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)

OMB No. 1545-0047

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

Open to Public Inspection

Α	For the 2	007 calendar year, or tax year beginning S	EP 1, 2007	and ei	nding AUG 31,	2008	
В	Check if applicable:	Please C Name of organization			DE	nployer i	identification number
,		Inseleption of the property of					
	Address change	label or TENNESSEE	62-6	077703			
	Name change	type. Number and street (or P.O. box if mail is no	lephone	number			
	Initial return	Specific 801 PERCY WARNER BOU	(615	) 352-0056			
	Termin- ation	Instructions. City or town, state or country, and ZIP + 4	counting me				
	Amende return	MASUATTOE, IN 21702				Other (specify)	<b>&gt;</b>
	Applica pending	• Section 501(c)(3) organizations and 4947(a)(	le to sec	ction 527 organizations.			
		must attach a completed Schedule A (Form 9	30 or 990-EZ).		H(a) Is this a group return	for affilia	ates? Yes X No
G	Website:	►WWW.JEWISHNASHVILLE.ORG			H(b) If "Yes," enter numbe	r of affilia	ites▶ N/A
J	Organiza	<b>Ition type</b> (check only one) $\blacktriangleright$ $X$ 501(c) (3) $\blacktriangleleft$ (inser	t no.) 4947(a)(1) or	527	H(c) Are all affiliates inclu		N/A Yes No
K	Check he	re if the organization is not a 509(a)(3) suppor	ting organization <b>and</b> its gros	S	(If "No," attach a list.) <b>H(d)</b> Is this a separate ret		ny an or-
	receipts a	are normally <b>not</b> more than \$25,000. A return is not requ	ired, but if the organization		ganization covered b	y a group	ruling? Yes X No
	chooses	to file a return, be sure to file a complete return.			I Group Exemption Nu	mber ►	N/A
					M Check ► if the	organiza	tion is <b>not</b> required to attach
L	Gross red	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	8,119,99	8.	Sch. B (Form 990, 99	90-EZ, or	990-PF).
P	art I	Revenue, Expenses, and Changes in	Net Assets or Fund	Bala	inces		
	1	Contributions, gifts, grants, and similar amounts receiv	ed:				
	a	Contributions to donor advised funds		1a	369,499		
	b	Direct public support (not included on line 1a)		1b	1,707,862	•	
	С			1c			
	d	Government contributions (grants) (not included on lin	e 1a)	1d			
	е	Total (add lines 1a through 1d) (cash \$1, 7	12,670 noncash \$		364,691.	1e	2,077,361.
	2	Program service revenue including government fees ar	d contracts (from Part VII, lin	e 93)		2	111,859.
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	13,488.
	5	Dividends and interest from securities				5	807,296.
	6 a	Gross rents		6a			
	b	Less: rental expenses		6b			
<u>o</u>	C	Net rental income or (loss). Subtract line 6b from line 6	a			6c	
eun	7	Other investment income (describe			)	7	
Revenue	8 a	Gross amount from sales of assets other	(A) Securities		( <b>B</b> ) Other		
		than inventory	5,109,994.	8a			
	b	Less: cost or other basis and sales expenses	3,861,962.	8b		_	
	C	Gain or (loss) (attach schedule)	1,248,032.	8c			1 040 000
	d	Net gain or (loss). Combine line 8c, columns (A) and (E				8d	1,248,032.
	9	Special events and activities (attach schedule). If any ar	i i	here J	<b>&gt;</b>		
	a	Gross revenue (not including \$ of		9a		_	
	b	Less: direct expenses other than fundraising expenses		9b			
		Net income or (loss) from special events. Subtract line			I	9c	
		Gross sales of inventory, less returns and allowances		10a		_	
	b	Less: cost of goods sold	h	10b	40-		
	11 C	Gross profit or (loss) from sales of inventory (attach so	•			-	
	11	Other revenue (from Part VII, line 103)					1 250 036
_	12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10					4,258,036.
S	13 14	Program services (from line 44, column (B))				13 14	3,577,736.
Expenses		Management and general (from line 44, column (C))					309,743.
ф	15	Fundraising (from line 44, column (D))					309,743.
Ш	16 17	Payments to affiliates (attach schedule)  Total expenses. Add lines 16 and 44, column (A)					4,539,801.
	18	Excess or (deficit) for the year. Subtract line 17 from lin	20.10			10	<281,765.>
<u>ب</u> پخ پ	19	Net assets or fund balances at beginning of year (from					32,530,745.
Net	20	Other changes in net assets or fund balances (attach ex	(planation) S	EE	STATEMENT 2	20	<3,804,754.>
⋖	21	Net assets or fund balances at end of year. Combine lin	es 18, 19, and 20	<del></del>		21	28,444,226.
			, , ==				,,

TENNESSEE

Form 990 (2007) Statement of Functional Expenses Part II

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.

