

		** PUBLIC DISCLOSURE COP	Y **							
	0	Return of Organization Exempt Fr	rom lı	ncome Tax	OMB No. 1545-0047					
Forr	n Y	90 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			s) 2021					
	•	Do not enter social security numbers on this form as	s it may b	e made public.	Open to Public					
Depa Interr	rtment o al Reve	of the Treasury nue Service Go to www.irs.gov/Form990 for instructions and t	-	-	Inspection					
AF	or th	e 2021 calendar year, or tax year beginning $JUL 1, 2021$ and er	nding J	UN 30, 2022						
Bc	heck if	C Name of organization		D Employer identific	ation number					
a	pplicab	I JEWISH FAMILY SERVICE OF NASHVILLE AND								
	Addre									
	Name			62-604661	.8					
	Initial		loom/suite	E Telephone number						
	Final return	801 PERCY WARNER BLVD	03	615-356-4	234					
	termin			G Gross receipts \$	794,930.					
	Amen			H(a) Is this a group re						
	Applie			for subordinates?						
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates inc						
1 1	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1	ist. See instructions					
		te: WWW.JFSNASHVILLE.ORG		H(c) Group exemption						
		f organization: X Corporation Trust Association Other	I Year		State of legal domicile: TN					
	rt I	Summary								
	1	Briefly describe the organization's mission or most significant activities: JEWISE	H FAM	ILY SERVICE	PROVIDES					
ce		PROFESSIONAL SOCIAL SERVICES FROM JEWISH P	PERSPE	CTIVES WHICH	I RESPOND					
Governance	2	Check this box								
veri	3				22					
ŝ		3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4								
م		Total number of individuals employed in calendar year 2021 (Part V, line 2a)	22							
Activities &		Total number of volunteers (estimate if necessary)			125					
živ		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		610,999.	612,741.					
Revenue	9	Program service revenue (Part VIII, line 2g)		27,032.	33,039.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		117,715.	105,201.					
å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		179.	-14,062.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		755,925.	736,919.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23,532.	14,890.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ú		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		382,146.	392,527.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ber		Total fundraising expenses (Part IX, column (D), line 25) 82,828	8.							
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		111,532.	121,976.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		517,210.	529,393.					
		Revenue less expenses. Subtract line 18 from line 12		238,715.	207,526.					
or			Be	ginning of Current Year	End of Year					
t Assets or Id Balances	20	Total assets (Part X, line 16)		1,498,659.	1,459,364.					
Ass	21	Total liabilities (Part X, line 26)		19,880.	23,161.					
- Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,478,779.	1,436,203.					
Pa	irt II	Signature Block								
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is					
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whicl	h preparer	has any knowledge.						
Sig	ı	Signature of officer		Date						

