

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

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

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

OMB No. 1545-0047

2006Open to Public
InspectionA For the 2006 calendar year, or tax year beginning **SEP 1, 2006** and ending **AUG 31, 2007**

B Check if applicable:

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

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

C Name of organization

JEWISH FAMILY SERVICE

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

801 PERCY WARNER BOULEVARD

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

NASHVILLE, TN 37205

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

D Employer identification number

62-6046618

E Telephone number

(615) 356-4234

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) ▶G Website: **WWW.JFSNASHVILLE.ORG**J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 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.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ▶ **N/A**H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number ▶ **N/A**L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **347,003.**M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	103,839.		
	c	Indirect public support (not included on line 1a)	1c	122,621.		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 226,460. noncash \$)	1e	226,460.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	103,858.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	6,236.		
	6a	Gross rents	6a			
	Expenses	b	Less: rental expenses	6b		
c		Net rental income or (loss). Subtract line 6b from line 6a	6c			
7		Other investment income (describe ▶)	7			
8a		Gross amount from sales of assets other than inventory	(A) Securities 4,499. 8a	(B) Other		
b		Less: cost or other basis and sales expenses	8b			
c		Gain or (loss) (attach schedule)	8c	4,499.		
d		Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1	8d	4,499.		
9		Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a		Gross revenue (not including \$ 36,061. of contributions reported on line 1b)	9a	5,950.		
b		Less: direct expenses other than fundraising expenses	9b	10,417.		
c		Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2	9c	<4,467.>		
10a		Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	336,586.			
13	Program services (from line 44, column (B))	13	305,714.			
14	Management and general (from line 44, column (C))	14	63,740.			
15	Fundraising (from line 44, column (D))	15	8,599.			
16	Payments to affiliates (attach schedule)	16				
17	Total expenses. Add lines 16 and 44, column (A)	17	378,053.			
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	<41,467.>		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	220,750.		
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	10,197.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	189,480.		

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

Form 990 (2006)

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	85,993.	64,495.	12,899.	8,599.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	163,717.	132,057.	31,660.	
27 Pension plan contributions not included on lines 25a, b, and c	1,665.	1,033.	632.	
28 Employee benefits not included on lines 25a - 27	12,396.	10,943.	1,453.	
29 Payroll taxes	17,993.	14,472.	3,521.	
30 Professional fundraising fees				
31 Accounting fees	8,372.	6,645.	1,727.	
32 Legal fees				
33 Supplies	11,964.	10,368.	1,596.	
34 Telephone	4,720.	3,630.	1,090.	
35 Postage and shipping	2,640.	2,393.	247.	
36 Occupancy				
37 Equipment rental and maintenance	1,618.	1,206.	412.	
38 Printing and publications				
39 Travel	2,709.	2,190.	519.	
40 Conferences, conventions, and meetings	12,158.	10,531.	1,627.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	255.	207.	48.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	51,853.	45,544.	6,309.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	378,053.	305,714.	63,740.	8,599.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