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Tantotional Exponess	, 3		(4)(1) 110110110111011011011011011011	o maoto bat opnoma tor our	
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	( <b>D)</b> Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •	)				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule				STATEMENT 4	
(cash \$ 3,087,744.noncash \$ 0.	)				
If this amount includes foreign grants, check here	22b	3,087,744.	3,087,744.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					_
employees, etc. listed in Part V-A	25a	220,700.	0.	220,700.	0.
<b>b</b> Compensation of former officers, directors, key					_
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					_
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	423,601.	114,755.	111,542.	197,304.
27 Pension plan contributions not included on					
lines 25a, b, and c	27	10,081.		743.	9,338.
28 Employee benefits not included on lines					
25a - 27	28	21,808.	17,177.	3,112. 19,242.	1,519. 13,023.
29 Payroll taxes	29	32,265.		19,242.	13,023.
30 Professional fundraising fees	30				
31 Accounting fees	31	26,728.		18,127.	8,601.
32 Legal fees	32				
33 Supplies	33	31,029.	17,609.	8,111.	5,309.
34 Telephone	34	9,327.		5,573.	3,754.
35 Postage and shipping	35	8,108.		5,459.	2,649.
36 Occupancy	36				
37 Equipment rental and maintenance	37	21,317.		12,960.	8,357.
38 Printing and publications	38	12,339.		12,339.	
39 Travel	39	1,069.		993.	76.
40 Conferences, conventions, and meetings	40	9,486.		9,486.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	7,494.		7,494.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
С	43c				
d	43d				
е	43e				
f	43f				
g SEE STATEMENT 3	43g	616,705.	340,451.	216,441.	59,813.
<b>Total functional expenses</b> . Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	4,539,801.	3,577,736.	652,322.	309,743.
Joint Costs. Check > if you are following					
Are any joint costs from a combined educational campai	gn an				Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	ts\$		(ii) the amount allocated to		<b>N/A</b> ;
(iii) the amount allocated to Management and general \$		N/A ; and	(iv) the amount allocated to	Fundraising \$	N/A
(2.001)					

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Part III | Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ►  TO DEVELOP AND STRENGTHEN JEWISH COMMUNITY LIFE.	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a COMMUNITY RELATIONS - THE ORGANIZATION PROVIDE SERVICES TO THE COMMUNITY IN ORDER TO EDUCATE THE PUBLIC REGARDING THE LOCAL JEWISH PERSPECTIVE, JUDAISM, AND ALL JEWISH-RELATED TOPICS.	
(Grants and allocations \$ 639,357.) If this amount includes foreign grants, check here ▶ □  b JEWISH EDUCATION - THE ORGANIZATION PROVIDES EDUCATION FOR  THE JEWISH COMMUNITY REGARDING THE JEWISH FAITH AND RAISING  AWARENESS WITHIN THE COMMUNITY.	698,511.
(Grants and allocations \$ 201,750.) If this amount includes foreign grants, check here ► ☐  c ARCHIVES - THE ORGANIZATION PRESERVES HISTORICAL DATA  REGARDING THE LOCAL JEWISH COMMUNITY AND THE FEDERATION IN  MIDDLE TENNESSEE.	276,915.
Grants and allocations \$ 0.) If this amount includes foreign grants, check here ► □  d OBSERVER - THE ORGANIZATION PUBLISHES A TWICE-MONTHLY  NEWSPAPER, WHICH DISCUSSES LOCAL AND GLOBAL ISSUES AS IT  RELATES TO THE JEWISH FAITH AND THE JEWISH PEOPLE.	49,932.
(Grants and allocations \$ 0 ⋅ ) If this amount includes foreign grants, check here   • Other program services (attach schedule) SEE STATEMENT 5	197,363.
(Grants and allocations \$ 2,246,637 • ) If this amount includes foreign grants, check here ► ☐  f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,355,015. 3,577,736.
- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Form <b>990</b> (2007)

