Public Disclosure Copy

Form 990PF

PLEASE SIGN AND RETAIN THIS COPY FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return and amended return, if any, and all schedules, attachments, and supporting documents filed with the IRS.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax have been removed.

Form	990
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** PUBLIC DISCLOSURE COPY **

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.

Go to www.irs.gov/Form990 for instructions and the latest information.



Depa Intern	rtment al Rev	t of the Treasury renue Service Go to www.irs.gov/Form990 for instructions and		information.		Open to Public Inspection
A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021						
B Check if applicable: C Name of organization D Employer identification					on number	
	Addr chan	ress JEWISH FAMILY SERVICE OF COLORADO INC.				
	 Nam			84-040270	1	
	 Initia retur		Room/suite	E Telephone num	ber	
]Final retur	n/ 3201 S TAMARAC DR		303-597-50	0 0	
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$						15,881,353.
Amended DENVER, CO 80231 H(a) Is this a group re						۱
Applica- tion pending GAVE A G A DOULD FINDA P. FOSTER for subordinates?						Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates		
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	1 '		See instructions
		ite: ► WWW.JEWISHFAMILYSERVICE.ORG	L Vaar	H(c) Group exempt		
_	irt I		L rear	or formation. 1925	MSI	ate of legal domicile: CO
-	1	Briefly describe the organization's mission or most significant activities: ENHANCI	E THE WEI	LBEING OF THOSE		
e		IN NEED IN COLORADO BY DELIVERING SERVICES BASED ON JEWISH V.				
Governance	2	Check this box 🕨 🔄 if the organization discontinued its operations or dispos		than 25% of its net a	issets.	
ver	3			1	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)			1	27
es &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	223
Activities &	6	Total number of volunteers (estimate if necessary)			3	1671
Acti				7		0.
\rightarrow	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		b	0.
				Prior Year		Current Year
e	8	Contributions and grants (Part VIII, line 1h)		11,231,090	_	12,448,008.
Revenue	9	Program service revenue (Part VIII, line 2g)		2,089,919		2,050,969.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		152,550 		1,220,465.
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,429,801		15,677,768.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,047,310		3,652,841.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0,017,010	_	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,538,565		8,425,270.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0		0.
ber		Total fundraising expenses (Part IX, column (D), line 25)	039.			
۵	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,557,491		2,311,555.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,143,366		14,389,666.
	19	Revenue less expenses. Subtract line 18 from line 12		-713,565		1,288,102.
Net Assets or Fund Balances			Beg	ginning of Current Year		End of Year
sets	20	Total assets (Part X, line 16)		16,862,328	_	17,869,750.
et As	21	Total liabilities (Part X, line 26)		3,404,330		1,526,992.
Z:	22 rt	Net assets or fund balances. Subtract line 21 from line 20		13,457,998	•	16,342,758.
-	100000					destant and bedford to be
		alties of perjury, I declare that I have examined this return, including accompanying schedules ct, and complete. De clar ation of preparer (other than officer) is based on all information of whi			пу кпоч	viedge and belief, it is
	UTE		ion preparer i		21	> /
Sign		Signature of pricer		Date	-	C/
Here		SHYANNE CHING, CHIEF FINANCIAL OFFICER				
		Type or print name and title				

	Type of print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	RYAN C. HARRIS	RYAN C. HARRIS	12/01/21	self-employed P00614618	
Preparer	Firm's name 🍃 PLANTE & MORAN, PLLC		Firr	m's EIN 👞 38-1357951	
Use Only	Firm's address 👞 8181 E. TUFTS AVENUE, S	UITE 600			
	DENVER, CO 80237-2843		Pho	one no.303-740-9400	
May the IRS discuss this return with the preparer shown above? See instructions					

LHA For Paperwork Reduction Act Notice, see the separate instructions. 032001 12-23-20

	1990 (2020) JEWISH FAMILY SERVICE OF COLORADO INC.	84-04027	01 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: JFS BELIEVES IN STRENGTHENING THE COMMUNITY BY PROVIDING VITAL		
	SERVICES TO VULNERABLE INDIVIDUALS AND FAMILIES. JFS OFFERS A VARIETY		
	OF PROGRAMS TO HELP THOSE IN NEED NAVIGATE LIFE'S CHALLENGES THROUGH		
	INTEGRATED SUPPORT. (CONTINUED ON SCHEDULE O)		
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 X No
•	If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	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 means $501(a)(4)$ and $501(a)(4)$ argonizations are required to repeat the amount of grants and ellocations to other		•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	ne total exp	enses, and
4a	revenue, if any, for each program service reported.		1 731 465 \
48	(Code:)(Expenses \$ 2,350,576. including grants of \$ 3,220.) (Revenue \$ JFS PROVIDES QUALITY TRAUMA-INFORMED THERAPY FOR MORE THAN 1,000		<u> </u>
	INDIVIDUALS, COUPLES, AND FAMILIES DEALING WITH A VARIETY OF ISSUES,		
	INCLUDING DEPRESSION, GRIEF, TRAUMA, RELATIONSHIP ISSUES, ANXIETY, AND		
	FAMILY CRISES. OUR BILINGUAL RUSSIAN-SPEAKING THERAPIST OFFERS		
	COUNSELING AND SUPPORT TO DENVER'S UNDERSERVED RUSSIAN POPULATION.		
	THROUGH THE REFUGEE MENTAL HEALTH PROGRAM, JFS PROVIDES COMPETENT,		
	TRAUMA-INFORMED THERAPY ON AN OUTPATIENT BASIS TO REFUGEE INDIVIDUALS		
	AND FAMILIES WHO ARE ADJUSTING TO LIFE IN COLORADO FOR MORE THAN 163		
	REFUGEES FROM 10 DIFFERENT COUNTRIES. KIDSUCCESS AND INTERNATIONAL		
	KIDSUCCESS PROVIDE FREE SCHOOL-BASED MENTAL HEALTH SERVICES TO STUDENTS		
	AT 13 PUBLIC SCHOOLS AND ONE PRIVATE SCHOOL IN DENVER.		
			FF 204 \
4b	(Code:) (Expenses \$2,412,461. including grants of \$1,178,148.) (Revenue \$ THE JAY AND ROSE PHILLIPS AGING CARE & CONNECTIONS DEPARTMENT HELPS		55,304.)
	MORE THAN 1,300 OLDER ADULTS LIVE SAFELY AND INDEPENDENTLY IN THE SETTING OF THEIR CHOOSING BY PROVIDING CARE MANAGEMENT, COUNSELING, AND		
	HOMEMAKER SERVICES. THE AGING CARE & CONNECTIONS PROGRAM REDUCES SOCIAL		
	ISOLATION AND BARRIERS TO CARE FOR OLDER ADULTS IN AGING-FRIENDLY		
	COMMUNITIES BY OFFERING INCLUSIVE PROGRAMS AND SUPPORT SERVICES SUCH AS		
	KOSHER MEALS ON WHEELS, MEALS AT THE JCC, AND FRIENDLY VISITORS.		
	ADDITIONALLY, JFS PROVIDES VITAL SERVICES TO 74 HOLOCAUST SURVIVORS IN		
	NEED OF CARE AND SUPPORT THAT ALLOW THEM TO REMAIN SAFELY IN THEIR OWN		
	HOMES AND MAINTAIN A GOOD QUALITY OF LIFE.		
4.0	(Code:) (Expenses \$3,789,152. including grants of \$2,329,061.) (Revenue \$		5 227 \
40	JFS OFFERS ROBUST AND COMPREHENSIVE ASSISTANCE TO INDIVIDUALS AND		
	FAMILIES IN CRISIS WHILE PROMOTING LONG-TERM SELF-SUFFICIENCY AND		
	PREVENTING HOMELESSNESS. BY PROVIDING SUPPORTIVE SERVICES SUCH AS		
	FINANCIAL ASSISTANCE, CASE MANAGEMENT, JOB PREPARATION/EMPLOYMENT		
	SERVICES, JFS IS HELPING THE MOST AT-RISK PEOPLE IN OUR COMMUNITY		
	STABILIZE THEIR LIVES AND IMPROVE THEIR ECONOMIC SECURITY. JFS ADVANCES		
	CLIENTS' WORK EXPERIENCE BY PROVIDING INTENSIVE CASE MANAGEMENT AND JOB		
	READINESS SERVICES FOR THOSE ELIGIBLE FOR TEMPORARY ASSISTANCE TO NEEDY		
	FAMILIES (TANF). IN ADDITION, JFS INCREASES ACCESS TO FRESH, HEALTHY,		
	AND NUTRITIOUS FOODS AND MEALS AT THE WEINBERG FOOD PANTRY SERVING MORE		
	THAN 1,375,000 HOUSEHOLDS ANNUALLY. (CONTINUED ON SCHEDULE 0.)		
4d	Other program services (Describe on Schedule O.)		

