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

Department of the Treasury

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

		ue Service The diganization may have to use a copy of any feture to satisfy state reporting requirements.		inspection		
A	For the 2	2005 calendar year, or tax year beginning ${\sf SEP}\ 1$ , $\ 2005$ and ending ${\sf AUG}\ 31$ , $\ 20$	106			
В	Check if	Please C Name of organization D Empl	oyeri	dentification number		
		use ins				
	Addres change	s label or JEWISH FAMILY SERVICE 62	3-6	046618		
	Name change	type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite ETelep	hone	number		
	Initial return		515	)356-4234		
	Final	Instructions. City or town, state or country, and ZIP + 4	nting me	thod: Cash X Accrual		
	Amend return		ther pecify)	<b>&gt;</b>		
	Applica pendin	a degree of the total and the transfer of the	o sec	ction 527 organizations.		
		must attach a completed Schedule A (Form 990 or 990-EZ).  H(a) Is this a group return for	r affilia	ates? Yes X No		
G	Website	: NWW.JFSNASHVILLE.ORG H(b) If "Yes," enter number of	affilia	ites▶ N/A		
J	Organiza	ttion type (check only one) ▶ 501(c) ( ) ◀ (insert no.) X 4947(a)(1) or 527 H(c) Are all affiliates included	?	N/A Yes No		
ĸ	Check he	ere if the organization's gross receipts are normally not more than \$25,000. The H(d) is this a separate return	filad k	nu an or		
	organiza	tion need not file a return with the IRS; but if the organization chooses to file a return, be ganization covered by a	group	oruling? Yes X No		
	sure to f	le a complete return. Some states require a complete return.				
		M Check ▶ if the gro	ganiza	ition is not required to attach		
L	Gross re	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 373, 406. Sch. B (Form 990, 990-				
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances				
<u> </u>	1	Contributions, gifts, grants, and similar amounts received:	- "]			
	a	Direct public support 1a 95,151.	. 1			
		Indirect public support 1b 202,381.				
	C	Government contributions (grants)	· :			
	d	Total (add lines 1a through 1c) (cash \$ 297,532. 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.		
	6 a	. I.I.	Ť			
	b					
	C	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
	7	Other investment income (describe )	7			
Revenue	8 8	Gross amount from sales of assets other (A) Securities (B) Other				
Ş	"	than inventory 2,636. 8a	land Total			
æ	) b	Less; cost or other basis and sales expenses 8b				
		Gain or (loss) (attach schedule) 2,636.8c				
	d	Cmym 1	8d	2,636.		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here		2,000.		
		Gross revenue (not including \$ 36,160. of contributions				
	-	reported on line 1a) 9a 4,950.				
	h	Less: direct expenses other than fundraising expenses 9b 8,801.				
	6	Net income or (loss) from special events (subtract line 9b from line 9a)  SEE STATEMENT 2	9с	<3,851.		
		Gross sales of inventory, less returns and allowances	10.55			
	b	401				
		7	10c			
	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.		
ď.	14	Management and general (from line 44, column (C))	14	63,231.		
ens	15		15	10,436.		
Expenses	16	Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule)  Total expenses (add lines 16 and 44, column (A))	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.		
ٔ پید	g 19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	197,631.		
Net	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.		

Form **990** (2005)

Form 990 (2005) JEWISH	FAMIL	Y SERVICE		62-60	46618 Page 2
				(D) are required for section	501(c)(3)
Functional Expenses a	nd (4) organi	zations and section 4947(a		trusts but optional for other	S
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 \$	<u> </u>				
If this amount includes foreign grants, check here	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. *		84,020.	63,015.	12,603.	8,402.
26 Other salaries and wages		172,585.	138,688.	33,897.	
27 Pension plan contributions		6,633.	5,082.	1,551.	
28 Other employee benefits		11,900.	9,671.	2,229.	
29 Payroll taxes		17,835.	14,333.	3,502.	
30 Professional fundraising fees					
31 Accounting fees	31	5,730.	4,326.	1,404.	
32 Legal fees					
33 Supplies		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 schedu	ile) 42	1,480.	1,156.	324.	
43 Other expenses not covered above (itemi	ze):				
a	43a			}	
b	43b				
С	43c				
d	43d				
e	43e				
f	431				
g SEE STATEMENT 4	43g	20,767.	16,774.	1,959.	2,034.
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 follo		8-2.		<u>_</u>	· · · · · · · · · · · · · · · · · · ·
Are any joint costs from a combined educational ca		fundraising solicitation rep	orted in (B) Program servi	ces? <b>▶</b> _	Yes X No
If "Yes," enter (i) the aggregate amount of these join	nt costs \$	<u>N/A</u> ;(	i) the amount allocated to	Program services \$	N/A ;
(iii) the amount allocated to Management and gene	eral \$	N/A ; and (	v) the amount allocated to	Fundraising \$	N/A

\*\* SEE STATEMENT 5

523011 02-03-06

## 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
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 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 ▶ □  b FAMILY LIFE EDUCATION PROVIDES PREVENTIVE GROUP PRESENTATIONS AND WORKSHOPS TO STRENGTHEN JEWISH FAMILY LIFE.	224,152.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □  c HELPING HANDS IS DESIGNED TO SUPPORT SENIOR ADULTS AND PEOPLE	24,002.
WITH DISABILITIES IN THE NASHVILLE JEWISH COMMUNITY.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐  d	27,883.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  e Other program services (attach schedule)	<del></del>
(Grants and allocations \$ ) If this amount includes foreign grants, check here    Total of Program Service Expenses (should equal line 44, column (B), Program services)	276,037.
Total of the district Expenses (criteria squar mis 11, secanity), regian correspond	Form <b>990</b> (2005)

