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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

Room/suite

City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80231

D Employer identification number 84-0402701

E Telephone number (303) 597-5000

G Gross receipts $ 24,498,422

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW JEWISHFAMILYSERVICE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1923

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
JEWISH FAMILY SERVICE (JFS) BELIEVES IN STRENGTHENING THE COMMUNITY BY PROVIDING VITAL SERVICES TO PEOPLE IN NEED EVERY DAY, JFS HELPS PEOPLE OVERCOME LIFE'S CHALLENGES TO LIVE FULLER, MORE MEANINGFUL LIVES JFS HELPS SENIORS LIVE INDEPENDENTLY AT HOME, PROVIDES QUALITY MENTAL HEALTH COUNSELING, OFFERS TRAINING AND JOB PLACEMENT TO THOSE WITH BARRIERS TO EMPLOYMENT, AND PROVIDES FOOD AND FINANCIAL AID TO PEOPLE TO PROMOTE SELF- SUFFICIENCY JFS'S MISSION IS TO RESTORE WELL BEING TO THE VULNERABLE THROUGHOUT THE GREATER DENVER COMMUNITY BY DELIVERING SERVICES BASED ON JEWISH VALUES THESE VALUES INCLUDE THE OBLIGATION TO MAKE THE WORLD A BETTER PLACE ONE LIFE AT A TIME, AND THAT THE ACT OF GIVING IS CONSIDERED DEFICIENT IF IT IS NOT CHARACTERIZED BY KINDNESS AND RESPECT IN FY14, JFS TOUCHED THE LIVES OF MORE THAN 25,000 PEOPLE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	415
6	Total number of volunteers (estimate if necessary)	**6**	949
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,238
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,254,018	10,226,715
9	Program service revenue (Part VIII, line 2g)	1,733,123	1,885,031
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	170,426	816,703
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-180,154	-167,672
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,977,413	12,760,777

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,061,936	1,537,300
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,751,668	7,030,071
16a	Professional fundraising fees (Part IX, column (A), line 11e)	25,470	68,109
b	Total fundraising expenses (Part IX, column (D), line 25) ▶997,898		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,866,451	2,033,859
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,705,525	10,669,339
19	Revenue less expenses Subtract line 18 from line 12	1,271,888	2,091,438

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,497,935	16,023,794
21	Total liabilities (Part X, line 26)	816,149	1,132,810
22	Net assets or fund balances Subtract line 21 from line 20	12,681,786	14,890,984

Net Assets or Fund Balances

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 — 2015-01-28 Date

YANA VISHNITSKY CEO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LORI B BAUER CPA		2015-01-28		P01260252

Firm's name ▶ JDS PROFESSIONAL GROUP — Firm's EIN ▶ 20-8019714

Firm's address ▶ 10303 E DRY CREEK RD STE 400 ENGLEWOOD, CO 80112 — Phone no (303) 771-0123

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

JEWISH FAMILY SERVICE (JFS) BELIEVES IN STRENGTHENING THE COMMUNITY BY PROVIDING VITAL SERVICES TO PEOPLE IN NEED EVERY DAY, JFS HELPS PEOPLE OVERCOME LIFE'S CHALLENGES TO LIVE FULLER, MORE MEANINGFUL LIVES JFS HELPS SENIORS LIVE INDEPENDENTLY AT HOME, PROVIDES QUALITY MENTAL HEALTH COUNSELING, OFFERS TRAINING AND JOB PLACEMENT TO THOSE WITH BARRIERS TO EMPLOYMENT, AND PROVIDES FOOD AND FINANCIAL AID TO PEOPLE TO PROMOTE SELF- SUFFICIENCY JFS'S MISSION IS TO RESTORE WELL BEING TO THE VULNERABLE THROUGHOUT THE GREATER DENVER COMMUNITY BY DELIVERING SERVICES BASED ON JEWISH VALUES THESE VALUES INCLUDE THE OBLIGATION TO MAKE THE WORLD A BETTER PLACE ONE LIFE AT A TIME, AND THAT THE ACT OF GIVING IS CONSIDERED DEFICIENT IF IT IS NOT CHARACTERIZED BY KINDNESS AND RESPECT IN FY14, JFS TOUCHED THE LIVES OF MORE THAN 25,000 PEOPLE

