

Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning 9/01, 2009, and ending 8/31, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. <b>JEWISH FAMILY SERVICE OF NASHVILLE AND MIDDLE TENNESSEE, INC.</b> 801 PERCY WARNER BLVD #103 NASHVILLE, TN 37205	<b>D</b> Employer identification number 62-6046618
		<b>E</b> Telephone number 615-356-4234
		<b>F</b> Group Exemption Number..... ▶
		<b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****I** Website: ▶ WWW.JFSNASHVILLE.ORG**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 416,207.**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received.....	<b>1</b>	341,697.
	<b>2</b> Program service revenue including government fees and contracts.....	<b>2</b>	48,561.
	<b>3</b> Membership dues and assessments.....	<b>3</b>	
	<b>4</b> Investment income.....	<b>4</b>	2,849.
	<b>5a</b> Gross amount from sale of assets other than inventory.....	<b>5a</b>	15,000.
	<b>b</b> Less: cost or other basis and sales expenses.....	<b>5b</b>	14,547.
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	<b>5c</b>	453.
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <u>24,285.</u> of contributions reported on line 1).....	<b>6a</b>	8,100.
<b>b</b> Less: direct expenses other than fundraising expenses.....	<b>6b</b>	12,670.	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	<b>6c</b>	-4,570.	
<b>7a</b> Gross sales of inventory, less returns and allowances.....	<b>7a</b>		
<b>b</b> Less: cost of goods sold.....	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ .....).	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.....	<b>9</b>	388,990.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule).....	<b>10</b>	25,153.
	<b>11</b> Benefits paid to or for members.....	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits.....	<b>12</b>	245,303.
	<b>13</b> Professional fees and other payments to independent contractors.....	<b>13</b>	7,216.
	<b>14</b> Occupancy, rent, utilities, and maintenance.....	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping.....	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ <u>SEE STATEMENT 3</u> ).....	<b>16</b>	37,468.
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16.....	<b>17</b>	315,140.	
<b>ASSETS</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9).....	<b>18</b>	73,850.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	<b>19</b>	166,947.
	<b>20</b> Other changes in net assets or fund balances (attach explanation).....	<b>20</b>	6,179.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20.....	<b>21</b>	246,976.

**Part II** **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments.....	110,350.	192,335.
<b>23</b> Land and buildings.....		
<b>24</b> Other assets (describe ▶ <u>SEE STATEMENT 5</u> ).....	65,931.	63,389.
<b>25</b> <b>Total assets.</b> .....	176,281.	255,724.
<b>26</b> <b>Total liabilities</b> (describe ▶ <u>SEE STATEMENT 6</u> ).....	9,334.	8,748.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).....	166,947.	246,976.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.Form **990-EZ** (2009)

## Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

organizations and section 4947(a)(1) trusts; optional for others.)

28 a	153,141.
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28a	153,141.
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29a	67,553.
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29a	67,553.
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30 a	29,507.
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30 a	29,507.
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31 a	11,568.
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31 a	11,568.
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32	261,769.
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[illegible]

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 12

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. ....	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes. .	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? .....	<b>35a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>35b</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N .....	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? .....	<b>38a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved .....	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 .....	<b>39a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .....	<b>39b</b> N/A	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 .....	<b>40b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ....		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .....		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T .....	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ TN		

**42a** The organization's books are in care of ▶ ROSLYN B. LANDA Telephone no. ▶ (615) 354-1646  
 Located at ▶ 801 PERCY WARNER BLVD, STE. 103 NASHVILLE TN ZIP + 4 ▶ 37205

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>42b</b>	X
If 'Yes,' enter the name of the foreign country:.. ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....	<b>42c</b>	X
If 'Yes,' enter the name of the foreign country:.. ▶		

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. .... ▶ **43** N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ .....	<b>44</b>	X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ .....	<b>45</b>	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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.	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 **▶** \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 **▶** \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<b>▶</b> _____ Signature of officer		_____ Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>▶</b> _____		Date	Check if self-employed <b>▶</b> <input checked="" type="checkbox"/> <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>▶</b> FRASIER, DEAN & HOWARD, PLLC		Preparer's Identifying Number (See instructions) <b>▶</b> N/A	
	3310 WEST END AVENUE, STE. 550		EIN <b>▶</b> N/A	
	NASHVILLE, TN 37203		Phone no. <b>▶</b> (615) 383-6592	