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Pa	rt IV	Balance Sheets (See the instructions.)					
Note		ere required, attached schedules and amounts vald be for end-of-year amounts only.	vithin the o	description column	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	45	Cash - non-interest-bearing			385,295.	45	47,552.
	46	Savings and temporary cash investments			441,312.	46	374,571.
		Accounts receivable		61,445.	105 445		C1 445
	b	Less: allowance for doubtful accounts	. 47b		195,445.	47c	61,445.
		Pledges receivable		1,395,473.	1,860,118.	48c	1,299,383.
	49	Grants receivable			1,000,110.	49	1/233/3031
		Receivables from current and former officers,	directors,	trustees, and			
		key employees		· ·		50a	
	Ь	Receivables from other disqualified persons (a					
ţ		4958(f)(1)) and persons described in section 4				50b	
Assets	51 a	Other notes and loans receivable					
Ä	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			69,863.	53	78,282.
	54 a	Investments - publicly-traded securities	<u></u> ▶	Cost FMV		54a	
		Investments - other securities STM	<u>(T. 7</u> ▶	Cost X FMV	30,618,369.	54b	27,407,394.
	55 a	Investments - land, buildings, and	1 1				
		equipment: basis	. 55a				
	l	Less: accumulated depreciation				55c	0.
	56	Investments - other			0.	56	<u> </u>
		Land, buildings, and equipment: basis		260,535. 237,017.	31,012.	57c	23,518.
	58	Less: accumulated depreciation Other assets, including program-related investments		237,017.	31,012.	370	23,310.
	30	(describe	•	,		58	
	59	Total assets (must equal line 74). Add lines 4	5 through	58	33,601,414.	59	29,292,145.
	60	Accounts payable and accrued expenses			12,086.	60	19,907.
	61	Grants payable		1	<u>,                                      </u>	61	•
	62	Deferred revenue				62	_
ities	63	Loans from officers, directors, trustees, and k				63	
i≣	64 a	Tax-exempt bond liabilities				64a	
Liabil	t	Mortgages and other notes payable				64b	
	65	Other liabilities (describe	SEE SI	CATEMENT 6	1,058,583.	65	828,012.
	66	Total liabilities. Add lines 60 through 65			1,070,669.	66	847,919.
	Orga	anizations that follow SFAS 117, check here	<b>►</b> [X] a	nd complete lines			
S	67	67 through 69 and lines 73 and 74.			27,758,206.	67	24,331,661.
ğ	67 68	Unrestricted			4,744,282.	67 68	4,084,308.
3ale	69	Temporarily restricted  Permanently restricted			28,257.	69	28,257.
P P	l	anizations that do not follow SFAS 117, check			20,231.	03	20,2374
Ē	0.90	complete lines 70 through 74.	K HOIO P	L und			
o.	70	Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and		<del>-</del>		71	
As	72	Retained earnings, endowment, accumulated				72	
Net	73	Total net assets or fund balances. Add lines 67 thr		<del>-</del>			
_		(Column (A) must equal line 19 and column (B) must			32,530,745.	73	28,444,226.
	74	Total liabilities and net assets/fund balance	<b>s.</b> Add line	s 66 and 73	33,601,414.	74	29,292,145.
							Form <b>990</b> (2007)

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	Reconciliation of Revenue per Audited Fina instructions.)	ncial Statements W	ith F	Revenue po	er Re	eturn (Se	ee the
	Total revenue, gains, and other support per audited financial stateme	nts				a	388,325.
b	Amounts included on line <b>a</b> but not on Part I, line 12:						•
1	Net unrealized gains on investments		b1	<38047	54.	>	
	Donated services and use of facilities		b2				
	Recoveries of prior year grants		b3				
	Other (specify):		b4				
	Add lines <b>b1</b> through <b>b4</b>						3804754.
C	Subtract line <b>b</b> from line <b>a</b>					c 4,	193,079.
d	Amounts included on Part I, line 12, but not on line a:						
1	Investment expenses not included on Part I, line 6b		d1				
2	Other (specify): SEE STATEMENT 8		d2	64,9	<u>57.</u>		
	Add lines d1 and d2					d	64,957.
e	Total revenue (Part I, line 12). Add lines c and d					e 4,	258,036.
	art IV-B Reconciliation of Expenses per Audited Fina						
а	Total expenses and losses per audited financial statements					a 4,	474,844.
b	Amounts included on line a but not on Part I, line 17:						
1			b1				
2	Prior year adjustments reported on Part I, line 20		b2				
3	Losses reported on Part I, line 20		b3				
4	Other (specify):		b4				
	Add lines <b>b1</b> through <b>b4</b>					b	0.
C	Subtract line <b>b</b> from line <b>a</b>					c 4,	474,844.
d	Amounts included on Part I, line 17, but not on line a:						
	Investment expenses not included on Part I, line 6b		d1				
2	Other (specify): SEE STATEMENT 9		d2	64,9			
	Add lines d1 and d2					d	64,957.
	Total expenses (Part I, line 17). Add lines c and d						539,801.
Pa			och na	erson who was	on of		
	Current Officers, Directors, Trustees, and Ke		-		all O	ilicer, dire	ector, trustee,
	or key employee at any time during the year even if they we	ere not compensated ) (Se	e the	instructions)			
		ere not compensated ) (Se	e the	instructions)			
_	or key employee at any time during the year even if they we		e the	instructions)			
	or key employee at any time during the year even if they we	ere not compensated ) (Se	e the	instructions)			
	or key employee at any time during the year even if they we	ere not compensated ) (Se	ee the (C) (If r	Compensation not paid, enter -0)	(D)Cor emplo plans comper	ntributions to byee benefit & deferred nsation plans	(E) Expense account and other allowances
 SE	or key employee at any time during the year even if they we	ere not compensated ) (Se	ee the (C) (If r	instructions)	(D)Cor emplo plans comper		(E) Expense account and other allowances
	or key employee at any time during the year even if they we	ere not compensated ) (Se	ee the (C) (If r	Compensation not paid, enter -0)	(D)Cor emplo plans comper	ntributions to byee benefit & deferred nsation plans	(E) Expense account and other allowances
	or key employee at any time during the year even if they we  (A) Name and address  E STATEMENT 10	ere not compensated ) (Se	ee the (C) (If r	Compensation not paid, enter -0)	(D)Cor emplo plans comper	ntributions to byee benefit & deferred nsation plans	(E) Expense account and other allowances
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	or key employee at any time during the year even if they we  (A) Name and address  E STATEMENT 10	ere not compensated ) (Se	ee the (C) (If r	Compensation not paid, enter -0)	(D)Cor emplo plans comper	ntributions to byee benefit & deferred nsation plans	(E) Expense account and other allowances
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	or key employee at any time during the year even if they we  (A) Name and address  E STATEMENT 10	ere not compensated ) (Se	ee the (C) (If r	Compensation not paid, enter -0)	(D)Cor emplo plans comper	ntributions to byee benefit & deferred nsation plans	(E) Expense account and other allowances
	or key employee at any time during the year even if they we  (A) Name and address  E STATEMENT 10	ere not compensated ) (Se	ee the (C) (If r	Compensation not paid, enter -0)	(D)Cor emplo plans comper	ntributions to byee benefit & deferred nsation plans	(E) Expense account and other allowances