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

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 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a FINANCIAL AID & COUNSELING PROVIDES ON-GOING INDIVIDUAL, GROUP, FAMILY, AND MARITAL COUNSELING USING VARIOUS THERAPEUTIC APPROACHES, EMERGENCY FINANCIAL ASSISTANCE, ADOPTION AND CASE MANAGEMENT.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	39,880.
b FAMILY LIFE EDUCATION PROVIDES PREVENTIVE GROUP PRESENTATIONS AND WORKSHOPS TO STRENGTHEN JEWISH FAMILY LIFE.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	251,817.
c HELPING HANDS IS DESIGNED TO SUPPORT SENIOR ADULTS AND PEOPLE WITH DISABILITIES IN THE NASHVILLE JEWISH COMMUNITY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	14,017.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	305,714.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	37,365.	45	2,829.
	46 Savings and temporary cash investments	1,301.	46	14,515.
	47 a Accounts receivable	7,980.		
	b Less: allowance for doubtful accounts	2,000.	47c	5,980.
	48 a Pledges receivable	2,450.		
	b Less: allowance for doubtful accounts		48c	2,450.
	49 Grants receivable	9,229.	49	10,103.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,230.	53	2,198.
	54 a Investments - publicly-traded securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	154,051.	54a	134,248.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	29,327.			
b Less: accumulated depreciation STMT 6	28,772.	810.	57c	555.
58 Other assets, including program-related investments (describe BENEFICIAL INTEREST IN TRUSTS)	21,755.	58	32,706.	
59 Total assets (must equal line 74). Add lines 45 through 58	237,949.	59	205,584.	
Liabilities	60 Accounts payable and accrued expenses	17,199.	60	16,104.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities. Add lines 60 through 65	17,199.	66	16,104.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	141,310.	67	133,037.
	68 Temporarily restricted	37,605.	68	3,419.
	69 Permanently restricted	41,835.	69	53,024.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	220,750.	73	189,480.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	237,949.	74	205,584.	

Form 990 (2006)

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	18,480.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	6
91 a	The books are in care of ▶ ROSYLN B. LANDA Telephone no. ▶ 615-354-1646		
	Located at ▶ 801 PERCY WARNER BOULEVARD, NASHVILLE, TN ZIP + 4 ▶ 37205		
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)? If "Yes," enter the name of the foreign country ▶ N/A	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Yes	No
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91c		X
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N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐

92

N/A

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a COUNSELING FEES, ETC.					103,858.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	6,236.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory			18	4,499.	
101 Net income or (loss) from special events			01	<4,343.>	<124.>
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		6,392.	103,734.
105 Total (add line 104, columns (B), (D), and (E))					110,126.

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
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93A	FINANCIAL AID & COUNSELING PROVIDE ON-GOING INDIVIDUAL, GROUP, FAMILY AND MARITAL COUNSELING USING VARIOUS THERAPEUTIC APPROACHES.
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Part IX	Information Regarding Taxable Subsidiaries and Disregarded Entities <i>(See the instructions.)</i>
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(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X	Information Regarding Transfers Associated with Personal Benefit Contracts <i>(See the instructions.)</i>
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(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: [Signature] Date: 4/2/08

Type or print name and title: Fladen Executive Director

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: LATTIMORE BLACK MORGAN & CAIN, P.C.
5250 VIRGINIA WAY, P.O. BOX 1869
BRENTWOOD, TN 37024-1869

EIN: Phone no.: (615) 377-4600

Form 990 (2006)

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	293,664.	243,534.	190,790.	214,815.	942,803.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	60,226.	44,146.	37,388.	46,103.	187,863.
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 organization after June 30, 1975	5,676.	5,771.	4,753.	5,113.	21,313.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	359,566.	293,451.	232,931.	266,031.	1,151,979.
24 Line 23 minus line 17	299,340.	249,305.	195,543.	219,928.	964,116.
25 Enter 1% of line 23	3,596.	2,935.	2,329.	2,660.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					19,282.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					964,116.
d Add: Amounts from column (e) for lines: 18 21,313. 19 22					21,313.
e Public support (line 26c minus line 26d total)					942,803.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					97.7894%
27 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					
(2005) (2004) (2003) (2002)					
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					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

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

N/A

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

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

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group.Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:**

(i) Cash

(ii) Other assets

- b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

- 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

- b. If "Yes," complete the following schedule:

N/A

[illegible]