Here	PAMELA KELNER, EXECUTIV Type or print name and title	VE DIREC									
	Print/Type preparer's name		Date Check PTIN								
Paid	LAUREN MOSES	- Autor Mona, Ch	self-employed P02156583								
Preparer	Firm's name 🕒 CHERRY BEKAERT A	DVISORY LLC	Firm's EIN 🕨 88-2730877								
Use Only	Firm's address 222 SECOND AVE,	SOUTH STE 1240									
	NASHVILLE, TN 37	201	Phone no. 615-383-6592								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-09	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	JEWISH FAMILY SERVICE OF NASHVILLE AND
	990 (2021) MIDDLE TENNESSEE, INC. 62-6046618 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	JEWISH FAMILY SERVICE OF NASHVILLE AND MIDDLE TENNESSEE, INCORPORATED
	PROVIDES PROFESSIONAL SOCIAL SERVICES FROM JEWISH PERSPECTIVES WHICH
	RESPOND TO AND SUPPORT INDIVIDUALS AND FAMILIES THROUGH LIFE'S TRANSITIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
40	(Code:) (Expenses \$107,064. including grants of \$) (Revenue \$33,039.) JEWISH FAMILY SERVICE PROVIDED FINANCIAL ASSISTANCE TO 156 INDIVIDUALS,
	COUNSELING SERVICES TO 103 INDIVIDUALS, ADOPTION SERVICES TO 19
	INDIVIDUALS AND INFORMATION AND REFERRALS TO 505 INDIVIDUALS.
4b	(Code:) (Expenses \$ 55,604. including grants of \$) (Revenue \$)
	FAMILY LIFE EDUCATION PROVIDED BENEFIT TO 159 INDIVIDUALS THROUGH
	VARIOUS PROGRAMS AND ACTIVITIES DESIGNED TO STRENGTHEN JEWISH FAMILY
	LIFE. JFS HOSTS AND MODERATES SUPPORT GROUPS (INCLUDING ANXIETY, GRIEF,
	AND CAREGIVER GROUPS), GROUP PRESENTATIONS AND WORKSHOPS, AND YOUTH
	SERVICES, SUCH AS THE HEALTHY SKILLS FOR HEALTHY KIDS WORKSHOPS. IN
	ADDITION, 29 INDIVIDUALS WERE DIRECTED TO OUR JOB NETWORK TO ASSIST
	THEIR SEARCH FOR EMPLOYMENT.
	(2.70)
4c	(Code:) (Expenses \$ 63,726. including grants of \$) (Revenue \$) (Revenue \$) SENIOR SERVICES PROVIDES SUPPORT TO 256 SENIOR ADULTS AND PEOPLE WITH
	DISABILITIES IN THE NASHVILLE JEWISH COMMUNITY. THIS IS ACCOMPLISHED
	THROUGH A VOLUNTEER PROGRAM FOR THOSE WHO ARE UNABLE TO LEAVE THEIR HOMES AND A LUNCHEON PROGRAM FOR MOBILE SENIORS, GIVING THEM AN
	OPPORTUNITY TO SOCIALIZE WITH THEIR PEERS. IN ADDITION, JFS BRINGS
	JEWISH LIFE TO ASSISTED LIVING FACILITIES THROUGH SHABBAT AND HOLIDAY
	SERVICES.
Δd	Other program services (Describe on Schedule O.)
-tu	(Expenses \$ 45,905 · including grants of \$ 14,890 ·) (Revenue \$)
40	Total program service expenses > 352,899.
10	Form 990 (2021)

JEWISH FAMILY SERVICE OF NASHVILLE AND Form 990 (2021) MIDDLE TENNESSEE, INC. Part IV Checklist of Required Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Χ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		v
00-	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
<u> </u>	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
	associate government on that it, column (y, me 1: II res, complete ochequie I, Parts I and II	<u> </u>	000	~~

Form	990 (2021) MIDDLE TENNESSEE, INC. 62-6046	618	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	x	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
	Obach if Cabadula O contains a version of version to any line in this Dart V			
	Check it Schedule O contains a response or note to any line in this Part V		Vac	
4-	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable		Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	X	
		1 10		

	990 (2021) MIDDLE TENNESSEE, INC.	62-6046	618	Р	age 5					
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1						
		I		Yes	No					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 7		77						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.									
			3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b							
4a	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 a	ccount)?	<u>4a</u>		X					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit								
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices provided to the payor?	7a	X						
			7b	X						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?		7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X X					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
-	If the organization received a contribution of qualified intellectual property, did the organization file For		7g							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
			8							
9	Sponsoring organizations maintaining donor advised funds.									
			<u>9a</u>							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-							
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders	11a	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b	10							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>12a</u>							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-							
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>							
h	Note: See the instructions for additional information the organization must report on Schedule O.									
a	Enter the amount of reserves the organization is required to maintain by the states in which the	101								
-	organization is licensed to issue qualified health plans	13b	-							
	Enter the amount of reserves on hand	13c	44-		v					
		~	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> to the explanation output to the explanation of the explanat		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4-		x					
	excess parachute payment(s) during the year?		15							
40	If "Yes," see the instructions and file Form 4720, Schedule N.	in a second O	10		v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a		4-							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes." complete Form 6069.			1	1					

