

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2003**Open to Public  
Inspection**A** For the 2003 calendar year, or tax year beginning **SEP 1, 2003** and ending **AUG 31, 2004****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**JEWISH FAMILY SERVICE**

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

**801 PERCY WARNER BOULEVARD**

Room/suite

**103**

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

**NASHVILLE, TN 37205****D** Employer identification number**62-6046618****E** Telephone number**(615) 356-4234****F** Accounting method☐ Cash☒ 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).

Hand I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No

(If "No," attach a list.)

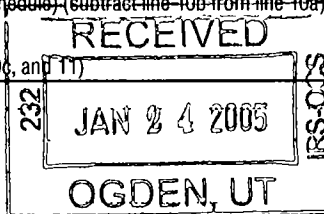
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.JFSNASHVILLE.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **237,756.****Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support	1a	34,728.			
	b	Indirect public support	1b	150,584.			
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 185,312. noncash \$ )	1d	185,312.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	42,268.			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4				
	5	Dividends and interest from securities	5	4,753.			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe ▶ )	7					
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	212.	8a		
	b	Less: cost or other basis and sales expenses			8b		
	c	Gain or (loss) (attach schedule)	212.	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1		8d	212.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ 29,049. of contributions reported on line 1a)	9a	5,211.			
	b	Less: direct expenses other than fundraising expenses	9b	7,829.			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2		9c	<2,618.>	
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
	Net Assets	11	Other revenue (from Part VII, line 103)			11	
12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	229,927.	
13		Program services (from line 44, column (B))			13	173,029.	
14		Management and general (from line 44, column (C))			14	70,262.	
15		Fundraising (from line 44, column (D))			15		
16		Payments to affiliates (attach schedule)			16		
17		Total expenses (add lines 16 and 44, column (A))			17	243,291.	
18		Excess or (deficit) for the year (subtract line 17 from line 12)			18	<13,364.>	
19		Net assets or fund balances at beginning of year (from line 73, column (A))			19	202,214.	
20		Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3		20	13,191.	
21		Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	202,041.	

323001  
12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)



## JEWISH FAMILY SERVICE

62-6046618

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23 4,896.	4,896.	STATEMENT 6	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 23,955.	19,164.	4,791.	0.
26 Other salaries and wages	26 139,533.	102,835.	36,698.	
27 Pension plan contributions	27 6,949.	5,170.	1,779.	
28 Other employee benefits	28 9,318.	6,902.	2,416.	
29 Payroll taxes	29 12,169.	9,190.	2,979.	
30 Professional fundraising fees	30			
31 Accounting fees	31 6,809.	4,742.	2,067.	
32 Legal fees	32			
33 Supplies	33 5,362.	3,274.	2,088.	
34 Telephone	34 4,945.	3,259.	1,686.	
35 Postage and shipping	35 634.	434.	200.	
36 Occupancy	36			
37 Equipment rental and maintenance	37 1,603.	1,113.	490.	
38 Printing and publications	38			
39 Travel	39 1,207.	918.	289.	
40 Conferences, conventions, and meetings	40 1,769.	1,013.	756.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 1,520.	1,187.	333.	
43 Other expenses not covered above (itemize): a _____ b _____ c _____ d _____ e SEE STATEMENT 4	43a 43b 43c 43d 43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 243,291.	173,029.	70,262.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a FINANCIAL AID & COUNSELING PROVIDES ON-GOING INDIVIDUAL, GROUP, FAMILY, AND MARITAL COUNSELING USING VARIOUS THERAPEUTIC APPROACHES. (Grants and allocations \$ _____)	164,654.
b FAMILY LIFE EDUCATION PROVIDES PREVENTIVE GROUP PRESENTATIONS AND WORKSHOPS TO STRENGTHEN JEWISH FAMILY LIFE. (Grants and allocations \$ _____)	8,375.
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	173,029.

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	19,790.	45	17,321.
	46 Savings and temporary cash investments	48,883.	46	37,388.
	47 a Accounts receivable	10,315.		
	b Less: allowance for doubtful accounts		47c	10,315.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	6,000.	49	4,510.
	50 Receivables from officers, directors, trustees, and key employees	3,988.	50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,653.	53	790.
	54 Investments - securities <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	122,916.	54	136,108.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment: basis	28,352.			
b Less: accumulated depreciation <b>STMT 8</b>	25,262.	57c	3,090.	
58 Other assets (describe <input type="checkbox"/> )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	212,192.	59	209,522.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	9,978.	60	7,481.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
	66 <b>Total liabilities</b> (add lines 60 through 65)	9,978.	66	7,481.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	199,145.	67	196,401.
	68 Temporarily restricted	3,069.	68	5,640.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	202,214.	73	202,041.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	212,192.	74	209,522.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

#### Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	267,715.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 13,191.		
(2)	Donated services and use of facilities \$ 24,596.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	<b>STMT 9</b> \$ 1.		
	Add amounts on lines (1) through (4)	<b>b</b>	37,788.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	229,927.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	229,927.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	267,887.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 24,596.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	<b>b</b>	24,596.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	243,291.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	243,291.