4d	Other program service	es (Describe on Schedule	0.)			
	(Expenses \$	2,058,904. includi	ng grants of \$	142,412.) (Revenue \$	258,973.)	
4e	Total program service	expenses 🕨	10,611,093.			
					Form 990 (2	020)

SEE SCHEDULE O FOR CONTINUATION(S)

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JEWISH FAMILY SERVICE OF COLORADO INC.

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Par	t IV Checklist of Required Schedules			3-
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		x
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		x
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		x
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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
-	Schedule D, Part III	8		x
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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI	11a		
U		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C		11c		x
Ь	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			
u		11d	х	
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
10-				
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	4.4%		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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	17		X
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	X	<u> </u>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	x	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		x
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		x
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	Х	
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
30	Notes All Forms 000 filese are used to complete Ochosticle O	38	x	
Par		30		
	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 198			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	5			

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Part V Statements Regarding Other IRS Flings and Tax Compliance (contrued) Yes No 2a Enter the number of employees reported on from W/G, Transmittal of Wage and Tax Statements, 223 2 3 2 2 3 2 2 3 2	Form	990 (2020) JEWISH FAMILY SERVICE OF COLORADO INC.	84-040270	1	Р	age 5
2a Enter the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, 2a 2a 2a b If at least one is reported on line 2a, did the organization file all required tederal employment tax returns? 2b X Mote: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> / <i>de</i> (see instructions) 3a X b If the statistication have emetated business groups income of 51, 1000 or mere during the year? 3b X b If Yes, "hast filed a form 590-11 for this year, of the organization have an interest in, or a significant or other authority over, a financial account is a foreign country year, and the organization have interest in, or a significant construct statistication are unitable as the any time during the tax year? 3a X b If Yes, "instation a port to organization file of may time during the tax year? 3b X b If Yes, "instation a port to organization file organization file organization for 8086170 3c X b If Yes, "instation any to device device that accounts provide an explanation and try to a prohibited tax sheat/she contributions? 3a X b If Yes, "indit the organization include with every solicitation an express statement that such contributions solitation and the statistic contributions? 3b X b <th>Par</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th> <th></th> <th></th> <th></th> <th></th>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Test end of the calendar year ending with or within the year covered by this return Image: Test end of the calendar year end of the cale of the calendar year end of the calendar year end of the calendar year, end of the calendar year yeare (the calendar year), end of the calendar ye					Yes	No
b If at least one is reported on line 2a, did the organization file all required leaders employment tax returns? 2b X Write: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a</i> - <i>ba</i> (see instructions) 3a X b The "the sum of lines 1a and 2a is greater than 250, you may be required to <i>a</i> - <i>ba</i> (see instructions) 3b X b The "thes," has it field a form 590 Tor the year? 3b, it was it was a bank account, securities account, or other functional account? 4a X b The "thes," instant field a forming requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for film grequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for the organization have in the may film 6-ding the tax year? 5c X b If Yes," indit the organization in the Yes or any the tot ding the tax year? 5c X 5c X b If Yes," indit the organization in the Yes or colubit the as a charitable contributions any the any the ding the axy year? 5c X 5c X b If Yes," indit the organization in the Yes or colubit the ax sheet than 200, you, and dithe organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or charitable contributions or services provide? 7a X If Yes," indit the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to any price (see instructions) Image: Control 1 a foreign and the calendary year, did the organization have an inferest in, or a signature of other authority over, a financial account is foreign action than see into activity (such as a bank account, securities account, or other financial account)? Image: Control 1 a foreign activity (such as a bank account, securities account, or other financial account)? Image: Control 1 a foreign activity (such as a bank account, securities account, or other financial account)? Image: Control 1 a foreign activity (such as a bank account, securities account, or other financial account)? Image: Control 1 a foreign activity (such as a bank account, securities account, or other financial account)? Image: Control 1 a foreign activity (such as a bank account, securities account, or other financial account)? Image: Control 1 a foreign activity (such as a bank account, securities account, or other financial account)? Image: Control 1 a foreign activity (such as a bank account, securities account, or other financial account)? Image: Control 1 a foreign activity (such as a bank account, securities account, or other financial accounts (FBAR), foreign activity (such as charitable contributions? Image: Control 1 a foreign activity (such as a charitable contributions? 6 Max Such activity (such as charitable contributions? Such activity (such as charitable foreign activity (such as charitable foreign activity (such as charitable foreign activity), and activity (such as charitable foreign activity (such as charitable foreign activity), and activity (such as charitable foreign activity), and activity (such as charitable foreign activity), an		filed for the calendar year ending with or within the year covered by this return	2a 223			
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O.	15					
16 X If "Yes," complete Form 4720, Schedule O. If				15		X
If "Yes," complete Form 4720, Schedule O.						
	16		income?	16		X
		If "Yes," complete Form 4720, Schedule O.		-	0000	

Form **990** (2020)

032005 12-23-20

Form	990 (2020) JEWISH FAMILY SERVICE OF COLORADO INC.			0402701		P	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7	7b below, an	d for a "N	lo" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion 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		27			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other				
-	officer, director, trustee, or key employee?				2	х	
3	Did the organization delegate control over management duties customarily performed by or under the			····· -	~		
3	of efficiency diverting the state of an low complexity of a mean second complexity of the second of				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99		filod?		4		x
_							x
5	Did the organization become aware during the year of a significant diversion of the organization's associated by the organization is a second to be a second				5		X
6	Did the organization have members or stockholders?			······ -	6		^
<i>1</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				_		
	more members of the governing body?			····· -	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
	persons other than the governing body?			····· -	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-				
	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			······ _	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue (Code.)				
				-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \ldots$			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the fo	rm?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	icts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe				
	in Schedule O how this was done	· · · · · · · · · · · · ·			12c	Х	
13	Did the organization have a written whistleblower policy?			Γ	13	Х	
14	Did the organization have a written document retention and destruction policy?			Г	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b		x
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			····· -			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont wit	tha				
iod					16-		x
F	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			····· -	16a		
D			-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				164		
San	exempt status with respect to such arrangements?				16b		
17		-1.000	T (O + +1'+++ - 5)				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-	I (Section 50	01(c)(3)s d	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	f interest pol	icy, and f	inanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records	<u> </u>			
	SHYANNE CHING - 303-597-5000						
	3201 S TAMARAC DRIVE, DENVER, CO 80231						
032006	12-23-20				Form	990	(2020)
	7					-	-
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Form 990 (2020)	JEWISH FAMILY SERVICE OF COLORADO INC.	84-0402701	Page 7								
Part VII Compens	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors											
Check if Scl	nedule O contains a response or note to any line in this Part VII										
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employees										
•	for all persons required to be listed. Report compensation for the calendar year	č									