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 $ 2,620,696 including grants of $ 56,871) (Revenue $ 444,057)

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 EIGHT DEVELOPMENTALLY DISABLED ADULTS SINCE 1983, THE HOME HAS PROVIDED A WARM AND COMFORTABLE SETTING FOR THE RESIDENTS, RANGING IN AGE FROM 32 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 2014, 894 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 2,235 LIVES WERE AFFECTED

4b (Code) (Expenses $ 2,235,449 including grants of $ 166,366) (Revenue $ 782,789)

SENIOR SOLUTIONS JFS'S JAY AND ROSE PHILLIPS FAMILY FOUNDATION SENIOR SOLUTIONS CENTER 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 AND VALUES, 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 CITIES OF EDGEWATER AND WHEAT RIDGE AND THE SURROUNDING NEIGHBORHOODS IN COLLABORATION WITH PARTNER ORGANIZATIONS, JFS ENRICHES THE PHYSICAL AND EMOTIONAL WELL-BEING OF OLDER ADULTS BY PROVIDING WELLNESS, RECREATIONAL, SOCIAL, PHYSICAL AND MENTAL HEALTH SERVICES, AS WELL AS ACCESS TO OUTSIDE COMMUNITY RESOURCES AND AGENCIES 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 2014, 3,322 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 8,305 LIVES WERE AFFECTED

4c (Code) (Expenses $ 1,604,943 including grants of $ 4,793) (Revenue $ 643,738)

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 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 2014, 3,656 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 9,140 LIVES WERE AFFECTED

(Code) (Expenses $ 2,268,901 including grants of $ 1,309,269) (Revenue $ 14,447)

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 NEW AMERICANS SUPPORT SERVICES PROVIDES SUPPORT TO REFUGEES BY PROVIDING CASE MANAGEMENT, LEGAL SERVICES, ADVOCACY, INFORMATION AND REFERRAL CHAPLAINCY SERVES THE SPIRITUAL, EMOTIONAL AND RELIGIOUS NEEDS OF JEWS AND THEIR FAMILIES WHO ARE UNAFFILIATED WITH A SYNAGOGUE OR IN A HOSPICE, LONG-TERM CARE RESIDENCE, MENTAL HEALTH INSTITUTION, OR CORRECTIONAL FACILITY

4d Other program services (Describe in Schedule O)

(Expenses $ 2,268,901 including grants of $ 1,309,269) (Revenue $ 14,447)

4e Total program service expenses ▶ 8,729,989

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government 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 or 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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	63		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	415		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	33		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CO

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ THE ORGANIZATION 3201 S TAMARAC DR 200
DENVER, CO 80231 (303) 597-5000

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

(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			

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

(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)** . . . . . ▶								721,396		-318,533

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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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	124,896

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 or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	60,000				
	b Membership dues					
	c Fundraising events	837,332				
	d Related organizations					
	e Government grants (contributions)	3,027,331				
	f All other contributions, gifts, grants, and similar amounts not included above	6,302,052				
	g Noncash contributions included in lines 1a-1f $	626,368				
	h **Total.** Add lines 1a-1f		10,226,715			
Program Service Revenue		Business Code				
	2a JFS AT HOME		709,275	709,275		
	b CLINICAL SERVICES		643,738	643,738		
	c SHALOM DENVER		389,961	389,961		
	d SENIOR SERVICES		73,514	73,514		
	e GROUP HOME SERVICES		54,096	54,096		
	f All other program service revenue		14,447	14,447		
	g **Total.** Add lines 2a–2f		1,885,031			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		167,339			167,339
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	6,331				
	b Less rental expenses	7,197				
	c Rental income or (loss)	-866				
	d Net rental income or (loss)		-866			-866
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	12,083,475				
	b Less cost or other basis and sales expenses	11,434,111				
	c Gain or (loss)	649,364				
	d Net gain or (loss)		649,364			649,364
	8a Gross income from fundraising events (not including $ 837,332 of contributions reported on line 1c) See Part IV, line 18	a 92,632				
	b Less direct expenses	b 296,337				
	c Net income or (loss) from fundraising events		-203,705			-203,705
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISC		18,661	18,661		
	b REEL HOPE ADVERTISING	541800	18,238		18,238	
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		36,899			
	12 **Total revenue.** See Instructions		12,760,777	1,903,692	18,238	612,132