JEWISH FEDERATION OF NASHVILLE & MIDDLE 62-6077703 Form 990 (2007) TENNESSEE Page 6 Current Officers, Directors, Trustees, and Key Employees (continued) Yes No 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board 47 **>** b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) X 75b c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A. Part I. or highest compensated professional and other independent contractors listed in Schedule A. Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." X 75c If "Yes." attach a statement that includes the information described in the instructions. **d** Does the organization have a written conflict of interest policy? 75d Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (D) Contributions to (C) Compensation (E) Expense (A) Name and address (B) Loans and Advances (if not paid, account and plans & deferred NONE enter -0-) other allowances compensation plans Part VI Other Information (See the instructions.) Yes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed Х statement of each change 76 Were any changes made in the organizing or governing documents but not reported to the IRS? X 77 If "Yes," attach a conformed copy of the changes. Х 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a b If "Yes," has it filed a tax return on Form 990-T for this year? 78b X Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 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? Х 80a

Form **990** (2007)

81b

and check whether it is

\_\_\_ exempt **or** \_\_\_\_ nonexempt

b If "Yes," enter the name of the organization SEE STATEMENT 11

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

# JEWISH FEDERATION OF NASHVILLE & MIDDLE

Form 990 (2007)

Form	990 (2007) TENNESSEE	62-6077	703	P	age <b>7</b>
	rt VI Other Information (continued)			Yes	
	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	Х	
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	70,000.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	Х	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		83b	Х	
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 gif	ts were not			
	tax deductible?	N/A	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
b		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization re				
	waiver for proxy tax owed for the prior year.				
C	Dues, assessments, and similar amounts from members 85c 85c	N/A			
d	Section 162(e) lobbying and political expenditures 85d	N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices85e	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	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	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	' ' '				
	against amounts due or received from them.)	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partr				
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.770				
	If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning	-			
	section 512(b)(13)? If "Yes," complete Part XI	<b>&gt;</b>	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	0			
	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?		001		v
	If "Yes," attach a statement explaining each transaction		89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	0			
	sections 4912, 4955, and 4958	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	otion?	900		v
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transa		89e 89f		X
'	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		091		$\overline{}$
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year'	-	89g		X
۵0 ء	List the states with which a copy of this return is filed >TN		oay		
90 a b	· · · · · · · · · · · · · · · · · · ·	90b			16
		► 615-35	6-n	056	
υια	Located at > 801 PERCY WARNER BLVD, NASHVILLE, TN	$\frac{013-33}{\text{ZIP}+4 \triangleright 3}$			
h		<del>-</del>	, 20	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)		91b	. 55	X
	If "Yes," enter the name of the foreign country   N/A	/*	910		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank				
	and Financial Accounts.				

Form **990** (2007)

#### JEWISH FEDERATION OF NASHVILLE & MIDDLE

62-6077703 Form 990 (2007) TENNESSEE Page 8 Other Information (continued) Yes No Part VI c At any time during the calendar year, did the organization maintain an office outside of the United States? N/A If "Yes." enter the name of the foreign country 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 . Part VII | Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 Note: Enter gross amounts unless otherwise (E) (A) (C) indicated. Related or exempt Business Amount Amount function income 93 Program service revenue: code 111,859 **OBSERVER REVENUE** f Medicare/Medicaid payments g Fees and contracts from government agencies ... 94 Membership dues and assessments ..... 13,488. Interest on savings and temporary cash investments 96 Dividends and interest from securities ..... 14 807,296. 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 18 1,248,032. 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue: 2,068,816. 111,859 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 2,180,675 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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). ▼ INCOME FROM SALES OF THE OBSERVER NEWSLETTER HELPS THE ORGANIZATION DEVELOP AND STRENGTHEN JEWISH COMMUNITY LIFE. Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) Name, address, and EIN of corporation, partnership, or disregarded entity Percentage of Nature of activities Total income End-of-vear ownership interest N/A% Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X No Yes X No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions). Form **990** (2007)

### JEWISH FEDERATION OF NASHVILLE & MID. TN

62-6077703

Page 8

TENNESSEE

Form 990 (2005)