Form	990 (2021) MIDDLE TENNESSEE, INC. 62-6046		P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow ext{TN}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			

20	State t	he name, ad	ldress, and tel	ephone num	ber of the	person w	ho possesses the orga	anizatior	n's books and records
	KEVIN GOUGHARY - (615)				354-1	L646			
	801	PERCY	WARNER	BLVD,	STE.	103,	NASHVILLE,	TN	37205

JEWISH	FAMILY	SERVICE	OF	NASHVILLE	AND
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Form 990 (2			TENNESSEE				62-
Part VII	Compensation	of Officers	s, Directors, Tru	ustees, Key	[,] Employees, l	Highest	Compensated
	Employees, an	d Independ	dent Contracto	rs			

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position					Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto I	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee -			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		98	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con	_	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAMELA KELNER	40.00	_	-			1				
EXECUTIVE DIRECTOR				x				90,000.	Ο.	4,500.
(2) SUSAN ZAGER	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) HARRIS GILBERT	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(4) KATIE WAYNE	1.00									
SECRETARY		Х		X				0.	0.	0.
(5) DANIELLE MENDELSON	1.00									
TREASURER		Х		X				0.	0.	0.
(6) NAN SPELLER	1.00									
PAST PRESIDENT		Х		X				0.	0.	0.
(7) HALEY ATTRIDGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) PAMELA CARVER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ROBIN COHEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MELISSA DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) KEVIN FALIK	1.00									
BOARD MEMBER		Х				<u> </u>		0.	0.	0.
(12) LYNNE FLEISCHER	1.00									
BOARD MEMBER		Х				<u> </u>		0.	0.	0.
(13) MICHELLE FROHSIN	1.00									
BOARD MEMBER		Х				<u> </u>		0.	0.	0.
(14) HEIDI HASSENFELD	1.00									
EXECUTIVE COMMITTEE		Х				<u> </u>		0.	0.	0.
(15) ADAM HYATT	1.00									
EXECUTIVE COMMITTEE	1	Х						0.	0.	0.
(16) BRIAN LAPIDUS	1.00									•
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(17) LESLIE NEWMAN	1.00								•	<u>^</u>
BOARD MEMBER		Х						0.	0.	0 .