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated.)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 24,596.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	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	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NONE	90b	4
b	Number of employees employed in the pay period that includes March 12, 2003		
91	The books are in care of WALTON LIPSCOMB Telephone no. 615-356-4234		

Located at 801 PERCY WARNER BOULEVARD, NASHVILLE, TN

ZIP + 4 37205

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

93 Program service revenue:

a **COUNSELING FEES, ETC.**

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

**Line No.** Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A **FINANCIAL AID & COUNSELING PROVIDE ON-GOING INDIVIDUAL, GROUP, FAMILY AND MARITAL COUNSELING USING VARIOUS THERAPEUTIC APPROACHES.**

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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. All information of which preparer has any knowledge

Date 11/9/05 Type or print name and title Executive Director  
 Preparer's SSN or PTIN 22A Date 11/9/05 Check if self-employed ☐

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2003**

Name of the organization

**JEWISH FAMILY SERVICE**

Employer identification number

**62 6046618**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>TERI SOGOL</b> ----- <b>801 PERCY WARNER BLVD NASHVILLE TN</b>	<b>SOCIAL WORKER</b>  <b>34</b>	<b>64,062.</b>	<b>3,203.</b>	<b>3,673.</b>
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-----				
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Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b> ----- ----- ----- ----- ----- ----- ----- ----- -----		
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Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>►</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	214,815.	256,115.	238,418.	170,510.	879,858.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	46,103.	27,253.	16,268.	72,271.	161,895.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,113.	7,596.	13,755.	16,777.	43,241.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	266,031.	290,964.	268,441.	259,558.	1,084,994.
<b>24</b> Line 23 minus line 17	219,928.	263,711.	252,173.	187,287.	923,099.
<b>25</b> Enter 1% of line 23	2,660.	2,910.	2,684.	2,596.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 18,462.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 923,099.
d Add: Amounts from column (e) for lines: 18 43,241. 19					26d 43,241.
22 26b					26e 879,858.
e Public support (line 26c minus line 26d total)					26f 95.3157%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					27f N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>	
<hr/> <hr/> <hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>32d</b>	
<hr/> <hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>33h</b>	
<hr/> <hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2003

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.



## 2003 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FILING CABINET	05	80SL	7.00	16	190.			190.	190.		0.
2	EXECUTIVE SIDE CHAIR	07	84SL	7.00	16	203.			203.	203.		0.
3	SIDE CHAIRS	07	84SL	7.00	16	258.			258.	258.		0.
4	DESKS	07	84SL	7.00	16	359.			359.	359.		0.
5	TABLE & 6 CHAIRS	09	86SL	7.00	16	714.			714.	714.		0.
6	COMPUTER CENTER	07	90SL	7.00	16	76.			76.	76.		0.
7	COMPUTER & SOFTWARE	08	90SL	7.00	16	2,549.			2,549.	2,549.		0.
8	OFFICE FURNITURE	08	93SL	3.00	16	4,228.			4,228.	4,228.		0.
9	NCR COMPUTER	08	93SL	5.00	16	3,653.			3,653.	3,653.		0.
10	PERSONAL COMPUTER	10	96SL	3.00	16	1,678.			1,678.	1,678.		0.
11	HP LASERJET	05	97SL	3.00	16	417.			417.	417.		0.
12	GATEWAY G6-300 W/MMX	01	98SL	3.00	16	2,478.			2,478.	2,478.		0.
13	VIVITRON X2F MONITOR	01	98SL	3.00	16	475.			475.	475.		0.
14	HP DESKJET 890C PRINTER	02	98SL	3.00	16	400.			400.	400.		0.
15	GATEWAY G6-450PC	11	98SL	3.00	16	2,685.			2,685.	2,685.		0.
16	GATEWAY G6-450PC	11	98SL	3.00	16	2,684.			2,684.	2,684.		0.
17	HP SCANNER SJ6200CSE	02	289SL	3.00	16	400.			400.	400.		0.
18	CANNON PC-940 COPIER	02	2803SL	3.00	16	450.			450.	75.		150.

328102  
05-01-03

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

## 2003 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1940	GB 256 MB XPP	063003SL		3.00	16	1,008.			1,008.	56.		336.
2040	GB 128 MB XPP	063003SL		3.00	16	839.			839.	47.		280.
2140	GB 128 MB XPP	063003SL		3.00	16	839.			839.	47.		280.
2240	GB 128 MB XPP	063003SL		3.00	16	838.			838.	47.		279.
232004	PEACHTREE COMPLETE	063003SL		3.00	16	415.			415.	23.		138.
24SPRINT CELL PHONE		043004SL		3.00	16	516.			516.			57.
* TOTAL 990 PAGE 2						28,352.		0.	28,352.	23,742.	0.	1,520.
DEPR												

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
LONG TERM CAPITAL GAIN DISTRIBUTION	212.	0.	0.	212.
TO FORM 990, PART I, LINE 8	212.	0.	0.	212.