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, and 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	ee e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		vold	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LINDA P. FOSTER	38.00		-							
PRESIDENT AND CEO				х				307,103.	0.	25,567.
(2) JESSICA ZEIDMAN	38.00									
CHIEF DEVELOPMENT OFFICER				х				144,322.	0.	9,093.
(3) SHYANNE CHING	38.00									
CHIEF FINANCIAL OFFICER				х				121,790.	0.	11,806.
(4) ALEAH HORSTMAN	38.00									
CHIEF OPERATING OFFICER-END 09/2021				X				122,386.	0.	7,130.
(5) STACEY WEISBERG	38.00									
DIRECTOR MENTAL HEALTH SERVICES						X		109,126.	0.	12,239.
(6) JEAN MARSHALL	38.00									
CHIEF HUMAN RESOURCE				х				110,677.	0.	5,231.
(7) SARA LEEPER	38.00									
DIRECTOR DISABILITY AND EMPLOYMENT						X		104,883.	0.	5,950.
(8) JONATHAN ALPERT	1.00									
TRUSTEE		Х						0.	0.	0.
(9) DAVID ASARCH	1.00									
TRUSTEE		Х						0.	0.	0.
(10) MICHAEL ASARCH	1.00									
TRUSTEE		Х						0.	0.	0.
(11) ED BARAD	1.00									
TRUSTEE		Х						0.	0.	0.
(12) JJ ASARCH	1.00									
TRUSTEE		Х						0.	0.	0.
(13) JASON COOPER	1.00									
TRUSTEE		Х		Х				0.	0.	0.
(14) DAVID FEINER	1.00									
TRUSTEE		Х						0.	0.	0.
(15) GILAD GORDON	1.00									
TRUSTEE		Х						0.	0.	0.
(16) CHARLIE GWIRTSMAN	1.00									
IMMEDIATE PAST CHAIR		Х		х				٥.	0.	0.
(17) LEANNA HARRIS	1.00									
CHAIR		х		х				0.	0.	0.
032007 12 23 20										Form 990 (2020)

032007 12-23-20

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Form 990 (2020) JEWISH FAMILY	SERVICE O	FC	OLO	RAD	0 I	NC.			84-040	2701	L	P	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(10		Posi) than o		Reportable	Reportable		Es	stimate	ed
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation		an	nount	of
	week		cer an	d a di	irecto I	or/trus T	tee)	from	from related			other	
	(list any	ector						the	organizations			pensa	
	hours for	or dir	e			ated		organization	(W-2/1099-MISC	り		om th	
	related organizations	ustee	truste		e	bensi		(W-2/1099-MISC)			•	anizat	
	below	ual tri	io nal		ploye	t com						d relat anizati	
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	ii iizati	0115
(18) GARETH HEYMAN	1.00		_	0	×	1 - 0	-						
TRUSTEE		х						0.		٥.			0.
(19) AARON HYATT	1.00												
TRUSTEE		Х						0.		٥.			0.
(20) MAC MACSOVITS	1.00												
TRUSTEE		х						0.		٥.			0.
(21) JOHN KEITH	1.00												
TRUSTEE		Х						0.		0.			0.
(22) JENNIFER KRAFT	1.00												0
TRUSTEE (23) MARK KRIVEL	1 00	Х						0.		0.			0.
TRUSTEE	1.00	x						0.		٥.			Ο.
(24) MINDY LEVY PECKAR	1.00	~						0.					
TRUSTEE	1.00	x						0.		٥.			0.
(25) LAURA MICHAELS	1.00												
TRUSTEE		х						0.		٥.			0.
(26) EARL PETTET	1.00												
TRUSTEE		х						0.		٥.			0.
1b Subtotal								1,020,287.		٥.		77,	016.
c Total from continuation sheets to Part VII	, Section A							0.		٥.			0.
d Total (add lines 1b and 1c)								1,020,287.		٥.		77,	016.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													7
										r		Yes	No
3 Did the organization list any former officer,	-			•	-		Ŭ		•				v
line 1a? If "Yes," complete Schedule J for su										···	3		X
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a											-		x
rendered to the organization? <i>If</i> "Yes," <i>com</i>	olete Schedule	e J fo	or su	ich r	oers	on .					5		_ ^
1 Complete this table for your five highest cor	nnensated inc	lene	nder	nt co	ontra	acto	rs tł	nat received more than \$	100 000 of compe	nsat	ion fro		
the organization. Report compensation for t	•	•							•	nout			
(A)				<u>.</u>				(B)			(0)	
Name and business	address							Description of s	ervices	C		nsatio	'n
TOUCHING HEARTS AT HOME, 2821 S. PARK	ER												
RD., SUITE 415, AURORA, CO 80014								SENIOR HOME CARE				344,	614.
SEVENS HOME CARE , 599 TOPEKA WAY, SU	UTE												
303, CASTLE ROCK, CO 80109								SENIOR HOME CARE				129,	287.
2 Total number of independent contractors (in		ot lin	nitor	1 + ~ +	thee		tod	above) who received me	ore than				
\$100,000 of compensation from the organiz	ation 🕨		met			2	eu						
SEE PART VII, SECTION A CONTINU	ATION SHEE	TS								I	Form	990 ((2020)
032008 12-23-20													

9 2020.05000 JEWISH FAMILY SERVICE OF 128524_1

Form 990JEWISH FAMILY	84-0402701									
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd ⊦	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per week							from the	from related organizations	other
	(list any	tor				Highest com pensated em ployee		organization	(W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(112/1000 11100)	organization
	related	ee or	stee			nsate				and related
	organizations	Individual trustee or director	Institutional trustee		oyee	ompe				organizations
	below	ridual	tution	er	Key employee	est co	ler			Ū
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) VIC SULZER	1.00									
TRUSTEE		Х						0.	٥.	0.
(28) RICK RHEINS	1.00									
TRUSTEE		х						0.	0.	0.
(29) JANE E. ROSENBAUM	1.00									
TRUSTEE		Х						0.	0.	0.
(30) MARTY ROSENBAUM	1.00									
TRUSTEE		х						0.	0.	0.
(31) JAMIE SARCHE	1.00									
TRUSTEE		х						0.	0.	0.
(32) BARRY SILVESTAIN	1.00									
TRUSTEE		Х						0.	0.	0.
(33) SCOTT STILLMAN	1.00									
TREASURER		х		х				0.	0.	0.
(34) SAM ZAITZ	1.00									
TRUSTEE		х						0.	0.	0.
(35) BRENT OHMAN	38.00									
CHIEF OPERATING OFFICER-BEG. 03/2021				х				0.	0.	0.
Total to Part VII, Section A, line 1c	<u></u>	<u></u> .	<u></u>	<u></u> .	<u></u> .	<u></u> .				