: Whe	ere required, attached schedules and amounts wit uld be for end-of-year amounts only.	hin the desc	cription column	(A) Beginning of year		(B) End of year
				16,169.	45	37 365.
45	Cash · non-interest-bearing			12,202.	46	37,365. 1,301.
46	Savings and temporary cash investments			12,202	40	1,301
47 a	Accounts receivable	47a	9,058.			
4	Less: allowance for doubtful accounts	47b		6,671.	47c	9,058
			2 450		1	
48 a	Pledges receivable	48a	3,150.	٥٥٨	40.	2 150
b		48b		880. 7,631.	48c	3,150 9,229
49	Grants receivable			7,031.	49	7,227
50	Receivables from officers, directors, trustees,				50	
	and key employees  Other notes and loans receivable					
	Less: allowance for doubtful accounts	<del></del>			51c	
52	Inventories for sale or use			<del></del>	52	
53	Prepaid expenses and deferred charges			1,159.	53	1,230
54	Investments - securities TMT 7	▶[	Cost X FMV	145,833.	54	154,051
1 -	Investments - land, buildings, and					
	equipment: basis	55a				
			1			
t	Less: accumulated depreciation	55b			55c	
56	Investments - other		20 227		56	
57 8	Land, buildings, and equipment: basis		29,327. 28,517.	2,290.	57c	810
1	b Less: accumulated depreciation STMT 8	57b	TEMENT 9 )	20,637.		810 21,755
58	Other assets (describe S	20,037	30	227.33		
-	Total assets (must equal line 74). Add lines 45	213,472.	59	237,949		
59 60	Accounts payable and accrued expenses			15,841.		237,949 17,199
61	Grants payable				61	
62	Deferred revenue		1		62	
63	Loans from officers, directors, trustees, and ke	y employee	es[		63	
	a Tax-exempt bond liabilities		,		64a	
-	b Mortgages and other notes payable		1		64b	
65	Other liabilities (describe		)		65	
1				15,841		17,199
66	Total liabilities. Add lines 60 through 65)	TVI		13,041	66	17,193
Org	ganizations that follow SFAS 117, check here	► LA_ and	complete lines			
	67 through 69 and lines 73 and 74.			151,960	67	141,310
67	Unrestricted Temporarily restricted			4,984		37,60
68	Permanently restricted			40,687		41,83
69	ganizations that do not follow SFAS 117, check	here ►	and		4 3	
0"	complete lines 70 through 74.					
70	Capital stock, trust principal, or current funds				70	
67 68 69 Or: 70 71 72 73	Paid-in or capital surplus, or land, building, and				71	
72	Retained earnings, endowment, accumulated				72	
73		ough 69 or lin	nes 70 through 72;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
·   · •	column (A) must equal line 19; column (B) must equ	ial line 21)		197,631		220,75
74		213,472	. 74	237,94		

Form **990** (2005)

Loring 990 (2005)

1 EMICH FAMILY SERVICE

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0	.823,	<sup>L</sup>	*L6T'9L		EE STATEMENT 12	15
		į				· –
other allowances	sation plans	comper	(0-	position		_
esnegyz (E) Expense	ot anoituditi tilanad aayi barralab &	olgma ersia	(If not paid, enter	(B) Title and average hours	(A) Wame and address	
55554.1(1)	1		the instructions.)	e not compensated.) (See	or key employee at any time during the year even if they wer	_
tor, trustee,	ficer, direc	to ns a	ı berson who was	y Employees (List each	art V-A Current Officers, Directors, Trustees, and Key	
• \$0L'6\$E		◀			Total expenses (Part I, line 17). Add lines c and d	ə
.₽60,2	р				Sb bns fb senii bbA	
	Ì	.₽£		45 q q	Other (specify): SEE STATEMENT 11	
				LP	Investment expenses not included on Part I, line 6b	۱ ۱
•010'1EC	-   5	ł	•••••••••••••••••••••••••••••••••••••••		Subtract line b from line a	'n
<u>*019,74£</u>	9	ł			Add lines b1 through b4	Ū
20 577	-	• ⊤		<del></del>	Other (specify): ROUNDING ADJUSTMENT	<del>b</del>
		<u> </u>	<del></del>	<u>EQ</u>	Losses reported on Part I, line 20	e E
				79	Prior year adjustments reported on Part I, line 20	
		• 6 12		19	Donated services and use of facilities	
			J 00	[	Amounts included on line a but not on Part I, line 17:	q
368,21⊈.	е	1			Total expenses and losses per audited financial statements	g
		ber F	th Expenses	ncial Statements Wi	art IV-B Reconciliation of Expenses per Audited Fina	d
• <u>509'₹9</u> €	ə	•			Total revenue (Part I, line 12). Add lines c and d	Ð
•⊅€0′Շ	p				Sb bns fb sənil bbA	
		. 45		42 45	Other (specify): SEE STATEMENT 10	5
			ł	† p	Investment expenses not included on Part I, line 6b	Ļ
		ļ			Amounts included on Part I, line 12, but not on line a:	p
*T72,535	3	<b></b>			Add lines b through b4 Subtract line b from line a	0
CAT 85	q	1				
		• <del>-</del>	<del></del>	<del></del>		+
		·I		P <del>†</del>	Other (specify): ROUNDING ADJUSTMENT	5 4
				P3	Hecoveries of prior year grants Other (specify): ROUNDING ADJUSTMENT	3
		. € ⊉	5 ' 02	P3	Opper (sbecity): SOUNDING ADJUSTMENT  Becoveries of prior year grants  Checker and use of facilities	3
		. € ⊉	5 ' 07	P3	Net unrealized gains on investments  Donated services and use of facilities  Becoveries of prior year grants  Recoveries of prior year grants	3 3
<u>• 666</u> , 166		. € ⊉	5 ' 02	2q 1q	Opper (sbecity): SOUNDING ADJUSTMENT  Becoveries of prior year grants  Checker and use of facilities	1 2 3