62-6046618	Page 8
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Name and title Average humber of the series are one water (bit are are a directivation but is for related are according and but is for related are according	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
Name and under hours par be at deal rate with the rate of the time that the hours part of the rate of the time that the hours part of time the time that t		1			(0	C)				. ,			(F)
(015 arm / matted organization / monometry for matted organization / monometry / matted organization / monometry / matted organization / monometry / monometr	Name and title	hours per	box	not c , unle	heck i ss per	more rson i	than o s both	n an	compensation	compensatior	ר ו	am	ount of
(18) DAVED PEARL 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		(list any hours for							the organization	organizations (W-2/1099-MIS		comp fro	ensation m the
BOADD MEMBER X 0. 0. 0. (19) JON POPER 1.00 X 0. 0. 0. (20) SORPER 1.00 X 0. 0. 0. 0. (20) SORPER 1.00 X 0. 0. 0. 0. 0. (21) PARTA SACKS 1.00 X 0. 0. 0. 0. 0. (21) SORT TONICIER 1.00 X 0. 0. 0. 0. 0. (22) SCOTT TONICIER 1.00 X 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 0. 0. BOARD MEMBER X 0. <		below line)	Individual trus	In stitutional tri	Officer	Key employee	Highest compe employee	Former	1099-NEC)				
(19) JON POSTER 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00							0				0
BOADD MINKINGE X 0. 0. 0. (30) SOPHIE RAPOPORT 1.000 X 0. 0. 0. (31) SOPHIE RAPOPORT 1.000 X 0. 0. 0. 0. (31) FREXA SACES 1.000 X 0. 0. 0. 0. 0. (21) FREXA SACES 0.0 0. 0. 0. 0. 0. 0. SOADD MINKER X 0. 0. 0. 0. 0. 0. SOAD MINKER X 0. 0. 0. 0. 0. 0. 0. SOAD MINKER X 0.		1 00	_	-		-	-		0.		0.		0.
(20) SOPHIE RAPCORT 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00	x						0.		0.		0.
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11.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	BOARD MEMBER		х						0.		0.		0.
1 + 00 X 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +	(21) FREYA SACHS	1.00											
BOARD MEMBER X 0. 0. 0. 0. (23) CATHY WERTHAN 1.00 X 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 0. Image: Construction of the consthe consthe construction of the consthe construction o	BOARD MEMBER		Х						0.		0.		0.
1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00											
BOARD MEMBER X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1 00	X						0.		0.		0.
c Total from continuation sheets to Part VII, Section A 		1.00	x						0.		Ο.		0.
c Total from continuation sheets to Part VII, Section A 													
c Total from continuation sheets to Part VII, Section A 			-										
c Total from continuation sheets to Part VII, Section A 													
d Total (add lines tb and tc) 90,000.0.0.4,500. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from my unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (C) (A) NONE Description of services Compensation (A) NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2	1b Subtotal								90,000.			4	,500.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "yes," complete Schedule J for such individual 1 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from may unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete Schedule J for such individual received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 None and business address NONE Description of services Compensation 2 Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including b												4	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Image: Schedule J for such individual for services Image: Schedule J for such person	2 Total number of individuals (including but n) wh	o re		000 of reportable			-
line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Compensation (A) NONE Description of services Compensation (A) NONE Description of services Compensation (A) NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2												,	
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3	x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 1 On provide the independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4	4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than												4	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation		plete Schedule	e J f	or si	ıch r	bers	on .					5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of services Image: Compensation of services Compensation Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image:	•												
Name and business address NONE Description of services Compensation		-									ensat	ion fror	n
		address	N	ONI	Ξ					ervices	С		
		•	ot lir	niteo	d to t			ted	above) who received mo	ore than			

		2021) MIDDLE TENNES	SEE, INC.	•		62-6046	618 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin				
				(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
iran Jun	b	Membership dues 1b					
Ame G	с	Fundraising events 1c	62,622.				
ar /	d	Related organizations					
s, G	е	Government grants (contributions) 1e					
Sion	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	550,119.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f					
Col	h	Total. Add lines 1a-1f		612,741.			
			Business Code				
ė	2 a	COUNSELING FEES, ETC.	900099	33,039.	33,039.		
e rvic	b						
Se	с						
am eve	d						
Program Service Revenue	е						
P		All other program service revenue					
	g	Total. Add lines 2a-2f		33,039.			
	3	Investment income (including dividends, intere		FF 000			
		other similar amounts)		57,933.			57,933.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a						
	h	assets other than inventory 7a 74 , 274 . Less: cost or other basis					
Ð	b	and sales expenses 7b 27,006.					
evenue	~	Gain or (loss)					
leve		Net gain or (loss)		47,268.			47,268.
er F		Gross income from fundraising events (not		_ , ,			_ , ,
Other Re	0 4	including \$ 62,622. of					
•		contributions reported on line 1c). See					
		Part IV, line 18 8a	15,375.				
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events		-15,630.			-15,630.
		Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	с	Net income or (loss) from sales of inventory	►				
s			Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME	900099	1,568.			1,568.
land	b						
Sev	c						
Mis	d	All other revenue		1,568.			
	<u>е</u> 12	Total. Add lines 11a-11d		736,919.	33,039.	0.	91,139.
	14			,		J J •	