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	Current Year Deduction
1	FILING CABINET	05	80SL	7.00	16	190.			190.	190.		0.
2	EXECUTIVE SIDE CHAIR	07	84SL	7.00	16	203.			203.	203.		0.
3	7 SIDE CHAIRS	07	84SL	7.00	16	258.			258.	258.		0.
4	2 DESKS	07	84SL	7.00	16	359.			359.	359.		0.
5	TABLE & 6 CHAIRS	09	86SL	7.00	16	714.			714.	714.		0.
6	COMPUTER CENTER	07	90SL	7.00	16	76.			76.	76.		0.
7	COMPUTER & SOFTWARE	08	90SL	7.00	16	2,549.			2,549.	2,549.		0.
8	OFFICE FURNITURE	08	93SL	3.00	16	4,228.			4,228.	4,228.		0.
9	NCR COMPUTER	08	93SL	5.00	16	3,653.			3,653.	3,653.		0.
10	PERSONAL COMPUTER	10	96SL	3.00	16	1,678.			1,678.	1,678.		0.
11	HP LASERJET	05	97SL	3.00	16	417.			417.	417.		0.
12	GATEWAY G6-300 W/MMX	01	98SL	3.00	16	2,478.			2,478.	2,478.		0.
13	VIVITRON X2F MONITOR	01	98SL	3.00	16	475.			475.	475.		0.
14	HP DESKJET 890C PRINTER	02	98SL	3.00	16	400.			400.	400.		0.
15	GATEWAY G6-450PC	11	98SL	3.00	16	2,685.			2,685.	2,685.		0.
16	GATEWAY G6-450PC	11	98SL	3.00	16	2,684.			2,684.	2,684.		0.
17	HP SCANNER SJ6200CSE	02	2899SL	3.00	16	400.			400.	400.		0.
18	CANNON PC-940 COPIER	02	2803SL	3.00	16	450.			450.	450.		0.

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	Current Year Deduction
1940	GB 256 MB XPP	063003	SL	3.00	16	1,008.			1,008.	1,008.		0.
2040	GB 128 MB XPP	063003	SL	3.00	16	839.			839.	839.		0.
2140	GB 128 MB XPP	063003	SL	3.00	16	839.			839.	839.		0.
2240	GB 128 MB XPP	063003	SL	3.00	16	838.			838.	838.		0.
232004	PEACHTREE COMPLETE	063003	SL	3.00	16	415.			415.	415.		0.
2440	SPRINT CELL PHONE	043004	SL	3.00	16	516.			516.	401.		115.
2563	" LOVE SEAT	090104	SL	7.00	16	488.			488.	140.		70.
2663	" LOVE SEAT	090104	SL	7.00	16	487.			487.	140.		70.
	* TOTAL 990 PAGE 2 DEPR					29,327.		0.	29,327.	28,517.	0.	255.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MUTUAL FUNDS - LONG TERM CAPITAL GAIN DISTRIBUTION	4,499.	0.	0.	4,499.
TO FORM 990, PART I, LINE 8	4,499.	0.	0.	4,499.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDRAISER - CHESED DINNER	42,011.	36,061.	5,950.	9,148.	<3,198.>
FUNDRAISER - ANNUAL CAMPAIGN				1,145.	<1,145.>
FUNDRAISER - FRIENDS CAMPAIGN				124.	<124.>
TO FM 990, PART I, LINE 9	42,011.	36,061.	5,950.	10,417.	<4,467.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	10,197.
TOTAL TO FORM 990, PART I, LINE 20	10,197.

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING FEES	7,514.	6,862.	652.		
PERMITS AND LICENSES	398.	398.			
INSURANCE	2,379.	1,831.	548.		
DUES AND SUBSCRIPTIONS	2,635.	2,026.	609.		
TAXES	156.	13.	143.		
CONTRACT SERVICES	22,040.	17,683.	4,357.		
SPECIFIC ASSISTANCE TO OTHERS	14,551.	14,551.			
BAD DEBTS EXPENSE	2,000.	2,000.			
BANK FEES	180.	180.			
TOTAL TO FM 990, LN 43	51,853.	45,544.	6,309.		