Pai	t V-A Current Officers, Directors, Tru	istees, and Ke	y Employees (continu	ed)			Yes	No	
75 a	Enter the total number of officers, directors, and tr	ustees permitted t	o vote on organization bu	siness at board	_				
	meetings			▶	24		1		
h	Are any officers directors trustees or key employ	ees listed in Form	990 Part V.A. or highest (	compensated emp	lovees				
h 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)								
						75b		X	
С	Do any officers, directors, trustees, or key employed			•	,				
	listed in Schedule A, Part I, or highest compensate Part II-A or II-B, receive compensation from any otl	•	•						
	organization through common supervision or com				ì	75.		X	
						75c	<b></b>		
	Note. Related organizations include section 509(a								
	If "Yes," attach a statement that identifies the individuals, describes the compensation arrangements, including am	explains the relations	inip between this organization	i and the other organ	ization(s), and				
	Does the organization have a written conflict of int tV-B   Former Officers, Directors, Tru	erest policy?				75d	X		
Pai	t V-B Former Officers, Directors, Tru	stees, and Ke	y Employees That F	Received Com	pensation of	or Ot	her		
	Benefits (If any former officer, director the year, list that person below and enter	, trustee, or key en	aployee received compens	sation or other ber	efits (describe	d belo	w) dur	ring	
	the year, list that person below and enter	the amount of cor	riperisation of other bene	its in the appropri	(D) Contributions				
	(A) Name and address		(B) Loans and Advances	(C) Compensation	employee benefit	t   '	E) Expe ccount		
	NO	NE	,	( , , ,	plans & deferred compensation plan		er allow		
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					1				
- A-	4 VIII Other Information (0. 46 interview	1		<u> </u>	L		137		
	t VI Other Information (See the instruction			<del></del>			Yes		
76	Did the organization engage in any activity not pre					i sainti		1	
	description of each activity					76		X	
77	Were any changes made in the organizing or gove	rning documents l	but not reported to the IRS	5?	••••••	77		X	
	If "Yes," attach a conformed copy of the changes.	•							
78 a	Did the organization have unrelated business gros	s income of \$1,00	0 or more during the year	covered by this re	turn?	78a		X	
b If "Yes," has it filed a tax return on Form 990-T for this year?									
79	Was there a liquidation, dissolution, termination, o					78b 79		X	
	Is the organization related (other than by association					<del>''</del>		<del></del>	
00 a	membership, governing bodies, trustees, officers,		_			80a		X	
L			everuht or nonexembt ord	anizations	***************************************	oua	<del>                                     </del>	1	
D	If "Yes," enter the name of the organization	11/17	and the state of the state of the	1	<del></del>				
		U 04:	and check whether it is		•				
	Enter direct or indirect political expenditures. (See				0.	19.3			
<u>b</u>	Did the organization file Form 1120-POL for this y	ear?		<u></u>		81b		X	
52316	1/02-03-06					Form	1 <b>990</b> (	(2005)	

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Pa	TVI Other Information (continued)		Yes	No				
	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 20,543.							
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?							
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a 83b	X					
		84a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not							
Ī	tax deductible? N/A	84b						
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a						
b		85b						
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a							
	waiver for proxy tax owed for the prior year.							
C	Dues, assessments, and similar amounts from members 85c N/A							
ď	Section 162(e) lobbying and political expenditures 85d N/A							
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A							
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A							
q	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							
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1						
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A							
b								
	against amounts due or received from them.) 87b N/A							
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,							
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?							
	If "Yes," complete Part IX	88		Х				
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:							
	section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A							
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 N/A	89b						
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under							
	sections 4912, 4955, and 4958		N/A					
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A					
90 a	List the states with which a copy of this return is filed $ ightharpoonup TN$							
b	Number of employees employed in the pay period that includes March 12, 2005			6				
91 a	The books are in care of ► LEE ANN KNOCH  Telephone no. ► 615-35							
	Located at ► 801 PERCY WARNER BOULEVARD, NASHVILLE, TN ZIP+4 ► 3	720	5					
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		Yes	No				
	account)?	91b	<u> </u>	X				
	If "Yes," enter the name of the foreign country							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank							
	and Financial Accounts.							
C		91c		X				
	If "Yes," enter the name of the foreign country							
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		. <b>⊳</b> L					
	and enter the amount of tax-exempt interest received or accrued during the tax year   92	N/		100				
		Forn	1 <b>990</b>	(2005)				

Part VI	Analysis of Income-Producing					
Note: En	ter gross amounts unless otherwise		ed business income		by section 612, 515, or 514	(E)
indicated	<i>l</i> .	(A) Business	(B) Amount	(C) Exclu-	(D)	Related or exempt
93 Prog	ram service revenue:	code	Amount	sion code	Amount	function income
a CO	UNSELING FEES, ETC.					62,612.
ь —						
С						
d		-				
e		-		<del>                                     </del>		·
·	care/Medicaid payments	-				
	and contracts from government agencies					
	bership dues and assessments			╁╌┼╴		
	•			<del>                                     </del>		
	est on savings and temporary cash investments			14	5,676.	
			· · · · · · · · · · · · · · · · · · ·	<u> </u>	3,070.	
	rental income or (loss) from real estate:					
	financed property					
	lebt-financed property			<del>  -</del>		
	ental income or (loss) from personal propert				·	· · · · · · · · · · · · · · · · · · ·
99 Othe	r investment income	.				
100 Gain	or (loss) from sales of assets					
othe	r than inventory			18	2,636. <3,851.	
101 Net i	ncome or (loss) from special events	. L.		01	<3,851.	>
102 Gros	s profit or (loss) from sales of inventory					
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104 Subt	otal (add columns (B), (D), and (E))		0.		4,461.	62,612.
101 000	otal (444 4015)   10   10   10   10   10   10   10   1					
105 Tota	L(add line 104 columns (R) (D) and (E)			<del> </del>		
105 Tota	I (add line 104, columns (B), (D), and (E))					67,073.
Note: Line	e 105 plus line 1d, Part I, should equal the ar	mount on line 1	2, Part I.		<b>&gt;</b>	67,073.
Note: Line Part VI	e 105 plus line 1d, Part I, should equal the au III Relationship of Activities to the	mount on line 12	2, Part I. ishment of Exemp	t Purp	OSes (See the instructi	67 , 073 <b>.</b>
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Form **8868** 

(Rev. December 2004)

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

OMB No. 1545-1709

Department of the Treasury

Internal Revenue Service File a separate application for each return. 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. 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 filling of this form, visit www.irs.gov/efile. Name of Exempt Organization Type or Employer identification number print JEWISH FAMILY SERVICE 62-6046618 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 801 PERCY WARNER BOULEVARD, NO. 103 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NASHVILLE, TN 37205 Check type of return to be filed (file a separate application for each return): X Form 990 Form 990-T (corporation) Form 4720 Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-BL Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 8870 Form 990-PF Form 1041-A The books are in the care of ▶ WALTON LIPSCOMB Telephone No. ► 615-356-4234 FAX No. l 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\_ ► X tax year beginning SEP 1, 2005 \_\_\_\_, and ending <u>AUG 31, 2006</u> 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 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated 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