JEWISH FAMILY SERVICE OF NASHVILLE AND Form 990 (2021) MIDDLE TENNESSEE, INC. Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe		nplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	14,890.	14,890.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	94,500.	33,075.	33,075.	28,350.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	234,574.	178,845.	27,394.	28,335.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,668.	7,749. 18,151.	2,116. 4,956.	1,803. 4,222.
9	Other employee benefits	27,329.			
10	Payroll taxes	24,456.	15,818.	4,499.	4,139.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	12,414.	9,647.	1,941.	826.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	47,053.	36,563.	7,357. 696.	<u>3,133</u> . 137.
12	Advertising and promotion	5,324.	4,491.		
13	Office expenses	16,594.	10,810.	1,856.	3,928.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	443.	357.	43.	43.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	942.	836.	53.	53.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,551.	1,680.	499.	372.
23	Insurance	4,907.	3,827.	540.	540.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	14,163.	14,163.		
b	OTHER	10,948.		7,306.	3,642.
c	FUNDRAISING	3,046.		-	3,046.
d	DUES AND SUBSCRIPTIONS	2,445.	1,712.	524.	209.
е	All other expenses	1,146.	285.	811.	50.
25	Total functional expenses. Add lines 1 through 24e	529,393.	352,899.	93,666.	82,828.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	aducational compaign and fundraicing coligitation				

educational campaign and fundraising solicitation. Check here
if following SOP 98-2 (ASC 958-720)

Form 990 (2021)	
Dart X	Ra	ance	Sheet

JEWISH FAMILY SERVICE OF NASHVILLE AND MIDDLE TENNESSEE, INC.

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or i	note to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	130,196.	1	137,457.		
	2	Savings and temporary cash investments			44,662.	2	58,689.
	3	Pledges and grants receivable, net		I	21,219.	3	56,552.
	4	Accounts receivable, net			5,301.	4	7,220.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ostantial cont	ributor, or 35%			
		controlled entity or family member of any of the	nese persons			5	
	6	Loans and other receivables from other disqu	alified persor	ns (as defined			
		under section 4958(f)(1)), and persons describ	bed in section	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Aŝ	9	Description of the second state of the second			4,030.	9	3,122.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	34,206.			
	b	Less: accumulated depreciation	10b	25,588.	11,169.	10c	8,618.
	11	Investments - publicly traded securities	1,282,082.	11	1,187,706.		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)		1,498,659.	16	1,459,364.
	17	Accounts payable and accrued expenses		·····	19,880.	17	23,161.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of S	Schedule D		21	
s	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
iab.		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). Co	omplete Part X			
		of Schedule D		·····	10 000	25	00 161
	26	Total liabilities. Add lines 17 through 25	<u></u>		19,880.	26	23,161.
ŷ		Organizations that follow FASB ASC 958, o	heck here				
JCe		and complete lines 27, 28, 32, and 33.			1,404,726.		1 200 049
alaı	27			····· -	74,053.	27	1,290,048. 146,155.
d B	28	Net assets with donor restrictions			74,055.	28	140,133.
ñ		Organizations that do not follow FASB ASC	5958, Check	nere 🕨 🛄			
or F		and complete lines 29 through 33.	ala				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
et A	31	Retained earnings, endowment, accumulated		Г	1,478,779.	31	1,436,203.
ž	32				1,498,659.	32	1,459,364.
	33	Total liabilities and net assets/fund balances			I,490,0J9.	33	<u> </u>

Form 990 (2021)