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 or note to any line 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	58,592	58,592		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,478,708	1,478,708		
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	418,263	135,284	116,127	166,852
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	5,456,915	4,500,634	563,615	392,666
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	180,693	153,762	15,376	11,555
9 Other employee benefits	517,897	427,081	49,562	41,254
10 Payroll taxes	456,303	372,038	45,054	39,211
11 Fees for services (non-employees)				
a Management				
b Legal	369	369		
c Accounting	31,226	26,479	2,916	1,831
d Lobbying				
e Professional fundraising services See Part IV, line 17	68,109			68,109
f Investment management fees	53,668	7,761	45,907	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	481,033	375,489	10,870	94,674
12 Advertising and promotion	50,508	31,138		19,370
13 Office expenses	358,804	228,840	30,185	99,779
14 Information technology	156,686	115,076	11,231	30,379
15 Royalties . .				
16 Occupancy	318,076	288,705	18,932	10,439
17 Travel	81,595	72,667	6,322	2,606
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,193	11,428	7,106	2,659
20 Interest	2,599	2,599		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	231,741	207,401	15,832	8,508
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	200,430	200,430		
b DUES AND SUBSCRIPTIONS	31,915	27,773	2,235	1,907
c PROVISION FOR BAD DEBTS	31,341	671		30,670
d SPECIAL EVENTS	18,353	5,278	18	13,057
e All other expenses	-35,678	1,786	164	-37,628
25 **Total functional expenses.** Add lines 1 through 24e	10,669,339	8,729,989	941,452	997,898
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		697,855	1	953,497
	2	Savings and temporary cash investments		125,060	2	101,144
	3	Pledges and grants receivable, net		1,259,344	3	1,898,179
	4	Accounts receivable, net		716,158	4	749,801
	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	33,128
	9	Prepaid expenses and deferred charges		93,152	9	98,576
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,241,471			
	b	Less accumulated depreciation	10b 2,765,854	3,614,741	10c	3,475,617
	11	Investments—publicly traded securities		5,206,035	11	7,197,969
	12	Investments—other securities See Part IV, line 11		648,349	12	26,799
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,137,241	15	1,489,084
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,497,935	16	16,023,794
Liabilities	17	Accounts payable and accrued expenses		779,739	17	1,093,852
	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		36,410	24	38,958
	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		816,149	26	1,132,810
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,317,560	27	6,492,064
	28	Temporarily restricted net assets		3,372,987	28	4,392,814
	29	Permanently restricted net assets		2,991,239	29	4,006,106
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		12,681,786	33	14,890,984
	34	Total liabilities and net assets/fund balances		13,497,935	34	16,023,794

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,760,777
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,669,339
3	Revenue less expenses Subtract line 2 from line 1	3	2,091,438
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,681,786
5	Net unrealized gains (losses) on investments	5	117,909
6	Donated services and use of facilities	6	-149
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	14,890,984