Name of the organization

# 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

Employer identification number

	JEWISH FAMILY SERVICE			62 60466	
Part I	Compensation of the Five Highest Paid Emp		Officers, Direc	ctors, and T	rustees
	(See page 1 of the instructions. List each one. If there are none, en				
(	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 SO	GOL	SOCIAL WORKER			
801 PER	CY WARNER BLVD, NASHVILLE, TN	34.00	67,970.	8,155	
					1
	<del></del>	1			
					<del>                                     </del>
		1			
					<u> </u>
		1			
Total number of	other employees paid		11		<u> </u>
over \$50,000	>	0			
Part II-A	Compensation of the Five Highest Paid Inde	ependent Contractor	s for Professi	onal Servic	25
1 4111111	(See page 2 of the instructions. List each one (whether individuals			o 00. v.o	
	(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of s	ervice	(c) Compensation
NONE				ļ	
					<u> </u>
				İ	
				-	
				İ	
				}	
Total number of	others receiving over		All Long		
	fessional services	0			
Part II-B	Compensation of the Five Highest Paid Inde	ependent Contracto	rs for Other Se	ervices	
المستحدث المستحدث	(List each contractor who performed services other than professi				
	firms. If there are none, enter "None." See page 2 of the instruction	ns.)			
	(a) Name and address of each independent contractor paid more th	950 000	(h) Tupo of a	onice T	/s) Companyation
	(a) Name and address of each independent contractor paid more the	ian 550,000	(b) Type of s	ervice	(c) Compensation
NONE				1	
				ļ	
Total number of	f other contractors receiving over				
\$50,000 for oth	er services	0	14541   1965   1966   1		

Organizations that made an election under section 501(h) by filling 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.  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?  b Lending of money or other extension of credit?  c Furnishing of goods, services, or facilities?  d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990  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.)  b Do you have a section 403(b) annuity plan for your employees?  c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?  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?		rt III	Statements About Activities (See page 2 of the instructions.)	<del></del>	Yes	No
bioblying activities						
inco i of Part VH-B.)  Organizations that makes an election under section 50 kh) by filing Form 5788 must complete Part VH-A. Other organizations checking "fee" must complete Part VH-B AMD attach a statement giving a detailed description of the lobbying activities.  During the year, has the organization, either directly or indicately, engages in any of the following acts with any substantial contributors, persons is affiliated as an office, directly, or where you represent a similation as an office, directly, orders, overser, or principal beneficiary? If the answer to any question is "Year, attach a detailed statement explaining the fransactions."  b Landing of money or other extension of credit?  c Furnishing of gloods, services, or facilities?  c Furnishing of gloods, services, or facilities?  d Peyment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE, PART, VHA, FORM, 9.9.0.  2		-				t
Gigarizations that make an election under section 50 kin) by filing Form \$788 must complete Part VHA. Other organizations checking "Yes" miss complete Part VHA PMO statch as startened proving adeletic decisption of the butbring advisitions.  During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trained and the provinces, indirectly, engaged in any of the following acts with any substantial contributors, the person is affiliated as an officer, director, trustee, majority covere, or principal beneficiary? (if the answer to any question is "Yes," attracts of active filed statement explaining the fransactions.)  a Sale, exchange, or flexibility of property?  2 b Lending of money or other extension of ordati?  b Lending of money or other extension of ordati?  c Furnishing of goods, services, or facilities?  d Payment of compensation (or payment or reimbursement of expenses it more than \$1,000)? SEE_PART_V—A, FORM_9.9.0 at X and Yes a				1.		,,
throking "Yes" must complete Part VR-BAID attach a stemment giving a delibed exemption of the floolyting activities.  During the year, that her organization, letter directly or indirectly, engaged in any of the following acts with any substantial condributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is stifficiated as an officer, director, trustee, employing owner, or principal beneficiarly? (if the answer to any question is "Yes," attach a detailed statement explaining the fransactions.)  b Lending of money or other extension of credit?  2 b Lending of money or other extension of credit?  c Furnishing of goods, services, or facilities?  d Payment of companisation (or payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V-A_FORM_990  d Transfer of any part of its income or assets?  a Do you make a spons for scholarships, fellowships, student loans, etc.? (if "Yes," statch an explanation of how you determine that recipinate quality to receive payments.)  3 a Do you make a school antityon payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V-A_FORM_990  2 b Do you have a school antityon payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V-A_FORM_990  2 b Do you have a school antityon payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V-A_FORM_990  2 b Do you have a school antityon payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V-A_FORM_990  3 b Do you have a school antityon payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V-A_FORM_990  3 b Do you have a school antityon payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V-A_FORM_990  3 b Do you have a school antityon payment or reimbursement of expenses if more than \$1,000)? SEE_PART_V-A_FORM_990  3 b Do you have a school antityon payment or contribution of qualified real property interest under section 170(h)?  4 b Do you provide credit co			,	1		X
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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	,	H				
and state ►  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  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 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: ► Type 1 Type 2 Type 3  Provide the following information about the supported organizations. (See page 6 of the instructions.)  (b) Line number from above	8	=				
An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  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:   Type 1 Type 2 Type 3  Provide the following information about the supported organizations. (See page 6 of the instructions.)  (b) Line number from above	9	لـــا				
(Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  11b						
An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  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:  Type 1  Provide the following information about the supported organizations. (See page 6 of the instructions.)  (b) Line number from above	10	L				
Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  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:  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						
A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  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:  Type 1  Type 2  Type 3  Provide the following information about the supported organizations. (See page 6 of the instructions.)  (b) Line number from above	11a	X				
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  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:  Type 1 Type 2 Type 3  Provide the following information about the supported organizations. (See page 6 of the instructions.)  (b) Line number from above						
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in:  (1) lines 5 through 12 above; or (2) 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:  Type 1 Type 2 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	11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in:  (1) lines 5 through 12 above; or (2) 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:  Type 1 Type 2 Type 3  Provide the following information about the supported organizations. (See page 6 of the instructions.)  (b) Line number from above	12					
by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  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:  Type 1  Type 2  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						
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:  Type 1  Type 2  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						
(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:  Type 1  Type 2  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			by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
(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:  Type 1  Type 2  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	13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descri	bed in		
the type of supporting organization:  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						
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				300		
(a) Name(s) of supported organization(s)  (b) Line number from above						
				(b)Li	ne num	ber
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			(a) Name(s) of supported organization(s)	fr	om abo	ove
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)						
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)						
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)						-
	14	7 1	An organization organized and operated to test for public safety, Section 509(a)(4), (See page 6 of the instructions )			