032201 04-01-20

Par	't VII	Statement of Re	even	ue						
		Check if Schedule O	conta	ains a respo	nse	or note to any line	in this Part VIII			
							(A)	(B) Related or exempt	(C)	(D) Revenue exclu
							Total revenue	function revenue	Unrelated business revenue	from tax und
										sections 512 -
ţ	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
₩	с	Fundraising events		1c		335,167.				
ar	d	Related organizations		1d						
<u>m</u> i	е	Government grants (con	tributi	ons) 1e		4,459,817.				
ŝ	f	All other contributions, gifts	, grant	ts, and						
the		similar amounts not include	d abov	/e 1 f		7,653,024.				
0 p	g	Noncash contributions included in	n lines 1	la-1f 1g	6	1,566,080.				
an	h	Total. Add lines 1a-1f				►	12,448,008.			
						Business Code				
	2 a	CLINICAL SERVICES				621300	1,731,465.	1,731,465.		
ð	b	SHALOM DENVER				812900	257,700.	257,700.		
'nu	с	OLDER ADULT SERVIC	ES			812900	55,304.	55,304.		
Řevenue	d	CRS EMERGENCY ASSI	STAN			812900	3,890.	3,890.		
,с	е	TANF/EMPLOYMENT AS	SIST			812900	1,337.	1,337.		
	f	All other program service	e reve	nue		812900	1,273.	1,273.		
	g					►	2,050,969.			
	3	Investment income (inclu	uding	dividends, i	ntere	st, and				
		other similar amounts)					216,434.			216,4
	4	Income from investment of tax-exempt bond proceeds								
	5	Royalties	<u></u>			🕨 🗌				
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses								
		Rental income or (loss)	6c							
	d	Net rental income or (los	s)			▶				
		Gross amount from sales of	·	(i) Securit	ies	(ii) Other				
		assets other than inventory		648,2	243.	503,401.				
	b	Less: cost or other basis								
Ð		and sales expenses	7b		Ο.	147,613.				
enue	с	Gain or (loss)	7c	648,2	243.	355,788.				
		Net gain or (loss)					1,004,031.			1,004,0
		Gross income from fundrais					· ·			
5	•	including \$								
		contributions reported or								
		Part IV, line 18		,	8a	4,855.				
	b	Less: direct expenses			8b	55,972.				
		Net income or (loss) from					-51,117.			-51,1
		Gross income from gami					, -			,
	- 4	Part IV, line 19			9a					
	h	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory,			<u> </u>					
		and allowances			10a					
	h	Less: cost of goods sold			10b					
		Net income or (loss) from								
\neg			. 5410		· y	Business Code				
	11 🤉	MISCELLANEOUS				900099	9,443.			9,4
Revenue	n a b						-,			-,-
ver						+				
Be	c c					+				
		All other revenue				L	9,443.			
		Total. Add lines 11a-11d						2 050 060	0.	1 1 7 9 7
	12	Total revenue. See instruct	IUNS			🏲 🗎	15,677,768.	2,050,969.	· · ·	1,178,7

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JEWISH FAMILY SERVICE OF COLORADO INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 5,000 5,000. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3,647,841 3,647,841 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 852,521 698,360 154,161. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 6,245,019. 4,583,946. 1,147,886. 513,187. 7 8 Pension plan accruals and contributions (include 16,947 section 401(k) and 403(b) employer contributions) 147,205 120,220, 10,038. 453,928 580,397 76,452 50,017. 9 Other employee benefits 600,128. 407,059 141,407 51,662. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 68,047. 13,335, 54,712, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 69,842. 69,842. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 531,542 264,047 132,208 135,287. column (A) amount, list line 11g expenses on Sch O.) 123,314 7,225 542 115,547. Advertising and promotion 12 21,988. 97,609 57,015. 18,606 13 Office expenses _____ 54,378. 36,283. 7,102 10,993. 14 Information technology Royalties 15 572,705 448,073 48,355 76,277. 16 Occupancy 21,501 19,356, 1,935 210. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 86,796. 2,725. 9,161. 74,910. Conferences, conventions, and meetings 19 30,107. 30,107 20 Interest Payments to affiliates 21 321,550 269,063, 31,484 21,003. 22 Depreciation, depletion, and amortization 17,062 17,062. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) BUSINESS SERVICES 197,596, 197,596, а PAYROLL FEES 26,770 18,571. 6,421 1,778. b DUES & SUBSCRIPTIONS 24,993. 7,851, 16,021. 1,121. С d 67,743 34,897 28,986 3,860. All other expenses е 2,536,534 14,389,666 10,611,093 1,242,039. Total functional expenses. Add lines 1 through 24e 25 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) Form 990 (2020)

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12 2020.05000 JEWISH FAMILY SERVICE OF 128524 1 Form 990 (2020)

Part X Balance Sheet

Form 990 (2020)

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,840,467.	1	1,048,248.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,084,487.	3	454,803.
	4	Accounts receivable, net			627,889.	4	824,120.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	fied pei				
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	–			334,598.	9	168,656.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,654,740.			
	b	Less: accumulated depreciation		2,546,889.	2,996,510.	10c	3,107,851.
	11	Investments - publicly traded securities			7,898,905.	11	11,046,146.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		1,079,472.	15	1,219,926.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	16,862,328.	16	17,869,750.
	17	Accounts payable and accrued expenses	1,794,530.	17	1,526,992.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F		21			
ŝ	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
iabi		controlled entity or family member of any of thes	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third I	parties		24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X			
		of Schedule D			1,609,800.	25	0.
	26				3,404,330.	26	1,526,992.
6		Organizations that follow FASB ASC 958, che	ck her				
č		and complete lines 27, 28, 32, and 33.			<pre></pre>		0.004.000
alar	27			······	6,088,296.	27	8,294,626.
B	28	Net assets with donor restrictions			7,369,702.	28	8,048,132.
ŭ		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
Ĕ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
ît A	31	Retained earnings, endowment, accumulated inc			12 455 000	31	16 340 850
Ne	32	Total net assets or fund balances			13,457,998.	32	16,342,758.
	33	Total liabilities and net assets/fund balances			16,862,328.	33	17,869,750.

JEWISH FAMILY SERVICE OF COLORADO INC.

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

84-0402701 Pag

Page **11**

Form	1990 (2020) JEWISH FAMILY SERVICE OF COLORADO INC.	84-0402701		Pag	_{ge} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,	677,	768.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,	389,	666.				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	288,	102.				
4									
5	Net unrealized gains (losses) on investments	5	1,	602,	758.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-6,	100.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	16,	342,	758.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>						
		_	_	Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	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	X					
	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:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit							
	Act and OMB Circular A-133?	····· -	3a	x					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	L				

Form **990** (2020)

SCHEDUL	E A.
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public

Inspection

Name of the organization

Nan	ame of the organization Employer identification number											
				OF COLORADO INC.					84-0402701			
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of chu	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that normal	-					ne general r	oublic 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	\square	An agricultural research org				ed in coniu	unction with a	land-grant	college			
		or university or a non-land-g				-		-	-			
		university:	, 5 5			, ,	,	5				
10		An organization that normal	llv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from			
		activities related to its exem										
		income and unrelated busin		-					-			
		See section 509(a)(2). (Cor		(,,,				,	,			
11		An organization organized a		ively to test for public sa	fetv. See	section 50)9(a)(4).					
12	\square	An organization organized a	•		•			rrv out the	purposes of one or			
		more publicly supported or	•	•	•							
		lines 12a through 12d that	-									
а		Type I. A supporting orga				-		-	aivina			
-		the supported organization	-	-	• • • •	-						
		organization. You must c										
b		Type II. A supporting organization	-		ion with its	s sunnorte	ed organizatio	n(s) by hay	ina			
2	L	control or management o					-		-			
		organization(s). You mus						ge the cup				
с		Type III functionally inte	-		in connect	tion with a	and functional	llv integrate	d with			
	L	its supported organization						iy intograte				
d		Type III non-functionally						ted organiz	ration(s)			
u	L	that is not functionally int						-				
		requirement (see instructi			•		-	i un uttoriti				
е		Check this box if the orga	-					II Type III				
Ũ		functionally integrated, or					турс і, турс	n, rype m				
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0							
		vide the following information	•	d organization(s)								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Tota												
		Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020			

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17351201 147228 128524

2020.05000 JEWISH FAMILY SERVICE OF 128524_1

Schedule A (Form 990 or 990-EZ) 2020 JEWISH FAMILY SERVICE OF COLORADO INC.