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

BAA

Form 990-EZ (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**JEWISH FAMILY SERVICE OF NASHVILLE AND  
MIDDLE TENNESSEE, INC.**

Employer identification number

**62-6046618**

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III – Functionally integrated      d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- |  | Yes        | No |
|--|------------|----|
| (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11 g (i)   |    |
| (ii) a family member of a person described in (i) above?   | 11 g (ii)  |    |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above?  | 11 g (iii) |    |

h Provide the following information about the supported organizations.

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

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule **A** (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	293,664.	229,364.	334,440.	312,082.	341,697.	1,511,247.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1-through 3.	293,664.	229,364.	334,440.	312,082.	341,697.	1,511,247.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						1,511,247.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	293,664.	229,364.	334,440.	312,082.	341,697.	1,511,247.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	5,676.	6,236.	12,283.	5,758.	2,849.	32,802.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						1,544,049.
12 Gross receipts from related activities, etc. (see instructions).						456,476.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	97.9 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	97.5 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

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

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3 support tests — 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

**b 33-1/3 support tests — 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

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**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, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2009**

**Name of the organization** JEWISH FAMILY SERVICE OF NASHVILLE AND  
MIDDLE TENNESSEE, INC.

**Employer identification number**  
62-6046618

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☒ 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule —**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules —**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year..... ► \$ \_\_\_\_\_

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

JEWISH FAMILY SERVICE OF NASHVILLE AND

62-6046618

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 146,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

62-6046618

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(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
		\$	
(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
		\$	

Name of organization

Employer identification number

JEWISH FAMILY SERVICE OF NASHVILLE AND

62-6046618

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

BAA

2009

**FEDERAL STATEMENTS**  
**JEWISH FAMILY SERVICE OF NASHVILLE AND**  
**MIDDLE TENNESSEE, INC.**

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**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 5C**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 15,000.  
COST OR OTHER BASIS: 14,547.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 453.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 453.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: DIRECT CASH ASSISTANCE  
DONEE'S NAME: INDIVIDUALS  
NASHVILLE, TN  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 11,157.

CLASS OF ACTIVITY: FOOD, SHELTER, & CLOTHING  
DONEE'S NAME: INDIVIDUALS  
NASHVILLE, TN  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 8,597.

CLASS OF ACTIVITY: DIRECT CASH ASSISTANCE  
DONEE'S NAME: TERI SOGOL  
NASHVILLE, TN  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 5,399.

**STATEMENT 3**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

CONFERENCES, CONVENTIONS, AND MEETINGS	\$ 2,025.
DEPRECIATION	729.
DUES AND SUBSCRIPTIONS	1,442.
FUNDRAISING	1,900.
INSURANCE	6,062.
MARKETING & PUBLIC RELATIONS	4,231.
OFFICE EXPENSES	11,259.
PROGRAM EXPENSES	8,114.
TAXES & LICENSES	467.
TRAVEL	1,239.
TOTAL	\$ 37,468.

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**STATEMENT 4**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS.....	\$	6,179.
TOTAL	\$	<u>6,179.</u>

**STATEMENT 5**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>		<u>ENDING</u>
ACCOUNTS RECEIVABLE.....	\$ 7,746.	\$	8,967.
BENEFICIAL INTERESTS IN TRUSTS.....	44,889.		47,878.
FURNITURE AND FIXTURES.....	925.		786.
MACHINERY AND EQUIPMENT.....	1,804.		1,214.
PLEDGES AND GRANTS RECEIVABLE.....	7,487.		1,513.
PREPAID EXPENSES AND DEFERRED CHARGES.....	3,080.		3,031.
TOTAL	\$ 65,931.	\$	<u>63,389.</u>

**STATEMENT 6**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>		<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 9,334.	\$	8,748.
TOTAL	\$ 9,334.	\$	<u>8,748.</u>

**STATEMENT 7**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROVIDE PROFESSIONAL SOCIAL SERVICES WHICH RESPOND TO AND SUPPORT INDIVIDUALS AND FAMILIES THROUGH LIFE'S TRANSITIONS. SERVICES INCLUDE ADOPTION, COUNSELING AND FAMILY LIFE EDUCATION.