16 Membership loss rote/vides	Par	Note: You may use the	omplete only it you che e worksheet in the insti	ructions for converting f	rom the accrual to the	nethod of accounting cash method of accou	I. Inting.
The value of sevices of schildus of the received pairs of the received several of the received of the recei	Calen begin	dar year (or fiscal year ning in)					<del></del>
16 Membership loss rote/box	15	received. (Do not include unusual - I	253,515.	190,790.	214,815.	256,115.	915,235.
merchandice sold or services performed, or furnishing of facilities in any activity that is related to the organizations or the property that is related to the organizations or the property of the property	16	Membership fees received					
18	17	merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's	44.146.	37.388.	46.103.	27.253.	154 890.
activities not included in line 18 20 Tax revenues leved for me paid to five or expended on its behalf paid to five or expended on its behalf paid to five or expended on its behalf paid to five or expended on its behalf paid to five or expended on its behalf paid to five or expended on its behalf paid to five or expended on its behalf paid to five or expended on its behalf paid to five or expended on its behalf paid to five or expended on its behalf paid to five or expended paid to five or e	18	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					23,233.
20   Ixa revenues leved for the paid to it or expended on its behalf at 0 it or expended on its behalf at 0 it or expended on its behalf at 1 The value of services or facilities pertain unit without charge. Do not include the value of services or facilities generally 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. Do not include the value of services or facilities generally furnished to the public without charge. Do not include the value of services or facilities generally furnished to the public without charge. Do not include the value of services or facilities generally furnished to the public without charge. Do not include the value of services or facilities generally furnished to the public without charge. Do not facilities and the value of the public without charge. Do not facilities and the value of	19	Net income from unrelated business					
organization's benefit and either paid to it or expended on its behalf paid to it or expended on its behalf paid to it or expended on its behalf paid to it or expended on its behalf paid to its or expended on its behalf paid to its or expended on its behalf paid to its organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. Do not include the value of services or facilities generally furnished to the public without charge.  22 Uther income, Rtigath a schedule, said of capital assets.  23 Total of lines 15 through 22 30 3, 432. 232, 931. 266, 031. 290, 964. 1, 093, 358. 24. Line 23 minus line 17 259, 286. 195, 543. 219, 928. 263, 711. 938, 468. 25. Enter 1% of line 23 3, 034. 2, 329. 2, 660. 2, 910. 268. 269. 2910. 268. 279. 286. 2910. 268. 2910. 268. 2910. 268. 2910. 268. 2910. 268. 2910. 268. 2910. 279. 288. 289. 289. 289. 289. 289. 289. 28		• • • • • • • • • • • • • • • • • • • •					
turnished 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 or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to generally furnished to generally furnished to generally furnished to generally furnished to generally furnished to generally furnished to generally furnished to generally furnished furnished to generally furnished to generally furnished furnished furnished to generally furnished furn	20	organization's benefit and either					
3 1 ot all of lines 15 through 22 3 0 3 , 432 . 232 , 931 . 266 , 031 . 290 , 964 . 1 , 093 , 358 . 24 Line 23 minus line 17 259 , 286 . 195 , 543 . 219 , 928 . 263 , 711 . 938 , 468 . 25 Enter 1% of line 23 3 , 034 . 2 , 329 . 2 , 660 . 2 , 910 . 260 . 2 , 910 . 260 . 2 , 910 . 260 . 2 , 910 . 260 . 2 , 910 . 270 . 261 . 270 . 262 . 270 .		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					
24 Line 23 minus line 17		sale of capital assets	202 422	222 021	266 031	200 064	1 002 252
25 Enter 1% of line 23 3,034. 2,329. 2,660. 2,910.  26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.							
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24							938,468.
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  C Total support for section 509(a)(1) test: Enter line 24, column (e)  Add: Amounts from column (e) for lines:  22		***************************************					10 760
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  C Total support for section 509(a)(1) test. Enter line 24, column (e)  Add: Amounts from column (e) for lines: 18		_				<del></del>	10,709.
Do not file this list with your return. Enter the total of all these excess amounts  c Total support for section 509(a)(1) test: Enter line 24, column (e)  d Add: Amounts from column (e) for lines: 18	Ü	•			,		
c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines: 18 23, 233. 19 22 26b 266 266 23, 233. e Public support (line 26c minus line 26d total) 26c (denominator) 26e (numerator) divided by line 26c (denominator)) 26e 915, 235. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 97.52449 creaming 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 Part 27d N/A d Add: Line 27a total and line 27c total minus line 27d total) 27c 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 g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g N/A							0
d Add: Amounts from column (e) for lines: 18 23, 233. 19 22 266							
e Public support (line 26c minus line 26d total)  f Public support percentage (line 26e (numerator) divided by line 26c (denominator))  7 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 or 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  P 27c  N/A  d Add: Line 27a total  e Public support (line 27c total minus line 27d total)  f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)  P Public support percentage (line 27e (numerator) divided by line 27f (denominator))  26b  27c  N/A  27c  N/A  27c  N/A			inae* 18	23 233 - 19	•••••••••••••••••••••••••••••••••••••••	200	930,400.
Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  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)  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  N/A  27c  N/A  4 Add: Line 27a total  Public support (line 27c total minus line 27d total)  Public support (line 27c total minus line 27d total)  Total support for section 509(a)(2) test Enter amount on line 23, column (e)  Public support percentage (line 27e (numerator) divided by line 27f (denominator))	u	Add. Ambania irom column (c) for i	•				23 233
7 Public support percentage (line 26e (numerator) divided by line 26c (denominator))  7 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:  8 N/A  9 (2004) (2003) (2002) (2001)  9 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:  9 (2004) (2003) (2002) (2001)  10 Add: Amounts from column (e) for lines:  15 16  17 20 21	۵	Public support /line 26c minus line 2	204+-+-1)				
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  Add: Amounts from column (e) for lines:  15  16  27c  N/A  d Add: Line 27a total  Public support (line 27c total minus line 27d total)  Total support for section 509(a)(2) test: Enter amount on line 23, column (e)  Public support percentage (line 27e (numerator) divided by line 27f (denominator))  27g  N/A  9	f		,				
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  Public support (line 27c total minus line 27d total)  F Total support for section 509(a)(2) test: Enter amount on line 23, column (e)  Public support percentage (line 27e (numerator) divided by line 27f (denominator))  20  27g  N/A  9	27						
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 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 (denominator)) 27g N/A 9		records to show the name of, and to such amounts for each year:	tal amounts received in early ${\sf N/A}$	ach year from, each "disqua	alified person." Do not file	e this list with your return	n. Enter the sum 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							
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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 $\blacktriangleright$ 27c $N/A$ d Add: Line 27a total and line 27b total $\blacktriangleright$ 27d $N/A$ e Public support (line 27c total minus line 27d total) $\blacktriangleright$ 27e $N/A$ f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) $\blacktriangleright$ 27f $N/A$ g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) $\blacktriangleright$ 27g $N/A$ 9						•	•
(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 9		• ,	•	•	, -		imount received and
c Add: Amounts from column (e) for lines:       15       16         17       20       21       ► 27c       N/A         d Add: Line 27a 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		•	*	·			
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 9	^						
d Add: Line 27a total and line 27b total  e Public support (line 27c total minus line 27d total)  f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)  g Public support percentage (line 27e (numerator) divided by line 27f (denominator))  b 27d N/A  27e N/A  9 N/A  9	Ü	( )			21	<b>▶</b>   27c	N/A
e Public support (line 27c total minus line 27d total)  f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)  Public support percentage (line 27e (numerator) divided by line 27f (denominator))  27e  N/A  27e  N/A  27g  N/A	н	Add: Line 27a total	an	d line 27b total		276	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			line 27d total)			27e	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	f						
							T1 T + 1 . 1
	•	• • • • • • • • • • • • • • • • • • • •					