Part VII | Analysis of Income-Producing Activities (See the instructions) Unrelated business income Excluded by section 512, 513, or 514 Note: Enter gross amounts unless otherwise (E) (C) indicated Related or exempt Business Amount Amount function income 93 Program service revenue code 155,955. **OBSERVER REVENUE** 1 Medicare/Medicaid payments g Fees and contracts from government agencies 94 Membership dues and assessments 5,541. 95 Interest on savings and temporary cash investments 14 1,039,104. 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 18 3,294 other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue MISCELLANEOUS 01 6,405 ō. 1,054,344 155,955 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 210,299 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 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). INCOME FROM SALES OF THE OBSERVER NEWSLETTER HELPS THE ORGANIZATION DEVELOP AND STRENGTHEN JEWISH COMMUNITY LIFE. Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions) Name, address, and EIN of corporation, partnership, or disregarded entity Nature of activities Percentage of Total income End-of-year ownership interest asseÍs % N/A % % Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions) (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions) Please 1 3/26 WHOVEN J. Edelstein Sign Here Signature of office Date Type or print name and title. reparer's SSN or PTIN Preparer's Paid self signature employed > Preparer Firm's name (c EIN ▶ yours if self-employed), Use Only 5250 VIRGINIA WAY, P.O. BOX 1869 address, and ZIP + 4 523163 02-03-06 BRENTWOOD Phone no. ► (615)377-4600 37024-1869 Form 990 (2005)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust

& MIDDLE

2007

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

JEWISH FEDERATION OF NASHVILLE

62 6077703 TENNESSEE 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.") (b) Litle and average hours (e) Expense (a) Name and address of each employee paid employee benefit plans & deferred compensation per week devoted to (c) Compensation account and other more than \$50,000 position allowances NAOMI SEDEK CAMPAIGN DIR TN  $37\overline{21}$ BRIDLEWAY TRAIL. NASHVILLE, 35.00 55,080 5,508, JUDY SAKS COMMUNITY DIR 4635 MOUNTAINVIEW DRIVE, NASHVILLE, 40.00 57,120. 5,712. FOUND DEV DIR RISA HERZOG 6237 VOSSWOOD DRIVE, NASHVILLE, TN 37 40.00 72,427. 11,222. ANDREA BERGER FOUNDATION DIRECTOR 612 DORSHIRE LANE, 3722 NASHVILLE, TN28.00 57,831 6,289. ALLEN CUMMINGS IT DIRECTOR 1620 HWY 259, PORTLAND, TN 37148 40.00 50,000 5,000. Total number of other employees paid over \$50,000 0 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (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 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services 0 Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over 0 \$50,000 for other services

# JEWISH FEDERATION OF NASHVILLE & MIDDLE

Schedule A (Form 990 or 990-EZ) 2007 TENNESSEE

62-6077703 Page 2

	02 007	, , 0		9
F	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 🕨 \$ \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		Х
	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.			
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		Х
	<b>b</b> Lending of money or other extension of credit?	2b		Х
	c Furnishing of goods, services, or facilities?	2c		Х
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	Х	
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
	<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
	<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	x	
	<b>b</b> Did the organization make any taxable distributions under section 4966?	4b		Х
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Х
	<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year			403
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	26	,142	,029.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007  $\,\mathbf{TENNESSEE}$ 

62-6077703 Page 3

	IV									
certify	that th	e organization is not a private foundation because it is: (	Please check only <b>ONE</b> a	oplicable box.)						
5		A church, convention of churches, or association of ch	urches. 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 oper	ated by a governmental ι	ınit. Section	170(b)(1)(A)(	iv).			
		(Also complete the <b>Support Schedule</b> in Part IV-A.)								
11a	X	An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general p	oublic.				
		Section 170(b)(1)(A)(vi). (Also complete the <b>Support</b>	•							
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor		•						
12		An organization that normally receives: (1) more than								
		receipts from activities related to its charitable, etc., fur its support from gross investment income and unrelate								
		by the organization after June 30, 1975. See section 5				ooo aoqan oa				
10		An approximation that is not controlled by any discussific					amanta of anation			
13		An organization that is not controlled by any disqualifier		indation managers) and t	otherwise me	ets the requir	ements of section			
		509(a)(3). Check the box that describes the type of sup	· · ·	actionally Integrated		Type III-	Othor			
		турет турет	туре пі-ги	nctionally Integrated		Type III	-Other			
		Provide the following information a	bout the supported organ	nizations. (See page 8 of	the instruction	ns.)				
		(a)	(b)	(c)	(d)	)	(e)			
		Name(s) of supported organization(s)	Employer	Type of organization	Is the su		Amount of			
				'Jpo'o' o'ga=ao	organization listed in		Allibulit bi			
		,, .,	identification	(described in lines	organizatio	on listed in	support			
		,, ,, ,,		(described in lines 5 through 12 above	organization the sup	on listed in porting				
			identification	(described in lines	organizatio the sup organiz	on listed in				
			identification	(described in lines 5 through 12 above	organizatio the sup organiz	on listed in porting zation's				
			identification	(described in lines 5 through 12 above	organizatio the sup organiz	on listed in porting zation's				
			identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?				
			identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?				
			identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?				
			identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?				
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- Fotal			identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?				
√otal			identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?				

62-6077703

Schedule A (Form 990 or 990-EZ) 2007

Page 4

	Note: You may use the	e worksheet in the insti	ructions for converting	from the accrual to th	e cash method of ac	counting.
begir	ndar year (or fiscal year nning in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,928,067.	2,717,960 <b>.</b>	3,375,248.	3,122,903	. 13,144,178.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's	150 110	155 055	146 076	122 220	F04 207
	charitable, etc., purpose	158,118.	155,955.	146,876.	133,338	594,287.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,479,479.	1,044,645.	947,817.	650,610	. 4,122,551.
19	Net income from unrelated business					
	activities not included in line 18					
20	lax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	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					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,234.		SEE STATEME 432.		13,336.
23	Total of lines 15 through 22	5,568,898.	3,924,965.	4,470,373.	3,910,116	. 17,874,352.
24	Line 23 minus line 17	5,410,780.		4,323,497.		
25	Enter 1% of line 23	55,689.	39,250.	44,704.		
26	Organizations described on lines 1	•			<u> </u>	0.45 604
b	Prepare a list for your records to sho					
	unit or publicly supported organization		, ,	,		
	Do not file this list with your return.	,	•			956,595.
С	Total support for section 509(a)(1) to				▶ 260	1
	Add: Amounts from column (e) for li		22,551. 19			, =:,===,
•	Add: Amounto nom oblamin (o) for in	22	13,336. 26b	956,59	<u>5.</u> ▶ 260	d 5,092,482.
۵	Public support (line 26c minus line 2					
f	Public support percentage (line 26					
27	Organizations described on line 12					
	records to show the name of, and to such amounts for each year:	otal amounts received in early <b>N/A</b>	ach year from, each "disq	ualified person." <b>Do not fi</b>	le this list with your re	'
b						
U	and amount received for each year, t				•	·
	described in lines 5 through 11b, as		•	,	,	•
	the larger amount described in (1) o	•				ile allioulit received allu
	(2006)					
•	Add: Amounto from column (a) for li	(2000)		.004)	(2003)	
Ü	Add. Allibuilis Irolli Colullii (e) for ii	10		- 10	<u> </u>	c N/A
ч	Add: Amounts from column (e) for li  17  Add: Line 27a total		ud lina 27h tatal		270	
d	Public support (line 27c total minus	line 27d total)	וע ווווס בו א נטנמו		270	
f	Total support for section 509(a)(2) t	rest Enter amount on line	23 column (e)	▶   27f	N/A	, 11/11
,	Public support percentage (line 27)	e (numerator) divided by	Line 97f (denominator))		N/A ▶ 279	g N/A %
y h		e 18 column (e) (numer	ator) divided by line 97f	(denominator))	27	
	Jnusual Grants: For an organization de					_ <del> </del>
5	show, for each year, the name of the coefeurn. Do not include these grants in I	ontributor, the date and ar	mount of the grant, and a	brief description of the n	ature of the grant. <b>Do</b> r	not file this list with your

NONE

723131 12-27-07

Part V

62-6077703

3 Page 5

Private School Questionnaire (See page 9 of the instructions.)

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

N/A

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
instrument, or in a resolution of its governing body?	29		
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?	30		
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?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?			
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	$\sqcup \sqcup$	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
admissions, programs, and scholarships?			
d 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.)	32d		
	_		
Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?			
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
c Employment of faculty or administrative staff?	33d		
d Scholarships or other financial assistance?			
d Scholarships or other financial assistance? e Educational policies?	1 224	$\vdash$	
d Scholarships or other financial assistance? e Educational policies? f Use of facilities?		$\vdash$	
d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs?	33g		
d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	33g		
d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs?	33g		
d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  a Does the organization receive any financial aid or assistance from a governmental agency?	33g 33h		
d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  a Does the organization receive any financial aid or assistance from a governmental agency?	33g 33h		
d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  a Does the organization receive any financial aid or assistance from a governmental agency?	33g 33h		
d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?	33g 33h 34a 34a		