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.)

 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 	Sec	ction A. Public Support						
membership teas needwid. (Do not include any 'unusual grants'). 8,705,328. 9,078,658. 8,938,125. 11,231,090. 12,448,008. 50,401,209. 2 Tax revenues levide for the organization's benefit and ether paid to or expended on its behalt 50,401,209. 50,50,401,209. 50,401,209.	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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Schedule A (Form 990 or 990-EZ) 2020 JEWISH FAMILY SERVICE OF COLORADO INC.

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-						
-	ization'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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi:	zation,
	check this box and stop here	<u></u>					
Sec	tion C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the						e 17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2019. If the	-					
	line 18 is not more than 33 1/3%, che						on
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	3 01-25-21		17	1	Sch	eaule A (Form	990 or 990-EZ) 2020

^{2020.05000} JEWISH FAMILY SERVICE OF 128524_1

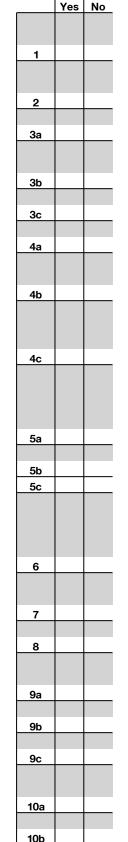
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 JEWISH FAMILY SERVICE OF COLORADO INC.

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Yes No

1

2

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
2	Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Part IV Supporting Organizations (continued)

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported exception(a)	1		

Section D.	All Type III Supporting Organizations	;

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--	---	--

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

17351201 147228 128524

2020.05000 JEWISH FAMILY SERVICE OF 128524_1

Sche	dule A (Form 990 or 990-EZ) 2020 JEWISH FAMILY SERVICE OF COLORADO	D INC.		84-0402701	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain ir	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mu		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
<u>a</u>	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020	JEWISH	FAMILY	SERVICE	OF	COLORADO	INC
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	Jed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	າຣ	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
<u> i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 JEWISH FAMILY SERVICE OF COLORADO INC.	84-0402701	Page 8
Part VISupplemental Information.Provide the explanations required by Part II, line 10; Part II, line 1Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, Iline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1;Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac(See instructions.)	ines 1 and 2; Part IV, Sectic Part V, Section B, line 1e; P	on C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2016 AMOUNT: \$ 37,949.		
2017 AMOUNT: \$ 74,108.		
2020 AMOUNT: \$ 9,443.		
032028 01-25-21 Sc 2.2	hedule A (Form 990 or 990)-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

ber

Name of the organization		Employer identification number		
	JEWISH FAMILY SERVICE OF COLORADO INC.	84-0402701		
Organization type (chee	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	Ile. See instructions.		
General Rule				
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributor	6 · · · · · · · · · · · · · · · · · · ·		
Special Rules				
sections 509(a any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo V-EZ, line 1. Complete Parts I and II.	or 16b, and that received from		
	tion described in section $E(1/c)/(2)$ (9) or (10) filing Form 000 or 000 EZ that reasized from	00000		

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

JEWISH FAMILY SERVICE OF COLORADO INC.

84-0402701

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$727,359.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$323,503.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,226,760.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$618,882.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$362,498.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$309,353.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

JEWISH FAMILY SERVICE OF COLORADO INC.

84-0402701

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$1,609,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

17351201 147228 128524

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

JEWISH FAMILY SERVICE OF COLORADO INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Noncash Property (see instructions). Use duplicate copies of Par	t il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD	\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	LEASEHOLD IMPROVEMENTS	\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

17351201 147228 128524



Employer identification number

84-0402701

2020.05000 JEWISH FAMILY SERVICE OF 128524_1

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Page **4**

ame of org	anization		Employer identification numb
EWISH FAI	MILY SERVICE OF COLORADO INC.		84-0402701
Part III) through (e) and the following line e charitable, etc., contributions of \$1,000 c	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye entry. For organizations
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.		(e) Transfer of g	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. 			
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	gift Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
3454 11-25-20	0		Schedule B (Form 990, 990-EZ, or 990-PF) (2

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17351201 147228 128524

2020.05000 JEWISH FAMILY SERVICE OF 128524_1

SCHEDULE I	D
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Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of

the organization	
------------------	--

Employer identification number 84-040270

	JEWISH FAMILY SERVICE OF COLORADO INC.	84-0402701	
Pa	rt I Organizations Maintaining Donor Advised Funds or Other	Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 fu	nds
	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 confe	erring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization answered	/es" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply	/).	
	Preservation of land for public use (for example, recreation or education)	Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contr	ibution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not of	on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, o	r terminated by the orga	nization during the tax
	year ►		
4	Number of states where property subject to conservation easement is located \blacktriangleright		
5	Does the organization have a written policy regarding the periodic monitoring, inspe	ection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,	and enforcing conservat	ion easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	enforcing conservation e	asements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	ents of section 170(h)(4)(I	B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its rev	-	
	balance sheet, and include, if applicable, the text of the footnote to the organization	n's financial statements t	hat describes the
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Tr	acuras or Othor	Similar Assots
га			Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
па	If the organization elected, as permitted under FASB ASC 958, not to report in its re		
	of art, historical treasures, or other similar assets held for public exhibition, education		ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that d		
D	If the organization elected, as permitted under FASB ASC 958, to report in its reven		
	art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		N A
~	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar	-	, provide
_	the following amounts required to be reported under FASB ASC 958 relating to the		
a L	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

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Sche	Schedule D (Form 990) 2020 JEWISH FAMILY SERVICE OF COLORADO INC. 84-04027						P	age 2			
Pai	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	asures, or	Other S	Similar As	ssets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check a	ny of the f	ollowing that i	make sigi	nificant use	of its	·	,	
	collection items (check all that apply):				Ū.	C C					
а	Public exhibition	d		an or exc	hange prograr	n					
b											
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they	further th	e organization	ı's exemr	ot purpose ir) Part)	KIII.		
5	During the year, did the organization solicit o										
•	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran							art IV li			
	reported an amount on Form 990, Pai			gamzatio			0111 000, 1 0	,	110 0, 01		
19	Is the organization an agent, trustee, custodi		iany for co	atribution	s or other asse	ats not in	cluded				
ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							ட] 165		
a	in res, explain the arrangement in Part All	and complete the fol	lowing tab	ie.					A.m.o.un		
_	De sienie a belen ee								Amoun	<u>t</u>	
	Beginning balance										
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance								1 1		
	Did the organization include an amount on Fo						r?	ட	Yes		No
Pa	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete i										
		(a) Current year		or year	(c) Two years		d) Three years				
1a	Beginning of year balance	4,103,209.	4,3	02,658.	4,277		4,221,		3	,948,	
b	Contributions	250,000.		750.		310.		435.			360.
	Net investment earnings, gains, and losses	1,131,268.		89,638.	229	,198.	142,	125.		410,	660.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	152,328.	2	89,837.	204	,395.	135,	253.		189,	448.
f	Administrative expenses										
g	End of year balance	5,332,149.	4,1	03,209.	4,302	,658.	4,277,	545.	4	, 221	238.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, d	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 100	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that a	re held ar	nd administere	d for the	organizatior	ı			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pa	't VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	. Part IV. li	ine 11a. S	ee Form 990.	Part X. lir	ne 10.				
	Description of property	(a) Cost or o			or other		cumulated		(d) Boo	k valu	ie.
	Description of property	basis (investr		. ,	(other)	• •	eciation		(u) B00	it valu	U
19	Land		1,000.		540,000.					624	000.
	Land		7,280.	1	,590,456.		726,834		1		902.
	Buildings Leasehold improvements		,		,603,117.		987,078	_	- ,		039.
					,003,737.		627,888	_			849.
	Equipment				216,150.		205,089			,	061.
-	Other			(D) "				<u> </u>	3	,	851.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part)	<u>x, column</u>	(B), line 1	<u>UC.)</u>			. 			
							Sch	ieaule	D (Forn	i 990)	12020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATIONS	978,302.
(2) ASSETS HELD UNDER DEFERRED COMPENSATION PLAN	241,624.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	1,219,926.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, lin	ne 25
1. (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 JEWISH FAMILY SERVICE OF COLORADO INC.		84-040270	1 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements W	Vith Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	17,266,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	a 1,602,758.		
b	Donated services and use of facilities 21	o		
С	Recoveries of prior year grants	•		
d	Other (Describe in Part XIII.)	b		
е	Add lines 2a through 2d		2e	1,602,758.
3	Subtract line 2e from line 1		3	15,663,897.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	a 69,843.		
b	Other (Describe in Part XIII.)	-55,972.		
С	Add lines 4a and 4b		4c	13,871.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	15,677,768.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	14,381,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
а	Donated services and use of facilities2	a		
b	Prior year adjustments 21	b		
С	Other losses 2d	•		
d	Other (Describe in Part XIII.)	d 62,072.		
е	Add lines 2a through 2d		2e	62,072.
3	Subtract line 2e from line 1		3	14,319,823.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	a 69,843.		
b	Other (Describe in Part XIII.) 4	0		
с	Add lines 4a and 4b		4c	69,843.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	14,389,666.
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	es 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.		

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.

Part XIII Supplemental Information (continued)

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 LOAN.

BERTHA AND RAPHAEL LEVY ENDOWMENT: INCOME FROM THIS FUND IS USED TO

PROVIDE ASSISTANCE TO REFUGEES AND IMMIGRANTS.

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

COMMUNITY RESOURCES FOR STABILITY 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 INCOME IS TO BE USED FOR MENTAL HEALTH

COUNSELING.

BTO GROUP HOME ENDOWMENT: INCOME FROM THESE ENDOWMENTS IS RESTRICTED FOR

OPERATIONS AT THE JEWISH GROUP HOME. GROUP HOME ENDOWMENT WAS LIQUIDATED

UPON CLOSURE OF THE JEWISH GROUP HOME AND FUNDS WERE USED TO SUPPORT JFS

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Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)
DISABILITY SERVICES PROGRAMS GENERALLY AND TO PROVIDE TRANSITION SERVICES
TO THE GROUP HOME'S FORMER RESIDENTS.
JACK BERNSTONE ENDOWMENT, AGING SERVICES ENDOWMENT AND CORINNE ROTTMAN
ENDOWMENT: INCOME FROM THESE ENDOWMENTS IS RESTRICTED FOR USE IN THE AGING
CARE AND CONNECTIONS PROGRAMS.
BASKIN JEWISH COMMUNITY CHAPLAINCY ENDOWMENT IS RESTRICTED FOR USE FOR
THE CHAPLAINCY PROGRAM.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES -55,972.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 55,972.
BAD DEBT FROM CONTRIBUTIONS 6,100.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 62,072.

Schedule D (Form 990) 2020

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	organization entered more than \$15,000 on Form 990-EZ, line 6a.					or if the	2020	
Department of the Treasury Internal Revenue Service							Open to Public Inspection	
Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		ntification number
riane of the organization		ILY SERVICE OF COLORADO INC					84-040270	
Part I Fundrais		Complete if the organization answe		es" or	n Form 990. Part IV. I	line 1	7. Form 990-EZ	filers are not
	complete this part							
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa		tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	Yes	
compensated at le				agreei	nents under which ti	ne iu		;
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	l it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	90 or 990-EZ) 2020

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	Schedule G (Form 990 or 990-EZ) 2020	JEWISH	FAMILY	SERVICE	OF	COLORADO	INC
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84-0402701 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 FACES OF JFS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	340,022.			340,022.
	2	Less: Contributions	335,167.			335,167
	3	Gross income (line 1 minus line 2)	4,855.			4,855.
	4	Cash prizes				
	5	Noncash prizes	108.			108
Direct Expenses	6	Rent/facility costs				
Irect Ey	7	Food and beverages	4,831.			4,831
וב	0	Entertainment				
	8					51 033
	9	Other direct expenses	51,033.			
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	51,033. 9 in column (d)		•	55,972
	9	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a	51 , 033 . 9 in column (d) ne 3, column (d)			55,972
Pai	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	51 , 033 . 9 in column (d) ne 3, column (d)			51,033 55,972 -51,117 (d) Total gaming (add col. (a) through col. (c)
Pai	9 10 11 rt I	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	51,033. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	 55,972 -51,117 (d) Total gaming (add
Pal	9 10 11 rt I	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	51,033. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	 55,972 -51,117 (d) Total gaming (add
Pal	9 10 <u>11</u> rt I 1 2	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	51,033. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	 55,972 -51,117 (d) Total gaming (add
Pal	9 10 <u>11</u> rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	51,033. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	 55,972 -51,117 (d) Total gaming (add
Pai	9 10 <u>11</u> rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	51,033. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	 55,972 -51,117 (d) Total gaming (add
Pal	9 10 11 11 1 2 3 4 5	Other direct expenses	51,033. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than (c) Other gaming	 55,972 -51,117 (d) Total gaming (add
	9 10 11 1 2 3 4 5 6	Other direct expenses	51,033. 9 in column (d) ne 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo Yes% No	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	 55,972 -51,117 (d) Total gaming (add col. (a) through col. (c

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Yes

No

No

Sch	edule G (Form 990 or 990-EZ) 2020 JEWISH FAMILY SERVICE OF COLORADO INC.	84-0402701	Page 3
11	Does the organization conduct 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?		No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	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 No
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amoun of gaming revenue retained by the third party \triangleright \$	t	
с	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
Pa	organization's own exempt activities during the tax year s rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Dort III, lines O	0h 10h
Га	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III, lines 9,	90, 100,
03208	33 11-25-20 Schedule G 36	(Form 990 or 990	D-EZ) 2020

	Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE I (Form 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasu	у	-	-	Attach to For				Open to Public			
Internal Revenue Service			Go to www.ii	rs.gov/Form990 fo	or the latest inform	nation.		Inspection			
Name of the organi	zation JEWISH FAMILY	SERVICE OF CO	DLORADO INC.					Employer identification number 84-0402701			
Part I Genera	al Information on Grants a	nd Assistance						•			
1 Does the org	anization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	ion			
	to award the grants or assis										
2 Describe in F	art IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.						
	and Other Assistance to	-				anization answered "	res" on Form 990, Par	t IV, line 21, for any			
	nt that received more than S					(f) Method of					
• •	address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
	mber of section 501(c)(3) a										
	mber of other organization							Sobadula I (Earm 000) 2020			