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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 TREASURER	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 PAST 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	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
JAMIE SARCHE MEMBER	1 00	X						0	0	0
ADAM AGRON MEMBER	1 00	X						0	0	0
CHARLIE GWIRTSMAN AT LARGE MEM	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 AT LARGE MEM	1 00	X						0	0	0
JANE E ROSENBAUM AT LARGE MEM	1 00	X						0	0	0
JACK BRODSKY MEMBER	1 00	X						0	0	0
KERRY SHELANSKI AT LARGE MEM	1 00	X						0	0	0
JULIAN IZBIKY MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
RABBI SALOMON GRUENWALD MEMBER	1 00	X						0	0	0
MARTIN TOBIN HONORARY LIF	1 00	X						0	0	0
JOYCE ZEFF LIFE MEMBER	1 00	X						0	0	0
RICHARD SANDERS MD HONORARY LIF	1 00	X						0	0	0
CHARLENE LOUP HONORARY LIF	1 00	X						0	0	0
EVELYN SHAMON HONORARY LIF	1 00	X						0	0	0
LINDA APPEL LIPSIUS MEMBER	1 00	X						0	0	0
DAVID ASARCH AT LARGE MEM	1 00	X						0	0	0
CARLA BARTELL MEMBER	1 00	X						0	0	0
ED BARAD MEMBER	1 00	X						0	0	0
LAURA MICHAELS MEMBER	1 00	X						0	0	0
DON SIEGEL MEMBER	1 00	X						0	0	0
YANA VISHNITSKY PRES /CEO	37 50			X				591,704	0	-329,949
DEBRA ZIMMERMAN COO	34 25			X				129,692	0	11,416

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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?

	Yes	No
(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? — **11g(i)**		
(ii) A family member of a person described in (i) above? — **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? — **11g(iii)**		

h Provide the following information about the supported organization(s)

(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									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,707,025	8,131,154	7,093,456	9,254,018	10,226,715	43,412,368
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	1,492,530	1,438,670	1,755,730	1,816,644	1,885,031	8,388,605
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	10,199,555	9,569,824	8,849,186	11,070,662	12,111,746	51,800,973
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	757,035	666,619	140,000	2,227,372	843,850	4,634,876
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	757,035	666,619	140,000	2,227,372	843,850	4,634,876
8 **Public support** (Subtract line 7c from line 6)						47,166,097

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	10,199,555	9,569,824	8,849,186	11,070,662	12,111,746	51,800,973
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	140,849	171,060	99,221	153,030	173,670	737,830
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	140,849	171,060	99,221	153,030	173,670	737,830
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)	12,496	32,489	58,573	16,484	18,661	138,703
13 **Total support.** (Add lines 9, 10c, 11, and 12)	10,352,900	9,773,373	9,006,980	11,240,176	12,304,077	52,677,506

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 2013 (line 8, column (f) divided by line 13, column (f))	15	89 540 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	88 640 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	1 000 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	1 000 %

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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

Return Reference	Explanation
PART II, LINE 12	OTHER INCOME 138,703
SUPPLEMENTAL INFORMATION	OTHER INCOME INCLUDES STIPENDS FOR EMPLOYEES TO ATTEND SEMINARS AND CONFERENCES, REBATES, VARIOUS FEES, OFFICE SPACE RENTAL, AND PROCEEDS FROM SETTLEMENTS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ 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
c	Beginning balance	1c 7,150
d	Additions during the year	1d 641
e	Distributions during the year	1e
f	Ending balance	1f 7,791

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	3,145,008	1,984,104	2,114,394	1,805,983	1,648,023
b	Contributions	1,006,460	1,040,431	25,525	5,250	15,650
c	Net investment earnings, gains, and losses	420,404	269,281	-72,698	355,204	200,275
d	Grants or scholarships					-3,000
e	Other expenditures for facilities and programs	-142,163	-148,808	-83,117	-31,939	-36,622
f	Administrative expenses				-20,104	-18,343
g	End of year balance	4,429,709	3,145,008	1,984,104	2,114,394	1,805,983

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

- a Board designated or quasi-endowment ▶ 9 900 %
- b Permanent endowment ▶ 89 300 %
- c Temporarily restricted endowment ▶ 0 800 %

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	1,145,735	1,546,713
c Leasehold improvements		1,714,799	655,905	1,058,894
d Equipment		1,210,224	964,214	246,010
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,475,617

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INT COMM 1ST FOUND ENDOW	503,281
(2) ASSETS HELD UNDER DEFERRED COMP PLAN	376,862
(3) BENEFICIAL INTEREST ROSE FOUND ENDOW	367,488
(4) OTHER RECEIVABLES	143,448
(5) BENEFICIAL INTEREST PAC LIFE INS	54,466
(6) INV IN GREEN GABLES COUNTRY CLUB	43,539
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,489,084