<sup>28</sup> 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.

NONE

Schedule 4 Form 200 or 200 573 200 Schedule A (Form 990 or 990-EZ) 2005

33 Does the organization discriminate by race in any way with respect to:

f Use of facilities?

### 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 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? 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.)

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

a Students' rights or privileges?

e Educational policies?

g Athletic programs?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

If you answered "Yes" to either 34a or b, please explain using an attached statement.

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

h Other extracurricular activities?

34 a Does the organization receive any financial aid or assistance from a governmental agency?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

b Has the organization's right to such aid ever been revoked or suspended?

Schedule A (Form 990 or 990-EZ) 2005

33a

33b

33c

33d

33e

33f

33g

33h

34a

34b

	Expenditures by Elected ONLY by an eligible organized			f the instructions.)	N/A
	ation belongs to an affiliated gr			necked "a" and "limited con	trol* provisions apply.
	mits on Lobbying Ex	-		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
38 Total lobbying expenditures ( 39 Other exempt purpose expend 40 Total exempt purpose expend 41 Lobbying nontaxable amount  If the amount on line 40 is -  Not over \$500,000  Over \$500,000 but not over \$1,000  Over \$1,000,000 but not over \$1,500  Over \$1,500,000 but not over \$17,500  Over \$1,500,000 but not over \$1,500  Over \$1,500,000 but not over \$	orinfluence a legislative body (cadd lines 36 and 37) ditures ditures (add lines 38 and 39) t. Enter the amount from the fo The lobbying 20% of the amou 0,000 \$100,000 plus 10 000,000 \$175,000 plus 10 000,000 \$1,000,000 nt (enter 25% of line 41) Enter -0- if line 42 is more tha	direct lobbying)  Illowing table - nontaxable amount is - unt on line 40  5% of the excess over \$500,000  % of the excess over \$1,000,000  % of the excess over \$1,500,000	37 38 39 40 000 00 41 0	N/A	
	(Some organizations that mad	veraging Period L	Inder Section	plete all of the five columns	3
		Lobbying Expe	nditures During 4-Y	ear Averaging Period	N/A
Calendar year (or fiscal year beginning in)	(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					
47 Total lobbying expenditures					
47 Total lobbying expenditures  48 Grassroots nontaxable amount  49 Grassroots ceiling amount					0
47 Total lobbying expenditures  48 Grassroots nontaxable amount					

For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

a Volunteers

b Paid staff or management (Include compensation in expenses reported on lines c through h.)

c Media advertisements

d Mailings to members, legislators, or the public

e Publications, or published or broadcast statements

f Grants to other organizations for lobbying purposes

g Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

523141 02-03-06

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

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

0.

523151 02-03-06

Pan		garding Transfels 10 an zations (See page 12 of the inst		a Relationships with Nonchar	itable		
51		lirectly or indirectly engage in any of		organization described in section			
	501(c) of the Code (other than s	section 501(c)(3) organizations) or	in section 527, relating to po	litical organizations?			
a	Transfers from the reporting or	ganization to a noncharitable exemp	t organization of:			Yes	No
							Х
					a(ii)		X
Ь	Other transactions:				1		
							X
							X
							X
							X
	(vi) Performance of services or	membership or fundraising solicita	tions		b(vi)		X
		mailing lists, other assets, or paid of					X
	, , , ,	• • •		always show the fair market value of the		l	
	•	given by the reporting organization	, ,				
	transaction or sharing arrangen	nent, show in column (d) the value o	of the goods, other assets, o	r services received:		N/A	
(a)	(b)	(c)		(d)	-		
Line n		Name of noncharitable ex	cempt organization	Description of transfers, transactions, and	l sharing ar	rangen	nents
			···				
	<u> </u>						
	<u> </u>			<u> </u>			
		)(3)) or in section 527?		panizations described in section 501(c) of the	Yes	X	☐ No
	(a Name of or	ganization	(b) Type of organization	(c) Description of relation	ship		
	····						
	<del></del>	· · · · · · · · · · · · · · · · · · ·					
							_