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDRAISER DINNER	34,260.	29,049.	5,211.	7,829.	<2,618.>
TO FM 990, PART I, LINE 9	34,260.	29,049.	5,211.	7,829.	<2,618.>

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAINS	13,191.
TOTAL TO FORM 990, PART I, LINE 20	13,191.

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FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING FEES	4,402.	4,223.	179.	
TAXES AND LICENSES	855.	343.	512.	
INSURANCE	2,444.	1,695.	749.	
DUES AND SUBSCRIPTIONS	2,193.	1,798.	395.	
CONTRACT SERVICES	227.	191.	36.	
GRANT EXPENSES	572.	572.		
COMPUTER EXPENSE	550.	110.	440.	
BAD DEBT EXPENSE	6,000.		6,000.	

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EMPLOYEE RECRUITMENT	5,379.		5,379.	
TOTAL TO FM 990, LN 43	22,622.	8,932.	13,690.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

## EXPLANATION

TO PROVIDE A FULL RANGE OF SOCIAL SERVICES, GENERALLY TO THE ELDERLY, THE DISADVANTAGED AND THE HANDICAPPED, INCLUDING EDUCATION & COUNSELING SVCS.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 6

DESCRIPTION	AMOUNT
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	4,896.
TOTAL TO FORM 990, PART II, LINE 23	4,896.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INCOME FUND OF AMERICA, INC.			99,352.		99,352.
WASHINGTON MUTUAL			36,756.		36,756.
TO 990, LN 54 COL B			136,108.		136,108.



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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FILING CABINET	190.	190.	0.
EXECUTIVE SIDE CHAIR	203.	203.	0.
7 SIDE CHAIRS	258.	258.	0.
2 DESKS	359.	359.	0.
TABLE & 6 CHAIRS	714.	714.	0.
COMPUTER CENTER	76.	76.	0.
COMPUTER & SOFTWARE	2,549.	2,549.	0.
OFFICE FURNITURE	4,228.	4,228.	0.
NCR COMPUTER	3,653.	3,653.	0.
PERSONAL COMPUTER	1,678.	1,678.	0.
HP LASERJET	417.	417.	0.
GATEWAY G6-300 W/MMX	2,478.	2,478.	0.
VIVITRON X2F MONITOR	475.	475.	0.
HP DESKJET 890C PRINTER	400.	400.	0.
GATEWAY G6-450PC	2,685.	2,685.	0.
GATEWAY G6-450PC	2,684.	2,684.	0.
HP SCANNER SJ6200CSE	400.	400.	0.
CANNON PC-940 COPIER	450.	225.	225.
40 GB 256 MB XPP	1,008.	392.	616.
40 GB 128 MB XPP	839.	327.	512.
40 GB 128 MB XPP	839.	327.	512.
40 GB 128 MB XPP	838.	326.	512.
PEACHTREE COMPLETE 2004	415.	161.	254.
SPRINT CELL PHONE	516.	57.	459.
TOTAL TO FORM 990, PART IV, LN 57	28,352.	25,262.	3,090.

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
MISCELLANEOUS ROUNDING ADJUSTMENT	1.
TOTAL TO FORM 990, PART IV-A	1.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
JULIE NEADERTHAL 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	PRESIDENT 2	0.	0. 0.
IRMA KAPLAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	PRESIDENT - ELECT 2	0.	0. 0.
RUTH SMITH 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	VICE PRESIDENT 2	0.	0. 0.
DAVID HELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	TREASURER 2	0.	0. 0.
TONI HELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	SECRETARY 2	0.	0. 0.
ROBERT CORENSWET 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0. 0.
DAN CORNFIELD 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0. 0.
RITA KAPLAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0. 0.
GLENDA KRAFT 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0. 0.
STANLEY KWELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0. 0.
STEPHEN LAPIDUS 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0. 0.

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DAVID LAPP 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
RICK LEVY 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
JAN LIFF 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
SCOTT ROSENBURG 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
ABBY RUBENFELD 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
MAXINE SCHAEFER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
ALYSE SPRINTZ 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
ELISE STEINER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
JANET WEISMARK 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
SALLY WOLFE 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
JOSEPH ZENDLOVITZ 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1	0.	0.	0.
RABBI KENNETH KANTER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1	0.	0.	0.
RABBI MARK SCHIFTAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1	0.	0.	0.

## JEWISH FAMILY SERVICE

62-6046618

RABBI MICHAEL MERDINGER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1	0.	0.	0.
RABBI RONALD ROTH 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1	0.	0.	0.
FLOYD SHECHTER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1	0.	0.	0.
SUSAN L. KAY 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1	0.	0.	0.
K. JEFF FLADEN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EXECUTIVE DIRECTOR 40	23,955.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		23,955.	0.	0.