**STATEMENT 8**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

FINANCIAL AID & COUNSELING PROVIDES ON-GOING INDIVIDUAL, GROUP, FAMILY, AND MARITAL COUNSELING USING VARIOUS THERAPEUTIC APPROACHES, EMERGENCY FINANCIAL ASSISTANCE, ADOPTION AND CASE MANAGEMENT.

**STATEMENT 9**  
**FORM 990-EZ, PART III, LINE 30**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

SENIOR SERVICES PROVIDES SUPPORT TO SENIOR ADULTS AND PEOPLE WITH DISABILITIES IN THE NASHVILLE JEWISH COMMUNITY. THIS IS ACCOMPLISHED THROUGH A VOLUNTEER PROGRAM FOR THOSE WHO ARE UNABLE TO LEAVE THEIR HOMES AS WELL AS A LUNCHEON PROGRAM FOR MOBILE SENIORS, GIVING THEM AN OPPORTUNITY TO SOCIALIZE WITH PEERS.

**STATEMENT 10**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
FAMILY LIFE EDUCATION PROVIDES PREVENTIVE GROUP PRESENTATIONS AND WORKSHOPS TO STRENGTHEN JEWISH FAMILY LIFE.		11,568.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 11,568.

**STATEMENT 11**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TONI HELLER NASHVILLE, TN	PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
DANIELLA PRESSNER NASHVILLE, TN	VICE PRESIDENT 1.00	0.	0.	0.
LARRY HYATT NASHVILLE, TN	TREASURER 1.00	0.	0.	0.
NAN SPELLER NASHVILLE, TN	SECRETARY 1.00	0.	0.	0.
LYNN BARTON FRANKLIN, TN	EXE COMM AT LRG 1.00	0.	0.	0.

**STATEMENT 11 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
STEVE LAPIDUS NASHVILLE, TN	EXE COMM AT LRG 1.00	\$ 0.	\$ 0.	\$ 0.
DAVID HELLER NASHVILLE, TN	PRESIDENT ELECT 1.00	0.	0.	0.
RUTH SMITH NASHVILLE, TN	PAST PRESIDENT 1.00	0.	0.	0.
LISA BINDER NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
DAN ARONOFF NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
KATHY CAPLAN NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
COBY HANAI NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
HOWARD KIRSHNER NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
MIMI FRIEDMAN NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
JAN LIFF NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
SANDRA HECKLIN NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
CATHY ROSENBLUM NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.



**STATEMENT 11 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
SUE SALBERG NASHVILLE, TN	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
LISA SMALL NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
ANNE EVANS NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
RANDI TAYLOR NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
FRAN LENTER NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
DIANA LUTZ NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
ALICE ZIMMERMAN NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
RABBI YITZCHOK TIECHTEL NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.
RABBI PHILIP RICE NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.
RABBI SAUL STROSBURG NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.
RABBI MARK SCHIFTAN NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.
RABBI KLIEL ROSE NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.

**FEDERAL STATEMENTS**  
**JEWISH FAMILY SERVICE OF NASHVILLE AND**  
**MIDDLE TENNESSEE, INC.**

**STATEMENT 11 (CONTINUED)****FORM 990-EZ, PART IV****LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
CYNTHIA MORIN NASHVILLE, TN	EX-OFFICIO 1.00	\$ 0.	\$ 0.	\$ 0.
CAROL C. SMITH NASHVILLE, TN	INTERIM EX. DIR 20.00	10,961.	0.	0.
PAMELA KELNER NASHVILLE, TN	EXECUTIVE DIREC 40.00	30,067.	0.	0.
TOTAL		\$ <u>41,028.</u>	\$ <u>0.</u>	\$ <u>0.</u>

**STATEMENT 12****FORM 990-EZ, PART V****REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO