

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

**2005**Open to Public  
Inspection**A** For the 2005 calendar year, or tax year beginning **SEP 1, 2005** and ending **AUG 31, 2006**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>JEWISH FAMILY SERVICE</b>		<b>D</b> Employer identification number <b>62-6046618</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number
		<b>801 PERCY WARNER BOULEVARD</b> <b>103</b>		<b>(615) 356-4234</b>
		City or town, state or country, and ZIP + 4		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).		<b>H and I are not applicable to section 527 organizations.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates ▶ <b>N/A</b> <b>H(c)</b> Are all affiliates included? <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Group Exemption Number ▶ <b>N/A</b> <b>M</b> Check <input type="checkbox"/> 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) ( ) (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 chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **373,406.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	95,151.	
	b	Indirect public support	1b	202,381.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <b>297,532.</b> noncash \$ )	1d	297,532.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	62,612.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	5,676.
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶ )		7		
<b>Revenue</b>	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
			2,636.	8a	
	b	Less: cost or other basis and sales expenses		8b	
	c	Gain or (loss) (attach schedule)	2,636.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	2,636.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ <b>36,160.</b> of contributions reported on line 1a)	9a	4,950.	
	b	Less: direct expenses other than fundraising expenses	9b	8,801.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2	9c	<3,851.>
	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		
<b>Expenses</b>	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	364,605.
	13	Program services (from line 44, column (B))		13	276,037.
	14	Management and general (from line 44, column (C))		14	63,231.
	15	Fundraising (from line 44, column (D))		15	10,436.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	349,704.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	14,901.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	197,631.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3		20	8,218.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	220,750.

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

Form 990 (2005)

**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.

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 \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. * *	25	84,020.	63,015.	12,603.
26 Other salaries and wages	26	172,585.	138,688.	33,897.
27 Pension plan contributions	27	6,633.	5,082.	1,551.
28 Other employee benefits	28	11,900.	9,671.	2,229.
29 Payroll taxes	29	17,835.	14,333.	3,502.
30 Professional fundraising fees	30			
31 Accounting fees	31	5,730.	4,326.	1,404.
32 Legal fees	32			
33 Supplies	33	8,244.	6,868.	1,376.
34 Telephone	34	4,287.	3,277.	1,010.
35 Postage and shipping	35	1,104.	937.	167.
36 Occupancy	36			
37 Equipment rental and maintenance	37	1,657.	1,258.	399.
38 Printing and publications	38	622.	622.	
39 Travel	39	1,969.	1,583.	386.
40 Conferences, conventions, and meetings	40	10,871.	8,447.	2,424.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	1,480.	1,156.	324.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g	20,767.	16,774.	1,959.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	349,704.	276,037.	63,231.
				10,436.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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\* \* SEE STATEMENT 5

**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? ► SEE STATEMENT 6		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
<b>a</b>	FINANCIAL AID & COUNSELING PROVIDES ON-GOING INDIVIDUAL, GROUP, FAMILY, AND MARITAL COUNSELING USING VARIOUS THERAPEUTIC APPROACHES, EMEERGENCY FINANCIAL ASSISTANCE, ADOPTION AND CASE MANAGEMENT.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	224,152.
<b>b</b>	FAMILY LIFE EDUCATION PROVIDES PREVENTIVE GROUP PRESENTATIONS AND WORKSHOPS TO STRENGTHEN JEWISH FAMILY LIFE.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	24,002.
<b>c</b>	HELPING HANDS IS DESIGNED TO SUPPORT SENIOR ADULTS AND PEOPLE WITH DISABILITIES IN THE NASHVILLE JEWISH COMMUNITY.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	27,883.
<b>d</b>		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b>	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b>	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	276,037.

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**Part IV Balance Sheets** (See the instructions.)

**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 .....	16,169.	45	37,365.
	46 Savings and temporary cash investments .....	12,202.	46	1,301.
	47 a Accounts receivable .....	9,058.		
	47a			
	b Less: allowance for doubtful accounts .....		47c	9,058.
	47b			
	48 a Pledges receivable .....	3,150.		
	48a			
	b Less: allowance for doubtful accounts .....		48c	3,150.
	48b			
	49 Grants receivable .....	7,631.	49	9,229.
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable .....			
	51a			
	b Less: allowance for doubtful accounts .....		51c	
51b				
52 Inventories for sale or use .....		52		
53 Prepaid expenses and deferred charges .....	1,159.	53	1,230.	
54 Investments - securities <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	145,833.	54	154,051.	
55 a Investments - land, buildings, and equipment: basis .....				
55a				
b Less: accumulated depreciation .....		55c		
55b				
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis .....	29,327.			
57a				
b Less: accumulated depreciation <b>STMT 8</b> .....	28,517.	57c	810.	
57b				
58 Other assets (describe <b>SEE STATEMENT 9</b> ) .....	20,637.	58	21,755.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	213,472.	59	237,949.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	15,841.	60	17,199.
	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 <b>SEE STATEMENT 9</b> ) .....		65	
	66 <b>Total liabilities.</b> Add lines 60 through 65) .....	15,841.	66	17,199.
<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 .....	151,960.	67	141,310.
	68 Temporarily restricted .....	4,984.	68	37,605.
	69 Permanently restricted .....	40,687.	69	41,835.
	<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) .....	197,631.	73	220,750.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	213,472.	74	237,949.

[illegible]

**Part V-A**

**Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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[illegible]

## Part IV-A

instructions.)

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**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the



Part VI Other Information (continued)		Yes	No
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.) ..... <span style="float: right;">82b</span> <u>20,543.</u>		
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? ..... <span style="float: right;">N/A</span>	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? ..... <span style="float: right;">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? ..... <span style="float: right;">N/A</span>	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 ..... <span style="float: right;">85c</span> <span style="float: right;">N/A</span>		
d	Section 162(e) lobbying and political expenditures ..... <span style="float: right;">85d</span> <span style="float: right;">N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices ..... <span style="float: right;">85e</span> <span style="float: right;">N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) ..... <span style="float: right;">85f</span> <span style="float: right;">N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? ..... <span style="float: right;">N/A</span>	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? ..... <span style="float: right;">N/A</span>	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 ..... <span style="float: right;">86a</span> <span style="float: right;">N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities ..... <span style="float: right;">86b</span> <span style="float: right;">N/A</span>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders ..... <span style="float: right;">87a</span> <span style="float: right;">N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <span style="float: right;">87b</span> <span style="float: right;">N/A</span>		
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 <span style="float: right;">N/A</span> ; section 4912 <span style="float: right;">N/A</span> ; section 4955 <span style="float: right;">N/A</span>		
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 ..... <span style="float: right;">N/A</span>	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ..... <span style="float: right;">N/A</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ..... <span style="float: right;">N/A</span>		
90 a	List the states with which a copy of this return is filed <span style="float: right;">TN</span>		
b	Number of employees employed in the pay period that includes March 12, 2005 ..... <span style="float: right;">90b</span> <span style="float: right;">6</span>		
91 a	The books are in care of <span style="float: right;">LEE ANN KNOCH</span> Telephone no. <span style="float: right;">615-356-4234</span> Located at <span style="float: right;">801 PERCY WARNER BOULEVARD, NASHVILLE, TN</span> ZIP + 4 <span style="float: right;">37205</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <span style="float: right;">N/A</span>	91b	X
If "Yes," enter the name of the foreign country <span style="float: right;">N/A</span>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <span style="float: right;">N/A</span>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ..... <span style="float: right;">92</span> <span style="float: right;">N/A</span> 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.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 612, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a COUNSELING FEES, ETC.					62,612.
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			14	5,676.	
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	2,636.	
101 Net income or (loss) from special events			01	<3,851.>	
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))		0.		4,461.	62,612.
105 Total (add line 104, columns (B), (D), and (E))					67,073.

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).
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 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 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).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Type or print name and title.	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
523163 02-03-06		Phone no. (615) 377-4600		



## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

### **Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization	Employer identification number
	<b>JEWISH FAMILY SERVICE</b>	<b>62-6046618</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>801 PERCY WARNER BOULEVARD, NO. 103</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37205</b>	

Check type of return to be filed (file a separate application for each return):

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **WALTON LIPSCOMB**

Telephone No. ► **615-356-4234**

FAX No. ►

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **APRIL 16, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **SEP 1, 2005**, and ending **AUG 31, 2006**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**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 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

**2005**

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
TERI SOGOL 801 PERCY WARNER BLVD, NASHVILLE, TN	SOCIAL WORKER 34.00	67,970.	8,155.	
Total number of other employees paid over \$50,000	0			

**Part II-A**

**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
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B**

**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 \$50,000 for other services	0	

**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> _____ <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-A, 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	
	c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4	a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
	b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state <b>▶</b> _____
10	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
11a	<input checked="" type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
11b	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)
12	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
13	<input type="checkbox"/> 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	253,515.	190,790.	214,815.	256,115.	915,235.
<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 .....	44,146.	37,388.	46,103.	27,253.	154,890.
<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 .....	5,771.	4,753.	5,113.	7,596.	23,233.
<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 .....	303,432.	232,931.	266,031.	290,964.	1,093,358.
<b>24</b> Line 23 minus line 17 .....	259,286.	195,543.	219,928.	263,711.	938,468.
<b>25</b> Enter 1% of line 23 .....	3,034.	2,329.	2,660.	2,910.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .....					26a 18,769.
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 2001 through 2004 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 938,468.
d Add: Amounts from column (e) for lines: 18 23,233. 19 ..... 22 ..... 26b ..... .....					26d 23,233.
e Public support (line 26c minus line 26d total) .....					26e 915,235.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					26f 97.5244%
<b>27</b> Organizations described on line 12: 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 (2004) ..... (2003) ..... (2002) ..... (2001) .....					
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 11b, 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 (2004) ..... (2003) ..... (2002) ..... (2001) .....					
c Add: Amounts from column (e) for lines: 15 ..... 16 ..... 17 ..... 20 ..... 21 ..... .....					27c N/A
d Add: Line 27a total ..... and line 27b total ..... .....					27d N/A
e Public support (line 27c total minus line 27d total) .....					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) .....					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					27h N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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
29 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? .....	29	
30 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	
31 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.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....	33a	
b Admissions policies? .....	33b	
c Employment of faculty or administrative staff? .....	33c	
d Scholarships or other financial assistance? .....	33d	
e Educational policies? .....	33e	
f Use of facilities? .....	33f	
g Athletic programs? .....	33g	
h Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 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 .....	35	

Schedule A (Form 990 or 990-EZ) 2005

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		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 -			
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 .....		
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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 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:	Yes	No	Amount
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.) .....			0.

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



## 2005 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	7 SIDE CHAIRS	07	84SL	7.00	16	258.			258.	258.		0.
4	2 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 HP DESKJET 890C	01	98SL	3.00	16	475.			475.	475.		0.
14	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	0228	99SL	3.00	16	400.			400.	400.		0.
18	CANNON PC-940 COPIER	0228	03SL	3.00	16	450.			450.	375.		75.



## 2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

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
19	40 GB 256 MB XPP	063003	SL	3.00	16	1,008.			1,008.	728.		280.
20	40 GB 128 MB XPP	063003	SL	3.00	16	839.			839.	607.		232.
21	40 GB 128 MB XPP	063003	SL	3.00	16	839.			839.	607.		232.
22	40 GB 128 MB XPP	063003	SL	3.00	16	838.			838.	605.		233.
23	PEACHTREE COMPLETE 2004	063003	SL	3.00	16	415.			415.	299.		116.
24	SPRINT CELL PHONE	043004	SL	3.00	16	516.			516.	229.		172.
25	63" LOVE SEAT	090104	SL	7.00	16	488.			488.	70.		70.
26	63" LOVE SEAT	090104	SL	7.00	16	487.			487.	70.		70.
	* TOTAL 990 PAGE 2 DEPR					29,327.		0.	29,327.	27,037.	0.	1,480.

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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)
MUTUAL FUNDS - LONG TERM CAPITAL GAIN DISTRIBUTION	2,636.	0.	0.	2,636.
TO FORM 990, PART I, LINE 8	2,636.	0.	0.	2,636.

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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 - CHESED DINNER	41,110.	36,160.	4,950.	8,801.	<3,851.>
TO FM 990, PART I, LINE 9	41,110.	36,160.	4,950.	8,801.	<3,851.>

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	8,218.
TOTAL TO FORM 990, PART I, LINE 20	8,218.