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Schedule I (Form 990) 2020

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
ENT, UTILITY, TRANSPORTATION, MEDICAL ASSISTANCE,					
ISC.	639	2,686,526.	0.		
OOD ASSISTANCE & SUPPLIES	4691	0.	961,315.	FAIR MARKET VALUE	FOOD AND HOUSEHOLD ITEMS
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	

PART I, LINE 2:

ORGANIZATIONS RECEIVING GRANTS FROM JEWISH FAMILY SERVICE ARE REIMBURSED ON

A COST-INCURRED BASIS, A CONTRACT SIGNED BY THE GRANTEE AND JEWISH FAMILY

SERVICES SPECIFIES THE RESPONSIBILITIES OF EACH ORGANIZATION. GRANTEES

MEET REGULARLY WITH JEWISH FAMILY SERVICE STAFF AND SUBMIT FINANCIAL AND

STATISTICAL REPORTS AS SPECIFIED IN THE CONTRACT. ORIGINAL DOCUMENTATION

IS REQUIRED TO BE SUBMITTED UPON REQUEST BY JEWISH FAMILY SERVICE. PROGRAM

STAFF MONITOR ADHERENCE TO PROGRAM GUIDELINES.

SC	HEDULE J	Compens	ation Information	I	OMB No.	1545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest					
•		Comp	ensated Employees		20	ZU	J
Dene	terrant of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service) for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1		Employer ide	entificatio	on nui	mber
		JEWISH FAMILY SERVICE OF CC	LORADO INC.	84-04	02701		
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any o	of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relev	vant information regarding these items.				
	First-class or c		Housing allowance or residence for perso	nal use			
	Travel for com		Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary	spending account	Personal services (such as maid, chauffer	ır, chef)			
_							
b	•	on line 1a are checked, did the organization					
-			ove? If "No," complete Part III to explain		. 1 b		
2			or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, reg	arding the items checked on line 1a?		. 2		_
~	la d'a sta colstata d'a						
3	3 Indicate which, if any, of the following the 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						
				on to			
	·	ation of the CEO/Executive Director, but expl					
			Written employment contract				
	·	ompensation consultant		ammittaa			
		ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Sec	ction A. line 1a. with respect to the filing				
	organization or a re		, , , , ,				
а	•	e payment or change-of-control payment?			4a	Х	
b		eive payment from a supplemental nonqualit	ïed retirement plan?		4b		x
с	Participate in or rec	eive payment from an equity-based compens			4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the app	blicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				5a		x
b	Any related organiz	ation?			5b		x
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	'n			
	contingent on the r	0					
а	a The organization?						X
b					6b		X
		r 6b, describe in Part III.					
7			the organization provide any nonfixed payments				
					. 7	X	
8	•		ued pursuant to a contract that was subject to the	ne			
		ption described in Regulations section 53.49			8		X
9		d the organization also follow the rebuttable			-		
	Regulations section				9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions f	or Form 990.	Schedu	le J (Forr	n 990)) 2020

032111 12-07-20

Schedule J (Form 990) 2020

84-0402701

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 on 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 aren't 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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	- other deferred benefits compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) LINDA P. FOSTER	(i)	276,491.	30,612.	0.	8,254.	17,313.	332,670.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JESSICA ZEIDMAN	(i)	134,322.	10,000.	0.	2,375.	6,718.	153,415.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020

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.

PART I, LINE 4A:

SARAH LEEPER RECEIVED SEVERANCE PAYMENTS OF \$48,609 AND ALEAH HORSTMAN

RECEIVED SEVERANCE PAYMENTS OF \$25,500.

PART I, LINE 7:

BONUSES ARE APPROVED BY THE BOARD AND PAID BASED ON THE COMPLETION OF

CERTAIN PERFORMANCE CRITERIA.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2020 **Open to Public** Inspection

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Employer identification number

84-0402701

Name of the organization	
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► Go to www.irs.gov/Form990 for instructions and the latest information.

JEWISH FAMILY SERVICE OF COLORADO INC.

Par	t I Types of Property				ł			
		(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 de noncash contribu	etermini		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		62,977.	FMV			
6	Cars and other vehicles	Х	12	18,655.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	9	218,943.	MARKET VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	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	650,290	961,315.	соят			
20	Drugs and medical supplies			,				
21								
22	Taxidermy Historical artifacts							
22								
23 24	Scientific specimensArcheological artifacts							
24 25	Archeological artifacts	x	1	283,140.	FMV			
	Other (COMPUTERS AND)	X	1	, · ·				
26 27	Other (AUCTION ITEMS)	x	6	1 -				
27	()		, °	1,230.				
<u>28</u> 29	Other () Number of Forms 8283 received by the organized end of the orga	L zotion during	l a tha tax year for a					
25	for which the organization completed Form 82						1	
	for which the organization completed Porth 62	00, Fait V, L	onee Acknowledg	29			Yes	No
302	During the year, did the organization receive b	v contributio	n any property rep	orted in Part L lines 1 throug	nh 28 that it		105	
504								
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for							x
h	exempt purposes for the entire holding period?							
	b If "Yes," describe the arrangement in Part II.						х	
	31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
s∠a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?							
	b If "Yes," describe in Part II.							
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,							
	describe in Part II.	the Instance	tions for Form 000)	Cabadula B	A (E e u ::		2000
LHA	For Paperwork Reduction Act Notice, see	une mouruer	10113 IUL FULLI 990		Schedule N	חוט או	⊤ອອບ)	2020

Schedule M (Form 990) 2020	JEWISH	FAMILY	SERVICE	OF	COLORADO	INC.

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.

SCHEDULE M, PART I, COLUMN (B):

FOOD INVENTORY IS MEASURED IN POUNDS.

SCHEDULE M, LINE 32B:

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 (Form 990) 2020

84-0402701

Page **2**

032142 11-23-20

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on)-EZ	OMB No. 1545-0047					
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		CUCU Open to Public					
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.							
Name of the organization	JEWISH FAMILY SERVICE OF COLORADO INC.		identification number					
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
THE FULL CONTINUUM	THE FULL CONTINUUM OF CARE INCLUDES HELPING OLDER ADULTS STAY							
SUPPORTED, CONNECT	ED, AND ENGAGED AS THEY AGE WHILE MAINTAINING A HIGH							
QUALITY OF LIFE; P	ROVIDING QUALITY MENTAL HEALTH COUNSELING AND CASE							
MANAGEMENT TO CHIL	DREN, ADULTS, IMMIGRANTS, AND REFUGEES; OFFERING							
TRAINING, JOB PLAC	EMENT, AND COMMUNITY ENRICHMENT TO PEOPLE WITH							
DISABILITIES; AND	PROVIDING HOUSING STABILITY, EMPLOYMENT SUPPORT, AND							
FOOD SECURITY TO I	NDIVIDUALS AND FAMILIES. EVERY YEAR, THE AGENCY							
SERVES THOUSANDS O	F INDIVIDUALS AND IMPACTS MORE THAN 15,000 PEOPLE OF							
ALL FAITHS, RACES,	AGES, INCOMES, AND ABILITIES.							
FORM 990, PART III	, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:							
THE LUNCHBOX EXPRE	SS PROGRAM PROVIDED MORE THAN 90,000 FREE, HEALTHY							
LUNCHES AND BREAKF	ASTS TO CHILDREN LIVING IN NEIGHBORHOODS WITH HIGH							
RATES OF POVERTY T	O COMBAT CHILDHOOD HUNGER.							
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:							
JFS SUPPORTS OVER	100 PEOPLE WITH DISABILITIES AS WELL AS THEIR							
FAMILIES AND CAREG	IVERS BY PROVIDING A PERSON-CENTERED APPROACH TO							
INDIVIDUALLY CUSTO	INDIVIDUALLY CUSTOMIZED SERVICES. SERVICES FOR PEOPLE WITH DISABILITIES							
INCLUDE CONNECTING	PARTICIPANTS TO VOLUNTEER OPPORTUNITIES, MEANINGFUL							
EMPLOYMENT, AND SO	CIAL AND RECREATIONAL ACTIVITIES. OUR DISABILITY							
PROGRAM BUILDS THE	WORKFORCE OF THE DENVER METRO AREA BY PROVIDING							
INDIVIDUAL AND GRO	UP EMPLOYMENT SUPPORT FOR THOSE WITH BARRIERS TO							
EMPLOYMENT. THE AC	E: ARTS AND COMMUNITY EXPLORATION PROGRAM IS A							
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	nedule O (For	m 990 or 990-EZ) 2020					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