Schedule A (Form 990 or 990-EZ) 2007

Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

Part VI-A

62-6077703

Page 6

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1	(b) To be completed for all electing organizations
Total lobbying expenditures to influence public opinion (grassroots lobbying)  36  37 Total lobbying expenditures to influence a legislative body (direct lobbying)  38 Total lobbying expenditures (add lines 36 and 37)  39 Other exempt purpose expenditures  39	electing organizations
Total lobbying expenditures to influence public opinion (grassroots lobbying)  36  37 Total lobbying expenditures to influence a legislative body (direct lobbying)  38 Total lobbying expenditures (add lines 36 and 37)  39 Other exempt purpose expenditures  40 Total exempt purpose expenditures (add lines 38 and 39)  41 Lobbying nontaxable amount. Enter the amount from the following table -  If the amount on line 40 is -  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$1,000,000  S10,000,000  41 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	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)  38 Total lobbying expenditures (add lines 36 and 37)  39 Other exempt purpose expenditures  40 Total exempt purpose expenditures (add lines 38 and 39)  41 Lobbying nontaxable amount. Enter the amount from the following table -  If the amount on line 40 is -  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  S175,000 plus 15% of the excess over \$1,500,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  41  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	
38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table -  If the amount on line 40 is -  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  41  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	
39	
40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table -  If the amount on line 40 is -  Not over \$500,000	
41 Lobbying nontaxable amount. Enter the amount from the following table -  If the amount on line 40 is -  Not over \$500,000	
If the amount on line 40 is -   The lobbying nontaxable amount is -   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   41   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   \$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	
Not over \$500,000	
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	
Over \$1,000,000 but not over \$1,500,000       \$175,000 plus 10% of the excess over \$1,000,000       41         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	
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	
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	
42 Grassroots nontaxable amount (enter 25% of line 41)4243 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 3643	
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	
(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 13 of the instructions.)  Lobbying Expenditures During 4-Year Averaging Period	
Loubying Expenditures burning 4-real Averaging Feriou	N/A
Calendar year (or (a) (b) (c) (d)	(e)
fiscal year beginning in) ▶ 2007 2006 2005 2004	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	0.
(150% of line 48(e))  50 Grassroots lobbying	
	0.
Part VI-B Lobbying Activity by Nonelecting Public Charities	
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)	N/A
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes No	Amount

influence public opinion on a legislative matter or referendum, through the use of:

i Total lobbying expenditures (Add lines **c** through **h**.)

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

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

Sched	ule A (Form 990 or 990-EZ) 2007	JEWISH FEDERATION OF NASH	/ILLE & MIDDLE 62-607	770	3	Page <b>7</b>
		garding Transfers To and Transactions a				
		zations (See page 14 of the instructions.)	·			
51	Did the reporting organization d	irectly or indirectly engage in any of the following with any ot	her organization described in section			
	501(c) of the Code (other than s	section 501(c)(3) organizations) or in section 527, relating to	political organizations?			
а	Transfers from the reporting org	ganization to a noncharitable exempt organization of:			Yes	No
	(i) Cash			51a(i)		X
	(ii) Other assets			a(ii)		X
b	Other transactions:					
		ts with a noncharitable exempt organization		b(i)		X
		noncharitable exempt organization		b(ii)		Х
		ent, or other assets		b(iii)		Х
	(iv) Reimbursement arrangeme	ents		b(iv)		Х
	(v) Loans or loan guarantees			b(v)		Х
		membership or fundraising solicitations		b(vi)		Х
C		mailing lists, other assets, or paid employees		С		X
d	•	e is "Yes," complete the following schedule. Column (b) shou				
	• •	given by the reporting organization. If the organization recei	•			
		nent, show in column (d) the value of the goods, other assets	, or services received:		N/A	
(a) Line r		(c) Name of noncharitable exempt organization	Description of transfers, transactions, and sha	aring ar	rangen	nents

(	Is the organization directly or indirectly affiliated of Code (other than section 501(c)(3)) or in section If "Yes," complete the following schedule:			
	(a) Name of organization	<b>(b)</b> Type of organization	Description	<b>(c)</b> of relationship

JEWISH FEDERATION OF	NASHVILLE & MII	DDLE		62-6077703
PROFESSIONAL SERVICES BANK FEES MISCELLANEOUS TEMPORARY LABOR AUTOMOBILE EXPENSE OFFICE EQUIPMENT ADMINISTRATIVE	37,172. 758. 57,081. 822. 734. 100.		37,172. 758. 52,974. 383. 734. 100.	4,107. 439.
EXPENSES INVESTMENT FEES OTHER	7,426. 39,792. 13,995.		7,426. 39,792.	13,995.
TOTAL TO FM 990, LN 43	616,705.	340,451.	216,441.	59,813.
FORM 990	CASH GRANTS ANI TO OTHI			STATEMENT 4
CLASS OF ACTIVITY/DONEE	'S NAME AND ADDI	RESS		AMOUNT
DONOR-DESIGNATED DONATION VARIOUS SEC 501(C)(3) OF				1,315,560.
SEE ATTACHED SCHEDULE				1,772,184.
TOTAL INCLUDED ON FORM	990, PART II, L	INE 22B		3,087,744.
FORM 990	OTHER PRO	GRAM SERVICES		STATEMENT 5
DESCRIPTION OF OTHER PRO	OGRAM SERVICES		GRANTS AN ALLOCATIO	
PHILANTHROPY - THE ORGAL SUPPORT TO SECULAR AND CHARITABLE ORGANIZATION FOR ITS DONORS TO PROVISECULAR OF SECULAR AND NONSECULAR	NONSECULAR SEC. S AND ALSO SERVI DE CHARITABLE SU	501(C)(3) ES AS AN AGENCY JPPORT TO BOTH		7. 2355015.
TOTAL TO FORM 990, PART	III, LINE E		2,246,63	7. 2355015.