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	13,210,854
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	117,909		
b	Donated services and use of facilities	2b	82,302		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	296,337		
e	Add lines **2a** through **2d**			2e	496,548
3	Subtract line **2e** from line **1**			3	12,714,306
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	53,668		
b	Other (Describe in Part XIII)	4b	-7,197		
c	Add lines **4a** and **4b**			4c	46,471
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	12,760,777

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	11,001,656
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	82,451		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	296,337		
e	Add lines **2a** through **2d**			2e	378,788
3	Subtract line **2e** from line **1**			3	10,622,868
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	53,668		
b	Other (Describe in Part XIII)	4b	-7,197		
c	Add lines **4a** and **4b**			4c	46,471
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,669,339

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 1B	THE FUNDS IN THE STONE TRUST ARE HELD AT WELLS FARGO ADVISORS, LLC THE TRUST WAS ESTABLISHED 11/13/88 THE ORIGINAL TRUST AGREEMENT STATES THAT THE LESSER OF 8% OF THE FUND VALUE AT 1/1 OR THE TRUST INCOME FOR SUCH TAXABLE YEAR IS TO BE USED TO PAY FOR THE COST FOR A COMPANION AND MEALS AND OTHER EXPENSES OF THEODORE STONE IN 1992 JEREMY STONE REQUESTED THAT JFS BEGIN MONTHLY PAYMENTS OF 100 FROM THE TRUST TO BOB SIMON FOR SOCIAL WORK SERVICES BEING RENDERED TO THEODORE STONE WHICH WE DID IN 2009 WE CONFIRMED THAT IT WAS STILL HIS DESIRE TO CONTINUE THE MONTHLY PAYMENTS AND WE HAVE DONE SO
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 IS USED TO ASSIST ANY JEWISH PERSON RESIDING IN COLORADO TO BEGIN OR CONTINUE EDUCATION OR TRAINING THAT MAY LEAD TO ACHIEVEMENT OF A SPECIFIC VOCATIONAL GOAL, SELF- SUFFICIENCY, AND/OR EMPLOYMENT 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
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, 2014, 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
SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENT EXPENSES 296,337
SCHEDULE D, PAGE 4, PART XI, LINE 4B	RENTAL EXPENSES -7,197
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 296,337
SCHEDULE D, PAGE 4, PART XII, LINE 4B	RENTAL EXPENSES -7,197

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
1 APOGEE RETAIL LLC 3080 CENTERVILLE RD LITTLE CANADA, MN 55117	DONATIONS	Yes		66,790	20,572	46,218
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶				66,790	20,572	46,218

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

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 REEL HOPE (event type)	(b) Event #2 EXECUTIVE LUNCH (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	472,776	430,417	26,771	929,964
	2 Less Contributions	433,060	379,121	25,151	837,332
	3 Gross income (line 1 minus line 2)	39,716	51,296	1,620	92,632
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	16,225	22,294	1,207	39,726
	7 Food and beverages	37,804	28,526	1,620	67,950
	8 Entertainment	7,900	46,569	1,363	55,832
	9 Other direct expenses	54,074	74,051	4,704	132,829
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(296,337)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-203,705

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

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

14 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. 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).

Return Reference	Explanation
SCHEDULE G, PAGE 1, PART I, LINE 2B, COLUMN (III)	APOGEE RETAIL LLC THE FUNDRAISER HAS CUSTODY OR CONTROL OF THE CONTRIBUTIONS
SCHEDULE G, PAGE 1, PART I, LINE 2B, COLUMN (V)	APOGEE RETAIL LLC EXPENSES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JEFFCO CENTER FOR MENTAL HEALTH 4851 INDEPENDENCE ST WHEAT RIDGE,CO 80033	84-0474717		17,778				NORC PARTNER
(2) SENIOR RESOURCE CENTER 3227 CHASE ST DENVER,CO 80212	84-0877538	501C3	9,094				PARTNER IN NORC
(3) HEALTHSET 2420 W 26TH AVE 460-D DENVER,CO 80211	84-1102943	501C3	31,720				PARTNER IN NORC