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

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

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
FILING CABINET	190.	190.	0.	
EXECUTIVE SIDE CHAIR	203.	203.	0.	
7 SIDE CHAIRS	258.	258.	0.	
2 DESKS	359.	359.	0.	
TABLE & 6 CHAIRS	714.	714.	0.	
COMPUTER CENTER	76.	76.	0.	
COMPUTER & SOFTWARE	2,549.	2,549.	0.	
OFFICE FURNITURE	4,228.	4,228.	0.	
NCR COMPUTER	3,653.	3,653.	0.	
PERSONAL COMPUTER	1,678.	1,678.	0.	
HP LASERJET	417.	417.	0.	
GATEWAY G6-300 W/MMX	2,478.	2,478.	0.	
VIVITRON X2F MONITOR	475.	475.	0.	

JEWISH FAMILY SERVICE

62-6046618

HP DESKJET 890C PRINTER	400.	400.	0.
GATEWAY G6-450PC	2,685.	2,685.	0.
GATEWAY G6-450PC	2,684.	2,684.	0.
HP SCANNER SJ6200CSE	400.	400.	0.
CANNON PC-940 COPIER	450.	450.	0.
40 GB 256 MB XPP	1,008.	1,008.	0.
40 GB 128 MB XPP	839.	839.	0.
40 GB 128 MB XPP	839.	839.	0.
40 GB 128 MB XPP	838.	838.	0.
PEACHTREE COMPLETE 2004	415.	415.	0.
SPRINT CELL PHONE	516.	516.	0.
63" LOVE SEAT	488.	210.	278.
63" LOVE SEAT	487.	210.	277.
TOTAL TO FORM 990, PART IV, LN 57	29,327.	28,772.	555.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INCOME FUND OF AMERICA, INC.	FMV			91,952.	91,952.
WASHINGTON MUTUAL	FMV			42,296.	42,296.
TO FORM 990, LINE 54A, COL B				134,248.	134,248.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
PROGRAM EXPESNES NETTED AGAINST INCOME	12,756.
TOTAL TO FORM 990, PART IV-A	12,756.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
PROGRAM EXPENSES NETTED AGAINST INCOME		12,756.	
TOTAL TO FORM 990, PART IV-B		12,756.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
IRMA KAPLAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	PRESIDENT 1.00	0.	0.	0.
RUTH SMITH 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	PRESIDENT - ELECT 1.00	0.	0.	0.
TONI HELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	VICE PRESIDENT 1.00	0.	0.	0.
DAVID HELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	TREASURER 1.00	0.	0.	0.
STEPHEN LAPIDUS 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	SECRETARY 1.00	0.	0.	0.
LYNN BARTON 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
ROBERT CORENSWET 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
STEPHEN ENTMAN, MD 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.

GLEND A KRAFT 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
STANLEY KWELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
DAVID LAPP 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
RICK LEVY 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
DANIELLA PRESSNER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
SCOTT ROSENBERG 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
PHILIP RUSS 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
LISA SMALL 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
NAN SPELLER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
ALYSE SPRINTZ 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
ELISE STEINER 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
DIANE TRACHTMAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
JANET WEISMARK 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.

JEWISH FAMILY SERVICE

62-6046618

SALLY WOLFE 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	PRESIDENT APPOINTEE 1.00	0.	0.	0.
GITI YAZDIAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	BOARD MEMBER 1.00	0.	0.	0.
RABBI YITZCHOK TIECHTEL 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1.00	0.	0.	0.
RABBI PHILIP RICE 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1.00	0.	0.	0.
RABBI SAUL STROSBERG 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1.00	0.	0.	0.
RABBI MARK SCHIFTAN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1.00	0.	0.	0.
RABBI RONALD ROTH 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EX OFFICIO 1.00	0.	0.	0.
ELLEN LEVITT 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	FEDERATION PRESIDENT 1.00	0.	0.	0.
K. JEFF FLADEN 801 PERCY WARNER BLVD, SUITE 103 NASHVILLE, TN 37205	EXECUTIVE DIRECTOR 40.00	72,842.	7,284.	5,867.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>72,842.</u>	<u>7,284.</u>	<u>5,867.</u>