

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2008**Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**Open to Public Inspection****A** For the **2008** calendar year, or tax year beginning **9/01**, **2008**, and ending **8/31**, **2009****B** Check if applicable:

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

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

**C**

**JEWISH FAMILY SERVICE**

**801 PERCY WARNER BLVD #103**

**NASHVILLE, TN 37205**

**D** Employer identification number

62-6046618

**E** Telephone number

615-356-4234

**F** Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ▶**I** Website: ▶ **WWW.JFSNASHVILLE.ORG****J** Organization type (check only one) — ☒ 501(c) ( **3** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **469,457.****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	312,082.
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	76,937.
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Investment income	<b>4</b>	5,758.
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	64,580.
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	76,160.
	<b>5c</b>	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch.)	<b>5c</b>	-11,580.
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>6a</b>	a Gross revenue (not including \$ <b>29,988.</b> of contributions reported on line 1)	<b>6a</b>	10,100.
<b>6b</b>	b Less: direct expenses other than fundraising expenses	<b>6b</b>	15,514.	
<b>6c</b>	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	-5,414.	
<b>7a</b>	a Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	b Less: cost of goods sold	<b>7b</b>		
<b>7c</b>	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe ▶ )	<b>8</b>		
<b>9</b>	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	377,783.	
<b>EXPENSES</b>	<b>10</b>	Grants and similar amounts paid (attach schedule) <b>SEE STATEMENT 2</b>	<b>10</b>	31,817.
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	267,205.
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	33,272.
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b>	Other expenses (describe ▶ <b>SEE STATEMENT 3</b> )	<b>16</b>	56,424.
	<b>17</b>	<b>Total expenses</b> (add lines 10 through 16)	<b>17</b>	388,718.
<b>ASSETS</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-10,935.
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	198,586.
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	<b>20</b>	-20,704.
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	166,947.

**Part II** **Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	137,464.	<b>22</b> 110,350.
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe ▶ <b>SEE STATEMENT 5</b> )	77,554.	<b>24</b> 65,931.
<b>25</b> <b>Total assets</b>	215,018.	<b>25</b> 176,281.
<b>26</b> <b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 6</b> )	16,432.	<b>26</b> 9,334.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	198,586.	<b>27</b> 166,947.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.Form **990-EZ** (2008)

## Expenses

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

28 SEE STATEMENT 8

28a	258,715.
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29a	29,903.
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30a	18,852.
-----	---------

31 a	9,266.
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32	316,736.
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<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs.)
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[illegible]

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. ....	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes. ....	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. <b>SEE STATEMENT 11</b>		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? .....	<b>35a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>35b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N. ....	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. .... <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? .....	<b>38a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. .... <b>38b</b> N/A		
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. .... <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. .... <b>39b</b> N/A		
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b> 501(c)(3) and (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,' complete Schedule L, Part I. ....	<b>40b</b>	X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. .... 0.		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization. .... 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. ....	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ <u>TN</u>		
<b>42a</b> The books are in care of ▶ <u>ROSLYN B. LANDA</u> Telephone no. ▶ <u>(615) 354-1646</u> Located at ▶ <u>801 PERCY WARNER BLVD, STE. 103 NASHVILLE TN</u> ZIP + 4 ▶ <u>37205</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>42b</b>	X
If 'Yes,' enter the name of the foreign country: ... ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....	<b>42c</b>	X
If 'Yes,' enter the name of the foreign country: ... ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. .... <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. ....	<b>44</b>	X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. ....	<b>45</b>	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 12

- |                                                                                                                                                                                                      | Yes        | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I ..... | <b>46</b>  | X  |
| <b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....                                                                                           | <b>47</b>  | X  |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. ....                                                                       | <b>48</b>  | X  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....                                                                                           | <b>49a</b> | X  |
| <b>b</b> If 'Yes,' was the related organization(s) a section 527 organization? .....                                                                                                                 | <b>49b</b> |    |

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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000. .... ▶		

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.

**Sign Here**

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶	Date	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	FRASIER, DEAN & HOWARD, PLLC 3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203		
EIN ▶	N/A		
Phone no. ▶	(615) 383-6592		

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	243,534.	293,664.	229,364.	334,440.	312,082.	1,413,084.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1-3.	243,534.	293,664.	229,364.	334,440.	312,082.	1,413,084.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						1,413,084.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	243,534.	293,664.	229,364.	334,440.	312,082.	1,413,084.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	5,771.	5,676.	6,236.	12,283.	5,758.	35,724.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						1,448,808.
12 Gross receipts from related activities, etc. (see instructions).					12	364,381.

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

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	97.5%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	97.7%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

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

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

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

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

PUBLIC COPY

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

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY

**Schedule of Contributors**

- **Attach to Form 990, 990-EZ and 990-PF**  
► **See separate instructions.**

OMB No. 1545-0047

**2008**

Name of the organization

JEWISH FAMILY SERVICE

Employer identification number

62-6046618

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

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

**General Rule —**

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

**Special Rules —**

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

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

JEWISH FAMILY SERVICE

Employer identification number

62-6046618

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 162,662.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

62-6046618

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

Name of organization

Employer identification number

JEWISH FAMILY SERVICE

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

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

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 64,580.  
 COST OR OTHER BASIS: 76,160.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -11,580.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -11,580.