JEWISH	FAMILY	SER	JICE	OF	NASHVILLE	AND
MTDDLF	TENNECO	200	TNC			

	JEWISH FAMILY SERVICE OF NASHVILLE AND				
	<u>1990 (2021)</u> MIDDLE TENNESSEE, INC.	62-60	46618	Paç	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	73	5 , 91	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,5:	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,47	-	
5	Net unrealized gains (losses) on investments	5	-25),1	02.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,43	5,2	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	. За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A (Form 990)			Co	OMB No. 1545-0047 2021 Open to Public								
Internal Revenue Service					//Form990 for instructio					Inspection		
		the organization	MIDD	LE TENNESS					6	identification number 2-6046618		
Pa	irt I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.			
The	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)					
1		A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).				
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state	e:									
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170	b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in		
		-		omplete Part II.)								
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)						
9		-	-		in section 170(b)(1)(A)(i		-		-	-		
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:										
10		0		, ()	than 33 1/3% of its supp			,		0		
					t to certain exceptions; a					-		
					(less section 511 tax) fro	m busines	ses acquii	red by the org	ganization a	itter June 30, 1975.		
				mplete Part III.)	and the track for a shift of the			O(-)(A)				
11		-	-	-	vely to test for public sat	•						
12		-	-	-	vely for the benefit of, to	-			•			
				-	d in section 509(a)(1) o					FIECK LITE DOX ON		
		-	-	• •	f supporting organizatior upervised, or controlled				-	aivina		
a					gularly appoint or elect a	• • • •	-					
			0	complete Part IV, Se	5 5 11	majonty o				ipporting		
k		¬ ~		•	or controlled in connect	ion with it	s sunnorte	d organizatio	n(s) hy hay	ina		
	·			-	anization vested in the sa			÷		-		
			-	t complete Part IV,					ge the eapp			
c		-			g organization operated	in connect	ion with, a	nd functional	llv integrate	d with		
). You must complete F							
c			0		orting organization oper			-	rted organiz	zation(s)		
			-	•	ation generally must sati				•	. ,		
					nplete Part IV, Sections							
e		Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally	integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.					
f	Ente	er the number (of supported o	organizations								
<u>ç</u>				about the supporte								
	((i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount o	-	(vi) Amount of other		
		organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
										<u> </u>		
						L				<u> </u>		
Tot	al											

JEWISH FAMILY SERVICE OF NASHVILLE AND MIDDLE TENNESSEE, INC.

62-6046618 Page 2

S	upport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(C	omplete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2021

Part II

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	502,228.	520,719.	478,249.	610,999.	612,741.	2724936.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	502,228.	520,719.	478,249.	610,999.	612,741.	2724936.
	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)						174,572.
6	Public support. Subtract line 5 from line 4.						2550364.
	tion B. Total Support						20000010
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	502,228.	520,719.	478,249.		612,741.	2724936.
	Gross income from interest,	50272201	52077190	1/0/2100	010,000	012,7110	2,219301
0							
	dividends, payments received on						
	securities loans, rents, royalties,	26,029.	21,593.	25,957.	21,946.	57,933.	153,458.
~	and income from similar sources	20,029.	ZI, 595.	45,957.	21,940.	57,955.	155,450.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4 005	1 0 0 2	264	1 7 0	1 5 6 0	7 220
	assets (Explain in Part VI.)	4,225.	1,093.	264.	179.	1,568.	7,329.
11	Total support. Add lines 7 through 10						2885723.
12	,		,			12	198,311.
13	First 5 years. If the Form 990 is for the	•					
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			()/		14	88.38 %
	Public support percentage from 2020					15	89.99 %
16 a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu						
<u>18</u>	Private foundation. If the organization		•		•		

Schedule A (Form 990) 2021

JEWISH	FAMILY	SER	/ICE	OF	NASHVILLE	AND
MIDDLE	TENNESS	SEE,	INC.			

Schedule A (Form 990) 2021 MIDDLE TENNESSEE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u></u>	,				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
I	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	c Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 [.]	1 (f) Total
9	Amounts from line 6						
	a Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
I	o Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax v	vear as a section 5	01(c)(3) orgai	nization,
	check this box and stop here	0					·
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the					3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar						
I	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

JEWISH FAMILY SERVICE OF NASHVILLE AND MIDDLE TENNESSEE, INC.

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1

2

3a

3b

3c

Yes

No

Schedule A (Form 990) 2021 MIDI Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Sche	edule A (Form 990) 2021 MIDDLE TENNESSEE, INC.	62-604661	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ficers,		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	alon D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
_				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see ins	struction <u>s).</u>
---	--	---	---	----------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

	edule A (Form 990) 2021 MIDDLE TENNESSEE, INC.		·	62-6046618 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	e Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

JEWISH FAMILY SERVICE OF NASHVILLE AND MIDDLE TENNESSEE, INC.