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 2

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

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	984	765,781			
(2) HOUSEHOLD ITEMS	738		75,877	FMV	HOUSEHOLD ITEMS
(3) FOOD ASSISTANCE & SUP	4319	119,328	517,722	FMV	DONATED FOOD

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I Questions Regarding Compensation

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

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 PRES /CEO	**(i)**	155,798	15,000	420,906	-330,238	289	261,755	
	(ii)							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	YANA VISHNITSKY 0 165,458 0
SCHEDULE J, PART III	YANA VISHNITSKY 2013 COMPENSATION FOR 990 REPORTING PART II, LINE 1, ABOVE WAS IMPACTED BY THE DISTRIBUTION OF ASSETS FROM THE JEWISH FAMILY SERVICE OF COLORADO, INC ("JFS") SECTION 457(F) DEFERRED COMPENSATION PLAN UNDER WHICH YANA VISHNITSKY, CEO, WAS THE ONLY PARTICIPANT A PARTICIPANT IN A DEFERRED COMPENSATION PLAN ESTABLISHED UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, (THE "CODE") MUST INCLUDE IN INCOME FOR TAX PURPOSES THE VALUE OF THE PARTICIPANT'S ACCOUNT UNDER SUCH A PLAN IN THE YEAR IN WHICH THE ACCOUNT IS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE WHEN THE PLAN WAS ESTABLISHED, THE "ENTITLEMENT DATE" WAS SET AS JANUARY 1, 2013 AS OF THAT DATE THE PLAN WAS NO LONGER SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE THUS TRIGGERING THE DISTRIBUTION OF PLAN ASSETS IN 2013 ACCORDINGLY, MS VISHNITSKY'S ACCOUNT VALUE TOTALING 539,808 INCLUDING EMPLOYEE AND EMPLOYER CONTRIBUTIONS AS WELL AS INVESTMENT EARNINGS OVER THE 11-YEAR TERM OF THE PLAN WAS DISTRIBUTED TO HER ON FEBRUARY 7, 2013 THE DISTRIBUTION OF THE TERMINATED PLAN IS REFLECTED IN PART II, COLUMN B(III) ABOVE IT IS ALSO REFLECTED AS A NEGATIVE AMOUNT IN PART II, COLUMN C ABOVE WHERE IT IS NETTED AGAINST CURRENT YEAR DEFERRALS INTO OTHER RETIREMENT PLANS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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	9,755	2013 COMP & BENEFITS		No
(2) ALLA MILSTEIN	RELATIVE OF CEO	12,471	2013 COMP & BENEFITS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	31,439	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	301,001	573,671	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISC)	X	198	21,258	FMV
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

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

Part II **Supplemental Information.** 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.

Return Reference	Explanation
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
SCHEDULE M, PAGE 2, PART II	FOOD INVENTORY DONATED WAS 301,001 POUNDS

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	JEWISH FAMILY SERVICE (JFS) BELIEVES IN STRENGTHENING THE COMMUNITY BY PROVIDING VITAL SERVICES TO PEOPLE IN NEED EVERY DAY, JFS HELPS PEOPLE OVERCOME LIFE'S CHALLENGES TO LIVE FULLER, MORE MEANINGFUL LIVES JFS HELPS SENIORS LIVE INDEPENDENTLY AT HOME, PROVIDES QUALITY MENTAL HEALTH COUNSELING, OFFERS TRAINING AND JOB PLACEMENT TO THOSE WITH BARRIERS TO EMPLOYMENT, AND PROVIDES FOOD AND FINANCIAL AID TO PEOPLE TO PROMOTE SELF- SUFFICIENCY JFS'S MISSION IS TO RESTORE WELL BEING TO THE VULNERABLE THROUGHOUT THE GREATER DENVER COMMUNITY BY DELIVERING SERVICES BASED ON JEWISH VALUES THESE VALUES INCLUDE THE OBLIGATION TO MAKE THE WORLD A BETTER PLACE ONE LIFE AT A TIME, AND THAT THE ACT OF GIVING IS CONSIDERED DEFICIENT IF IT IS NOT CHARACTERIZED BY KINDNESS AND RESPECT IN FY14, JFS TOUCHED THE LIVES OF MORE THAN 25,000 PEOPLE