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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	5,702.	5,033.	669.	
UTILITIES	71.	71.	0.	
PERMITS AND LICENSES	416.	416.		
INSURANCE	2,345.	1,790.	555.	
DUES AND SUBSCRIPTIONS	2,560.	1,995.	565.	
TAXES	40.	3.	37.	
CONTRACT SERVICES	1,676.	1,575.	101.	

JEWISH FAMILY SERVICE62-6046618

JEWISH FEDERATION				
GRANT EXPENSES	31.	23.	8.	
SPECIFIC ASSISTANCE				
TO OTHERS	5,086.	5,086.		
COMPUTER EXPENSE	806.	782.	24.	
FUNDRAISING EXPENSES	2,034.			2,034.
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL TO FM 990, LN 43	20,767.	16,774.	1,959.	2,034.
	<hr/>	<hr/>	<hr/>	<hr/>

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FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25	STATEMENT	5
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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JEFF FLADEN	76,197.	7,823.		84,020.
A. PROGRAM SERVICES	60,958.	6,258.		67,216.
B. MANAGEMENT AND GENERAL	15,239.	1,565.		16,804.
C. FUNDRAISING				

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TOTAL PROGRAM SERVICES				67,216.
TOTAL MANAGEMENT AND GENERAL				16,804.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				84,020.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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## EXPLANATION

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

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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INCOME FUND OF AMERICA, INC.	FMV			116,142.	116,142.
WASHINGTON MUTUAL	FMV			37,909.	37,909.
TO FORM 990, LINE 54, COL B				154,051.	154,051.

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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.	450.	0.
40 GB 256 MB XPP	1,008.	1,008.	0.
40 GB 128 MB XPP	839.	839.	0.
40 GB 128 MB XPP	839.	839.	0.
40 GB 128 MB XPP	838.	838.	0.
PEACHTREE COMPLETE 2004	415.	415.	0.
SPRINT CELL PHONE	516.	401.	115.
63" LOVE SEAT	488.	140.	348.
63" LOVE SEAT	487.	140.	347.
TOTAL TO FORM 990, PART IV, LN 57	29,327.	28,517.	810.

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FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN TRUSTS	21,755.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	21,755.

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FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 10
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DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES RECLASSIFIED OUT OF INCOME TO EXPENSE	2,034.
TOTAL TO FORM 990, PART IV-A	2,034.

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FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES RECLASSIFIED OUT OF INCOME TO EXPENSE	2,034.
TOTAL TO FORM 990, PART IV-B	2,034.

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FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 12
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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	PAST PRESIDENT 1.00	0.	0. 0.
IRMA KAPLAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	PRESIDENT 1.00	0.	0. 0.
RUTH SMITH 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	PRESIDENT - ELECT 1.00	0.	0. 0.
DAVID HELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	TREASURER 1.00	0.	0. 0.
TONI HELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	VICE PRESIDENT 1.00	0.	0. 0.

## JEWISH FAMILY SERVICE

62-6046618

ROBERT CORENSWET 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
NAN SPELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
LISA SMALL 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
STANLEY KWELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
STEPHEN LAPIDUS 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	SECRETARY 1.00	0.	0.	0.
DAVID LAPP 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
RICK LEVY 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
DIANE TRACHTMAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
GITI YAZDIAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
ALYSE SPRINTZ 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
ELISE STEINER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JANET WEISMARK 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
SALLY WOLFE 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.

## JEWISH FAMILY SERVICE

62-6046618

ELLEN LEVITT 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX-OFFICIO 1.00	0.	0.	0.
RABBI MARK SCHIFTAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX-OFFICIO 1.00	0.	0.	0.
RABBI PHILIP RICE 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX-OFFICIO 1.00	0.	0.	0.
RABBI RONALD ROTH 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX-OFFICIO 1.00	0.	0.	0.
RABBI YITZCHOK TIECHTEL 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX-OFFICIO 1.00	0.	0.	0.
RABBI SAUL STROSBURG 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX-OFFICIO 1.00	0.	0.	0.
K. JEFF FLADEN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EXECUTIVE DIRECTOR 40.00	76,197.	7,823.	0.
LYNN BARTON 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
STEPHEN ENTMAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
DANIELLA PRESSNER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
PHILIP RUSS 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
GLENDA KRAFT 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

76,197.	7,823.	0.
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