### 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
1	FILING CABINET	0 5 8	0SL	7.00	16	190.			190.	190.		0.
2	EXECUTIVE SIDE CHAIR	07 8	4SL	7.00	16	203.			203.	203.		0.
3	7 SIDE CHAIRS	07 8	4SL	7.00	16	258.			258.	258.		0.
4	2 DESKS	07 8	4SL	7.00	16	359.			359.	359.		0.
5	TABLE & 6 CHAIRS	09 8	6SL	7.00	16	714.			714.	714.		0,
6	COMPUTER CENTER	07 9	0SL	7.00	16	76.			76.	76.		0.
1	COMPUTER & SOFTWARE	08 9	0SL	7.00	16	2,549.			2,549.	2,549.		0.
8	OFFICE FURNITURE	08 9	3SL	3.00	16	4,228.			4,228.	4,228.		0.
9	NCR COMPUTER	08 9	3SL	5.00	16	3,653.			3,653.	3,653.		0.
10	PERSONAL COMPUTER	10 9	6SL	3.00	16	1,678.			1,678.	1,678.		0.
11	HP LASERJET	05 9	7SL	3.00	16	417.			417.	417.		0.
12	GATEWAY G6-300 W/MMX	01 9	8SL	3.00	16	2,478.			2,478.	2,478.		0.
	VIVITRON X2F MONITOR HP DESKJET 890C	01 9	8SL	3.00	16	475.			475.	475.		0.
		02 9	8SL	3.00	16	400.			400.	400.		0.
15	GATEWAY G6-450PC	11 9	8SL	3.00	16	2,685.			2,685.	2,685.		0.
16	GATEWAY G6-450PC	11 9	8SL	3.00	16	2,684.			2,684.	2,684.		0.
17	HP SCANNER SJ6200CSE	02289	9SL	3.00	16	400.			400.	400.		0.
18	CANNON PC-940 COPIER	02280	3SL	3.00	16	450.			450.	375.		75.

528102 01-06-06

<sup>(</sup>D) · Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 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
	40 GB 256 MB XPP 40 GB 128 MB XPP	063003 063003		3.00 3.00	16 16	1,008. 839.			1,008. 839.	728. 607.		280. 232.
	40 GB 128 MB XPP	063003			16	839.		10	839.	607.		232.
ļ	PEACHTREE COMPLETE	063003		3.00	16	838.			838.	605.		233.
23	2004	063003	SL	3.00	16	415.	l Professional		415.	299.	2	116.
24	SPRINT CELL PHONE	043004	SL	3.00	16	516.			516.	229.		172.
25	63" LOVE SEAT	090104	SL	7.00	16	488.		<b> </b>  -	488.	70.		70.
26	63" LOVE SEAT * TOTAL 990 PAGE 2	090104	SL	7.00	16	487.			487.	70.	uri mi i in i i en i i i i i i i	70.
	DEPR		waa jaaj			29,327.		0.	29,327.	27,037.	0.	1,480.
					DY IV		4 . 13 4 4 4					
					San Nava							
				e Chille British I							:	

<sup>528102</sup> 01-06-06

FORM 990 GAIN (Lo	OSS) FR	OM PUBI	LICLY T	RADED	SECURIT	IES	STAT	EMENT	1
DESCRIPTION		GROSS SALES PRICE				EXPENSE OF SALE			N 3 )
MUTUAL FUNDS - LONG TERM CAPITAL GAIN DISTRIBUTION			2,636.		0.	0		2,63	36.
TO FORM 990, PART I, LI	NE 8		2,636.	0.		0		2,63	36.
FORM 990	SPECI	AL EVE	NTS AND	ACTI	VITIES		STAT	EMENT	2
DESCRIPTION OF EVENT		OSS EIPTS	CONTRI		GROSS REVENUE	DIRE EXPEN		NET INCOM	Ε
FUNDRAISER - CHESED DINNER	4	1,110.	36,	160.	4,95	0. 8,8	01.	<3,8	51.>
TO FM 990, PART I, LINE	9 4	1,110.	36,	160.	4,95	8,8	01.	<3,8	51.
FORM 990 OTHER C	HANGES	TAL ATEM	A CCEMO		TATO DATA	NOEG	CMAG	EMENT	<del></del>
		IN NET.	ASSETS	OR F	UND BALA	INCES	STAT	. EMEN I	
DESCRIPTION	IIIIVGED	IN NET	ASSETS	OR F	UND BALF	INCES		AMOUNT	
			ASSETS	OR F	UND BALE				_
DESCRIPTION	ESTMENT	S	ASSETS	OK F	UND BALF			TNUOMA	18.
DESCRIPTION UNREALIZED GAINS ON INV	ESTMENT	S E 20	ER EXPE		UND BALF	INCES	7	AMOUNT 8,21	18.
DESCRIPTION  UNREALIZED GAINS ON INV  TOTAL TO FORM 990, PART	ESTMENT	S E 20 OTH	ER EXPE		(	C)	7	8,21 8,21	18.
DESCRIPTION  UNREALIZED GAINS ON INV  TOTAL TO FORM 990, PART	ESTMENT	S E 20 OTH	ER EXPE	NSES B)	) MANA	C)	STAT	AMOUNT  8,2:  8,2:  FEMENT	18.
DESCRIPTION  UNREALIZED GAINS ON INV  TOTAL TO FORM 990, PART  FORM 990  DESCRIPTION  ADVERTISING FEES	ESTMENT I, LIN (A	S E 20 OTH	ER EXPE ( PRC SEF	B)	MANA AND	C) AGEMENT GENERAL 669.	STAT	8,2: 8,2: PEMENT	18.
DESCRIPTION  UNREALIZED GAINS ON INV  TOTAL TO FORM 990, PART  FORM 990  DESCRIPTION	ESTMENT I, LIN (A	S E 20 OTH ) AL 5,702.	ER EXPE ( PRC SEF	B) OGRAM VICES 5,03	MANA AND 3. 1. 6.	C) AGEMENT GENERAL	STAT	8,2: 8,2: PEMENT	18.
DESCRIPTION  UNREALIZED GAINS ON INV  TOTAL TO FORM 990, PART  FORM 990  DESCRIPTION  ADVERTISING FEES UTILITIES PERMITS AND LICENSES INSURANCE	ESTMENT I, LIN (A	S E 20 OTH ) AL 5,702. 71. 416.	ER EXPE	SNSES  B) OGRAM VICES  5,03 7 41 1,79 1,99	MANA AND 3. 1. 6.	C) AGEMENT GENERAL 669.	STAT	8,2: 8,2: PEMENT	18.