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

CLASS OF ACTIVITY: DIRECT CASH ASSISTANCE  
 DONEE'S NAME: INDIVIDUALS  
 NASHVILLE, TN  
 RELATIONSHIP OF DONEE: NONE  
 CASH AMOUNT GIVEN: \$ 7,014.

CLASS OF ACTIVITY: FOOD, SHELTER, & CLOTHING  
 DONEE'S NAME: INDIVIDUALS  
 NASHVILLE, TN  
 RELATIONSHIP OF DONEE: NONE  
 CASH AMOUNT GIVEN: \$ 4,485.

CLASS OF ACTIVITY: GRANT  
 DONEE'S NAME: JEWISH FEDERATION  
 DONEE'S ADDRESS: 801 PERCY WARNER BLVD, STE 102  
 NASHVILLE, TN 37205  
 RELATIONSHIP OF DONEE: NONE  
 CASH AMOUNT GIVEN: \$ 20,318.

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

CONFERENCES, CONVENTIONS, AND MEETINGS.....	\$	14,808.
DEPRECIATION.....		751.
DUES AND SUBSCRIPTIONS.....		2,439.
FUNDRAISING.....		1,737.
INSURANCE.....		4,124.
MARKETING & PUBLIC RELATIONS.....		10,485.
OFFICE EXPENSES.....		17,804.
RECRUITING.....		1,337.
TAXES & LICENSES.....		464.
TRAVEL.....		2,475.
TOTAL	\$	<u>56,424.</u>

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

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS.....	\$	-20,704.
TOTAL	\$	<u>-20,704.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE.....	\$ 8,576.	\$ 7,746.
BENEFICIAL INTERESTS IN TRUSTS.....	53,788.	44,889.
FURNITURE AND FIXTURES.....	1,179.	925.
MACHINERY AND EQUIPMENT.....	343.	1,804.
PLEDGES AND GRANTS RECEIVABLE.....	10,971.	7,487.
PREPAID EXPENSES AND DEFERRED CHARGES.....	2,697.	3,080.
TOTAL	\$ <u>77,554.</u>	\$ <u>65,931.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 16,432.	\$ 9,334.
TOTAL	\$ <u>16,432.</u>	\$ <u>9,334.</u>

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

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

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

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

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**STATEMENT 9**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
KOSHER FOOD BOX PROVIDES MONTHLY FOOD BOX TO INDIVIDUALS OR FAMILIES IN NEED.		9,266.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 9,266.

**STATEMENT 10**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RUTH SMITH NASHVILLE, TN	PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
TONI HELLER NASHVILLE, TN	PRESIDENT ELECT 1.00	0.	0.	0.
ALYSE SPRINTZ NASHVILLE, TN	VICE PRESIDENT 1.00	0.	0.	0.
HARRIET SCHIFTAN NASHVILLE, TN	INTER EXEC DIR 30.00	64,427.	0.	0.
LARRY HYATT FRANKLIN, TN	TREASURER 1.00	0.	0.	0.
DANIELLA PRESSNER NASHVILLE, TN	SECRETARY 1.00	0.	0.	0.
LYNN BARTON NASHVILLE, TN	EXE COMM AT LRG 1.00	0.	0.	0.
SANDRA HECKLIN NASHVILLE, TN	EXE COMM AT LRG 1.00	0.	0.	0.
IRMA KAPLAN NASHVILLE, TN	PAST PRESIDENT 1.00	0.	0.	0.

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**STATEMENT 10 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DAN ARONOFF NASHVILLE, TN	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
KATHY CAPLAN NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
COBY HANAI NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
HOWARD KIRSHNER NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
RICK LEVY NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
JAN LIFF NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
SCOTT ROSENBERG NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
PHILIP RUSS NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
DIANE SASSON NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
LISA SMALL NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
ANNE EVANS NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
RANDI TAYLOR NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.

## JEWISH FAMILY SERVICE

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STATEMENT 10 (CONTINUED)  
 FORM 990-EZ, PART IV  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JANET WEISMARK NASHVILLE, TN	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
FRAN LENTER NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
DIANA LUTZ NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
ALICE ZIMMERMAN NASHVILLE, TN	BOARD MEMBER 1.00	0.	0.	0.
RABBI YITZCHOK TIECHTEL NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.
RABBI PHILIP RICE NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.
RABBI LAURIE RICE NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.
RABBI SAUL STROSBERG NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.
RABBI MARK SCHIFTAN NASHVILLE, TN	EXECUTIVE DIREC 1.00	0.	0.	0.
RABBI KLIEL ROSE NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.
CYNTHIA MORIN NASHVILLE, TN	EX-OFFICIO 1.00	0.	0.	0.
	TOTAL	\$ 64,427.	\$ 0.	\$ 0.

**STATEMENT 11**  
**FORM 990-EZ, PART V, LINE 35**  
**REASON FOR INCOME NOT REPORTED ON FORM 990-T**

990EZ, LINE 2: COUNSELING PROVIDES ON-GOING INDIVIDUAL, GROUP, FAMILY AND MARITAL COUNSELING TO SUPPORT THE EXEMPT PURPOSE OF THE ORGANIZATION AND IS NOT REPORTABLE ON FORM 990-T.

990EZ, LINE 6A: THE SPECIAL EVENT WAS ORGANIZED TO SUPPORT THE EXEMPT PURPOSE OF THE ORGANIZATION AND IS NOT REPORTABLE ON FORM 990-T.

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

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

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