FORM 990 OTHER LIABILITIES		STATEMENT	6
DESCRIPTION	BEGINNING OF YEAR	END OF YEA	AR
FUNDS HELD FOR GORDON JEWISH COMMUNITY CENTER	1,058,583.	828,03	12.
TOTAL TO FORM 990, PART IV, LINE 65	1,058,583.	828,03	12.
FORM 990 OTHER SECURITIES		STATEMENT	7
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES	5
ISRAEL BONDS MUTUAL FUNDS MONEY MARKET AND SWEEP ACCOUNTS FIXED INCOME FUNDS REAL ESTATE FUNDS	FMV FMV FMV FMV FMV	834,2° 13,721,99 1,591,33 7,817,30 3,442,52	51. 38. 05.
TO FORM 990, LINE 54B, COL B		27,407,39	94.
FORM 990 OTHER REVENUE INCLUDED ON FO	RM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
RECLASSIFY INVESTMENT AND MISC EXPENSES NETTED WINDOW-CASH DONATIONS OF EXPENDABLE ITEMS NOT RECORD		47,34 17,60	
TOTAL TO FORM 990, PART IV-A		64,9	57.
FORM 990 OTHER EXPENSES INCLUDED ON FO	RM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
RECLASSIFY INVESTMENT AND MISC EXPENSES NETTED WINDOWN-CASH DONATIONS OF EXPENDABLE ITEMS NOT RECORD		47,34 17,60	
TOTAL TO FORM 990, PART IV-B		64,9	57.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 10
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
ELLEN LEVITT 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	PRESIDENT 4.00	0.	0.	0.
CYNTHIA MORIN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	PRESIDENT ELECT 4.00	0.	0.	0.
STEVEN HECKLIN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	VICE PRESIDENT 4.00	0.	0.	0.
MARTIN TED MAYDEN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	SECRETARY 4.00	0.	0.	0.
ANDREW MAY 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	TREASURER 4.00	0.	0.	0.
SHARON BELL 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
BARRI BERNSTEIN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
GILBERT FOX III 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
CINDEE GOLD 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
LENN GOODMAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
ROBERTA GOODMAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.

JEWISH FEDERATION OF NASHVILLE	& MIDDLE		62-60	077703
MARY JONES 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	EXECUTIVE COMMITTEE	E MEMBER 0.	0.	0.
SAUL KELNER 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
HOWARD L. KIRSHNER 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
ADAM LANDA 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
ELIOT LAURENCE 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JAN LIFF 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JUDY METZMAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
BERNARD PARGH 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
LISA PERLEN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
AVI POSTER 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
STEVEN REMER 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
RABBI LAURIE RICE 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JAY ROSENBLUM 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.

JEWISH FEDERATION OF NASHVILLE	& MIDDLE		62-60	77703
JON ROTKER 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
PHILIP RUSS 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL R. SIMON 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
RUTH SMITH 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
DAVID STEINE, JR. 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
GLORIA STERNBERG 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	EXECUTIVE COMMITTE 1.00	EE MEMBER 0.	0.	0.
BETH TANNENBAUM 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
LEON TONELSON 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	EXECUTIVE COMMITTE 1.00	EE MEMBER 0.	0.	0.
KAREN WEIL 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
FRED ZIMMERMAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	EXECUTIVE COMMITTE 1.00	EE MEMBER 0.	0.	0.
SYLVIA FELDMAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
BRIAN BERRY 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JULIE BOEHM 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.

JEWISH FEDERATION OF NASHVILLE	& MIDDLE		62-60	77703
ROBERT ELMAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
DONNA ESKIND 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JAMES FISHEL 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JACK FLEISCHER 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
FRANK GORDON 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JOHN HASSENFELD 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
MELANIE HIRT 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
PATRICIA KRIZELMAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
CAROLYN LEVINE 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
LINDA MOSSMAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
STEWART PERLMAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL ROSEN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JAMES SCHULMAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.

JEWISH FEDERATION OF NASHVILLE	& MIDDLE		62	2-6077703
MICHAEL SHMERLING 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
DOUG SMALL 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
LARRY SPELLER 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
SHIRLEY SPEYER 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
KAREN YAZDIAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JULIAN ZANDER, JR. 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
MICHEL KAPLAN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	EX-OFFICIO MEMI 1.00	BER 0.	0.	0.
VANESSA LEIBOWITZ 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	CFO 40.00	52,072.	5,207.	0.
STEVE EDELSTEIN 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	EXECUTIVE DIREC		21,997.	3,600.
FAITH HABER GALBRAITH 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	BOARD MEMBER 4.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PAR	T V-A =		27,204.	
	ON OF RELATED ORGA ART VI, LINE 80B	ANIZATIONS	STATE	EMENT 11
NAME OF ORGANIZATION		:	EXEMPT 1	ONEXEMPT
GORDON JEWISH COMMUNITY CENTER JEWISH FAMILY CENTER		-	X X	

SCHEDULE A	OTHER INC	OME		STATEMENT	12
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	ı
OTHER	3,234.	6,405.	432	3,2	65.
TOTAL TO SCHEDULE A, LINE 22	3,234.	6,405.	432	3,2	65.