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 2	JFS TOOK OVER THE LUNCHBOX EXPRESS PROGRAM AND ALSO CREATED AN OFFSITE "ENCLAVE" WHERE A GROUP OF SHALOM CLIENTS WORK

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	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 2014, 894 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 2,235 LIVES WERE AFFECTED

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	FAMILIES IN SELECTING AN APPROPRIATE RESIDENTIAL FACILITY, OFFERS IN- SERVICE PROGRAMS FOR NURSING HOME RESIDENTS AND STAFF BASED ON JEWISH TRADITIONS AND VALUES, 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 CITIES OF EDGEWATER AND WHEAT RIDGE AND THE SURROUNDING NEIGHBORHOODS IN COLLABORATION WITH PARTNER ORGANIZATIONS, JFS ENRICHES THE PHYSICAL AND EMOTIONAL WELL-BEING OF OLDER ADULTS BY PROVIDING WELLNESS, RECREATIONAL, SOCIAL, PHYSICAL AND MENTAL HEALTH SERVICES, AS WELL AS ACCESS TO OUTSIDE COMMUNITY RESOURCES AND AGENCIES 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 2014, 3,322 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 8,305 LIVES WERE AFFECTED

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	OR LOSS TO A PLACE OF HEALING THE DEPARTMENT'S KIDSUCCESS PROGRAM PROVIDES SCHOOL-BASED INTERVENTION AND PREVENTION SERVICES IN A NUMBER OF DENVER 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 2014, 3,656 CLIENTS WERE PROVIDED WITH DIRECT SERVICES AND 9,140 LIVES WERE AFFECTED

Return Reference	Explanation
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 NEW AMERICANS SUPPORT SERVICES PROVIDES SUPPORT TO REFUGEES BY PROVIDING CASE MANAGEMENT, LEGAL SERVICES, ADVOCACY, INFORMATION AND REFERRAL CHAPLAINCY SERVES THE SPIRITUAL, EMOTIONAL AND RELIGIOUS NEEDS OF JEWS AND THEIR FAMILIES WHO ARE UNAFFILIATED WITH A SYNAGOGUE OR IN A HOSPICE, LONG-TERM CARE RESIDENCE, MENTAL HEALTH INSTITUTION, OR CORRECTIONAL FACILITY

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS REVIEWED BY THE AUDIT COMMITTEE AND IS POSTED ON THE WEBSITE FOR THE BOARD TO REVIEW BEFORE IT IS APPROVED

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE BOARD CONFLICT OF INTEREST POLICY WAS ADOPTED ON MARCH 28, 2005 EVERY YEAR, EACH BOARD MEMBER COMPLETES AND SIGNS A DISCLOSURE STATEMENT DECLARING ANY KNOWN CONFLICTS AND AGREEING TO COMPLY WITH THE POLICY THESE ANNUAL STATEMENTS ARE GATHERED IN SEPTEMBER OF EACH YEAR AND ARE MAINTAINED BY THE DIRECTOR OF ADMINISTRATION

Return Reference	Explanation
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.

Return Reference	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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SPECIAL EVENT EXPENSES 296,337 RENTAL EXPENSES 7,197 SPECIAL EVENT EXPENSES -296,337 RENTAL EXPENSES -7,197

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH FAMILY SERVICE OF COLORADO INC

Employer identification number
84-0402701

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

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

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

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

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

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

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

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

		Yes	No
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 orgranization 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	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

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TY 2013 GeneralDependencySmall

Name: JEWISH FAMILY SERVICE OF COLORADO INC

EIN: 84-0402701

Business Name or Person Name:

Taxpayer Identification Number:

Form, Line or Instruction Reference:

Regulations Reference:

Description: WAIVE NOL CARRYBACK

Attachment Information: YEAR ENDING: JUNE 30, 2014 84-0402701 JEWISH FAMILY SERVICE OF COLORADO, INC. 3201 S. TAMARAC DR. DENVER, CO 80231 NOL CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.