45 2020.05000 JEWISH FAMILY SERVICE OF 128524_1

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization JEWISH FAMILY SERVICE OF COLORADO INC.	Employer identification number 84-0402701
PEOPLE-CENTERED INTERACTIVE DAY PROGRAM FOR INDIVIDUALS WITH	
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. IN ADDITION, JFS	
COORDINATES THE JEWISH DISABILITY ADVOCATES (JDA) PROGRAM TO PROMOTE	
FULL PARTICIPATION AND INCLUSION OF PEOPLE WITH DISABILITIES WHO ARE OF	
THE JEWISH FAITH INTO THE JEWISH COMMUNITY AND THE COMMUNITY AT-LARGE.	
EXPENSES \$ 1,465,589. INCLUDING GRANTS OF \$ 5,255. REVENUE \$ 257,700.	
THE VOLUNTEER SERVICES PROGRAM UTILIZES THE SKILLS AND EXPERIENCE OF A	
DIVERSE POOL OF VOLUNTEERS TO STRENGTHEN THE SERVICES OF THE AGENCY BY	
HELPING TO COORDINATE FOOD DISTRIBUTION IN THE FOOD PANTRY; ENHANCING	
THE LIVES OF OLDER ADULTS WITH REGULAR VISITS AND OUTINGS; LEADING	
HOLIDAY AND SHABBAT CELEBRATIONS AT NURSING HOMES, ASSISTED-LIVING	
FACILITIES, HOSPITALS, AND PRISONS: DISTRIBUTING LUNCHES TO CHILDREN IN	
LOW-INCOME NEIGHBORHOODS DURING THE SUMMER AND PROVIDING PRO BONO	
PROFESSIONAL SERVICES. IN FY2021, 1,671 VOLUNTEERS SUPPORTED JFS	
PROGRAMS AND SERVICES.	
JFS'S COMMUNITY CHAPLAIN PROVIDES SPIRITUAL COMFORT TO 537 JEWISH	
INDIVIDUALS AND FAMILIES WITH DIRECT SPIRITUAL CARE TO THOSE WHO ARE	
ILL, IN CRISIS, OR NEAR THE END OF THEIR LIVESIN HOSPITALS, MENTAL	
HEALTH INSTITUTIONS, CORRECTIONAL FACILITIES, OR AT HOME.	
EXPENSES \$ 204,876. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
· · · · · · · · · · · · · · · · · · ·	
JFS BOULDER HELPED 127 INDIVIDUALS MAINTAIN A HIGH QUALITY OF LIFE	
THROUGH PROGRAMS AND SERVICES THAT KEEP THEM SUPPORTED, CONNECTED, AND	
ENGAGED. SERVICES INCLUDE CARE MANAGEMENT, COUNSELING, COMPANIONSHIP,	
EMERGENCY ASSISTANCE, AND HOLIDAY CELEBRATIONS.	
EXPENSES \$ 388,439. INCLUDING GRANTS OF \$ 137,157. REVENUE \$ 1,273.	chedule O (Form 990 or 990-EZ) 2020
⁰³²²¹² 11-20-20 46 51201 147228 128524 2020.05000 JEWISH FAMI	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
JEWISH FAMILY SERVICE OF COLORADO INC.	84-0402701

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING MEMBERS OF THE BOARD HAVE A FAMILY RELATIONSHIP:

1. LEANNA HARRIS AND VIC SULZER

2. DAVID ASARCH AND JJ ASARCH

FORM 990, PART VI, SECTION B, LINE 11B:

THE BUDGET AND FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990.

AFTERWARDS THE DRAFT FORM 990 IS SENT TO THE BOARD FOR REVIEW BEFORE

APPROVING IT AT THE OFFICIAL BOARD MEETING.

FORM 990, PART VI, SECTION B, 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 EACH YEAR AND ARE MAINTAINED BY MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CEO'S COMPENSATION WAS REVIEWED, DISCUSSED, AND APPROVED BY THE

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF JFS, THE BOARD CHAIR, AND

THE CHIEF HUMAN RESOURCES OFFICER. THE COMMITTEE REVIEWED COMPARABLE

COMPENSATION AND DOCUMENTED THE DECISION IN THE MINUTES. COMPENSATION FOR

OTHER OFFICERS IS DETERMINED BY THE CEO IN CONSULTATION WITH THE CHIEF

HUMAN RESOURCES OFFICER TAKING THE CURRENT MARKET RATE INTO CONSIDERATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
JEWISH FAMILY SERVICE OF COLORADO INC.	84-0402701
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
WRITE OFF OF UNCOLLECTIBLE CONTRIBUTIONS	-6,100.
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

(b)

Primary activity

SCHEDULE R

(a)

Name, address, and EIN (if applicable)

of disregarded entity

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

Name of the organization

Department of the Treasury Internal Revenue Service

(Form 990)

JEWISH FAMILY SERVICE OF COLORADO INC.

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

SHALOM WORKSHOP LLC							
3201 S TAMARAC DR., SUITE 200					JEWISH FA	ILY SER	VICE
DENVER, CO 80231	PROPERTY	COLORADO	17	,077. 99	6,578.OF COLORA	DO INC.	
JFST LLC							
3201 S TAMARAC DR., SUITE 200					JEWISH FA	ILY SER	VICE
DENVER, CO 80231	PROPERTY	COLORADO	633	,394. 2,74	7,294.OF COLORA	DO INC.	
Part II Identification of Related Tax-Exempt O organizations during the tax year.	Drganizations. Complete if the organizati	ion answered "Yes" on Form 990), Part IV, line 34, I	because it had one	or more related tax-e	kempt	
(a)	(b)	(c)	(d)	(e)	(f)	Section	g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	Public charity status (if section	Direct controlling entity	0011	trolled tity?
of related organization		foreign country)	3001011	501(c)(3))	Criticy	Yes	No
						165	

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

Schedule R (Form 990) 2020

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

(f)

Direct controlling

entity

84-0402701

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
											+
	4										
	-										
	4										

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	(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	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	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		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	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		
	Sharing of paid employees with related organization(s)	10		
р	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		

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 JEWISH FAMILY SERVICE OF COLORADO INC.

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)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2020

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

032165 10-28-20