MENTAL HEALTH COUNSELING. ERIC AND ELLEN POLLOCK FAMILY FUND. THIS FUND IS INVESTED IN A LIFE INSURANCE POLICY, THE PROCEEDS OF WHICH WILL BE USED TO ESTABLISH A PERMANENT ENDOWMENT WHOSE EARNINGS WILL BE USED TO SUPPORT JFS'S ANNUAL OPERATING BUDGET IN THE AREA OF GREATEST NEED. GROUP HOME ENDOWMENT AND BTO GROUP HOME ENDOWMENT. INCOME FROM THESE ENDOWMENTS IS RESTRICTED FOR OPERATIONS AT THE JEWISH GROUP HOME. JACK BERNSTONE ENDOWMENT, AGING SERVICES ENDOWMENT AND CORINNE ROTTMAN ENDOWMENT. INCOME FROM THESE ENDOWMENTS IS RESTRICTED FOR USE IN THE SENIOR SERVICES PROGRAMS.
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	JFS FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ACCOUNTING STANDARD WHICH REQUIRES JFS TO DETERMINE WHETHER A TAX POSITION (AND THE RELATED TAX BENEFIT) IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT, PRESUMING THAT THE TAX POSITION IS EXAMINED BY THE APPROPRIATE TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. DURING THE YEAR ENDED JUNE 30, 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-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF
COLORADO INC

Employer identification number

84-0402701

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

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

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

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
APOGEE RETAIL LLC 3080 CENTERVILLE RD LITTLE CANADA, MN 55117	DONATIONS	Yes		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
		REEL HOPE (event type)	EXECUTIVE LUNCH (event type)	(total number)	(add col (a) through col (c))
Revenue	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
Direct Expenses	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))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	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

**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

Name of the organization
JEWISH FAMILY SERVICE OF
COLORADO INC

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.

[illegible]

- | | | | |
|----------|---|---|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | ▶ | <u>1</u> |
| 3 | Enter total number of other organizations listed in the line 1 table | ▶ | |

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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 RESPONSIBILITIES OF EACH ORGANIZATION GRANTEES MEET REGULARLY WITH JEWISH FAMILY SERVICE STAFF AND SUBMIT FINANCIAL AND STATISTICAL REPORTS AS SPECIFIED IN THE CONTRACT ORIGINAL DOCUMENTATION IS REQUIRED TO BE SUBMITTED UPON REQUEST BY JEWISH FAMILY SERVICE PROGRAM STAFF MONITOR ADHERENCE TO PROGRAM GUIDELINES

Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div>	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2012
		Open to Public Inspection

Name of the organization JEWISH FAMILY SERVICE OF COLORADO INC	Employer identification number 84-0402701
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	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		No
	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:		
5a	The organization?		No
5b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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:		
6a	The organization?		No
6b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF
COLORADO INC

Employer identification number

84-0402701

Part I

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

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

1	(a) Name of disqualified person	(b) 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 ▶ \$

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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

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

Part III

Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of 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
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

►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 Acknowledgement29

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?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

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

Yes

No

No

Yes

Yes

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 O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

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

84-0402701

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	JEWISH FAMILY SERVICE IS A HUMAN SERVICE AGENCY THAT OFFERS A BROAD RANGE OF FREE OR LOW-COST SERVICES FOR PEOPLE IN NEED INCLUDING THE ELDERLY, THE ECONOMICALLY DISADVANTAGED, REFUGEES AND IMMIGRANTS, THE DISABLED, THE MENTALLY VULNERABLE, AND THOSE FACING LIFE-ALTERING LOSSES. WITHOUT JEWISH FAMILY SERVICE, THESE INDIVIDUALS MAY NOT BE ABLE TO ACCESS OR AFFORD THESE SERVICES THAT ARE PROVIDED TO ANYONE SEEKING HELP REGARDLESS OF FAITH, RACE, CREED, SEXUAL ORIENTATION, OR ECONOMIC STATUS. IN THE FISCAL YEAR 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
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE CONTROLLER AND DIRECTOR OF FINANCE REVIEW THE ENTIRE FORM 990 THE HUMAN RESOURCES DIRECTOR REVIEWS APPROPRIATE SECTIONS OF THE FORM 990, AND THEN IT IS REVIEWED BY THE CEO AND COO ONCE THE PREPARERS AND INTERNAL MANAGEMENT ARE SATISFIED 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)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I Identification of Disregarded Entities

(Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (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	No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

Schedule R (Form 990) 2012

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

[illegible]

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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