JEWISH FAMILY SERVICE				62-6046618
JEWISH FEDERATION GRANT EXPENSES SPECIFIC ASSISTANCE	31.	23.	8.	
TO OTHERS COMPUTER EXPENSE FUNDRAISING EXPENSES	5,086. 806. 2,034.	5,086 <b>.</b> 782 <b>.</b>	24.	2,034.
TOTAL TO FM 990, LN 43	20,767.	16,774.	1,959.	2,034.

FORM 990 OFFIC	ER COMPENSATIO PART II, LIN			STATEMENT	5
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
JEFF FLADEN	76,197.	7,823.		84,02	20.
A. PROGRAM SERVICES	60,958.	6,258.		67,23	16.
B. MANAGEMENT AND GENERAL	15,239.	1,565.		16,80	04.
C. FUNDRAISING					
TOTAL PROGRAM SERVICES				67,2	16.
TOTAL MANAGEMENT AND GENERA	ΔL			16,80	04.
TOTAL FUNDRAISING					
TOTAL OFFICER, ETC., COMPEN	ISATION INCLUDE	D ON PARTS V	-A AND V-B	84,02	20.
FORM 990 STATEMENT OF OF	RGANIZATION'S P PART III		r purpose	STATEMENT	6

### **EXPLANATION**

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

FORM 990	NON-G	STATEMENT 7			
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INCOME FUND OF	FMV			116 140	116 140
AMERICA, INC. WASHINGTON MUTUAL	FMV			116,142. 37,909.	•
TO FORM 990, LINE 54	, COL B			154,051.	154,051.

FORM 990	DEPRECIATION (	F ASSE	TS NOT	HELD FOR	INVESTMENT	STATEMENT	8
DESCRIPTION				r or	ACCUMULATED	D00# 1/11	-
DESCRIPTION		_	OTHER	BASIS	DEPRECIATION	BOOK VALU	E 
FILING CABI	NET			190.	190.		0.
EXECUTIVE S				203.	203.		0.
7 SIDE CHAIL	RS			258.	258.		0.
2 DESKS				359.	359.		0.
TABLE & 6 CI				714.	714.		0.
COMPUTER &				76. 2,5 <b>4</b> 9.	76.		0.
OFFICE FURN				4,228.	2,549. 4,228.		0.
NCR COMPUTE				3,653.	3,653.		0.
PERSONAL COL				1,678.	1,678.		0.
HP LASERJET				417.	417.		0.
GATEWAY G6-	300 W/MMX			2,478.	2,478.		0.
VIVITRON X2	· ·			475.	475.		0.
	890C PRINTER			400.	400.		0.
GATEWAY G6-				2,685.	2,685.		0.
GATEWAY G6-	450PC			2,684.	2,684.		0.
HP SCANNER				400.	400.		0.
CANNON PC-9				450.	450.		0.
40 GB 256 M				1,008.	1,008.		0.
40 GB 128 M				839.	839.		0.
40 GB 128 MI				839.	839.		0.
40 GB 128 MI				838.	838.		0.
SPRINT CELL	OMPLETE 2004			415. 516.	415. 401.	1	0.
63" LOVE SEA				488.	140.		15.
63" LOVE SEA				487.	140.		48. 47.
TOTAL TO FOR	RM 990, PART IV,	LN 57		29,327.	28,517.	8	10.
		=				<del></del>	<del></del>
FORM 990		0	THER A	SSETS		STATEMENT	9
DESCRIPTION						AMOUNT	
BENEFICIAL :	INTEREST IN TRUST	rs				21,7	55.
	RM 990, PART IV,		8. COT	UMNI B		21,7	
	550, 21mil 24,		-, COL	~-m, <i>D</i>		21,1	٠٠.

FORM 990 OTHER REVENUE	INCLUDED ON FORM	990	STATI	EMENT 10
DESCRIPTION			Al	MOUNT
FUNDRAISING EXPENSES RECLASSIFIED	OUT OF INCOME TO	EXPENSE		2,034.
TOTAL TO FORM 990, PART IV-A				2,034.
FORM 990 OTHER EXPENSES	INCLUDED ON FORM	990	STATI	EMENT 11
DESCRIPTION			Al	MOUNT
FUNDRAISING EXPENSES RECLASSIFIED	OUT OF INCOME TO	EXPENSE		2,034.
TOTAL TO FORM 990, PART IV-B				2,034.
	OF OFFICERS, DIRE	CTORS,	STAT	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE 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 - ELE 1.00	CT 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	Ε	·		62-60	
ROBERT CORENSWET 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.
NAN SPELLER 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.
LISA SMALL 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.
STANLEY KWELLER 801 PERCY WARNER BLVD, NASHVILLE, TN 37205			0.	0.	0.
STEPHEN LAPIDUS 801 PERCY WARNER BLVD, NASHVILLE, TN 37205			0.	0.	0.
DAVID LAPP 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.
RICK LEVY 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.
DIANE TRACHTMAN 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.
GITI YAZDIAN 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.
ALYSE SPRINTZ 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.
ELISE STEINER 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.
JANET WEISMARK 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.
SALLY WOLFE 801 PERCY WARNER BLVD, NASHVILLE, TN 37205	SUITE 103	BOARD MEMBER 1.00	0.	0.	0.

JEWISH FAMILY SERVICE			62	-6046618
ELLEN LEVITT 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	EX-OFFICIO 1.00	0.	0.	0.
RABBI MARK SCHIFTAN 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	EX-OFFICIO 1.00	0.	0.	0.
RABBI PHILIP RICE 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	EX-OFFICIO 1.00	0.	0.	0.
RABBI RONALD ROTH 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	EX-OFFICIO_ 03 1.00	0.	0.	0.
RABBI YITZCHOK TIECHTEL 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	EX-OFFICIO 03 1.00	0.	0.	0.
RABBI SAUL STROSBERG 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	EX-OFFICIO 1.00	0.	0.	0.
K. JEFF FLADEN 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	EXECUTIVE DIRE	CTOR 76,197.	7,823.	0.
LYNN BARTON 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
STEPHEN ENTMAN 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	BOARD MEMBER 03 1.00	0.	0.	0.
DANIELLA PRESSNER 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
PHILIP RUSS 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
GLENDA KRAFT 801 PERCY WARNER BLVD, SUITE 10 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PA	ART V-A	76,197.	7,823.	0.