_	dule A (Form 990) 2021 MIDDLE TENNES				2-6046618	Page 7
Par		a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Yea	ır
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributabl Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
-						

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	JEWISH MIDDLE				F NASHV	VILLE AND) 62-6046618 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Prov 2, 3b, 3c, 4b, ines 2 and 3; F	vide the expla 4c, 5a, 6, 9a, Part IV, Sectio	nations r 9b, 9c, 1 n E, lines	equired by 1a, 11b, a 1c, 2a, 2t	nd 11c; Part I o, 3a, and 3b;	V, Section B, line Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,

(Form	990)

Department of the Treasury Internal Revenue Service

Schedule B

Name	of the	organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

62-6046618

MIDDLE	TENNESSEE,	INC.
Organization type (check one):		

Filers of:	Section:
Form 990 or 990-EZ	\fbox 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

JEWISH FAMILY SERVICE OF NASHVILLE AND

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B	(Form 990)	(202)

Name of organization JEWISH FAMILY SERVICE OF NASHVILLE AND MIDDLE TENNESSEE, INC. Employer identification number

62-6046618

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 141,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 Χ Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 25,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for

123452 11-11-21

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. rom 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

Schedule B (Form 990) (2021) Name of organization

Employer identification number

Schedule E	3 (Form 990) (2021)			Page 4
Name of or	ganization			Employer identification number
JEWISH	I FAMILY SERVICE OF NASH	IVILLE AND		
	E TENNESSEE, INC.			62-6046618
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line entropy the through (e) and the following line entropy through the the through the through the the the	try. For organizations	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
-		(e) Transfer of gif	t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
ŀ		(e) Transfer of gif	t l	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee

60	HEDULE D	Supplemental Financial Statements	al Financial Statements					
	n 990)	 Complete if the organization answered "Yes" on Form 990, 						
(1 011		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public				
	ment of the Treasury I Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information	90 for instructions and the latest information.					
Nam	e of the organizati	on JEWISH FAMILY SERVICE OF NASHVILLE AND	Emp	loyer identification number				
_		MIDDLE TENNESSEE, INC.		62-6046618				
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Com							
	organizatio	n answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Euro	te and other accounts				
4	Total number at ar	d of year	(b) Fund	(b) Funds and other accounts				
1 2								
3		i contributions to (during year)						
4		end of year						
5		n inform all donors and donor advisors in writing that the assets held in donor advised fu	nds					
	-	n's property, subject to the organization's exclusive legal control?		Yes No				
6		n inform all grantees, donors, and donor advisors in writing that grant funds can be used						
	for charitable purp	oses and not for the benefit of the donor or donor advisor, or for any other purpose confe	erring					
		ate benefit?		Yes No				
Par	t II Conserv	ation Easements. Complete if the organization answered "Yes" on Form 990, Part	V, line 7.					
1	Purpose(s) of cons	ervation easements held by the organization (check all that apply).						
	Preservation	of land for public use (for example, recreation or education)	,	1				
	Protection o	f natural habitat Preservation of a ce	rtified his	toric structure				
		of open space						
2	1	through 2d if the organization held a qualified conservation contribution in the form of a d						
	day of the tax year			Held at the End of the Tax Year				
a		nservation easements						
b		icted by conservation easements						
C L		vation easements on a certified historic structure included in (a)	2c					
a		vation easements included in (c) acquired after 7/25/06, and not on a historic structure al Register	2d					
3		vation easements modified, transferred, released, extinguished, or terminated by the orga		luring the tax				
Ŭ	year ►		mzation e					
4		where property subject to conservation easement is located						
5		ion have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enf	prcement of the conservation easements it holds?		Yes No				
6	Staff and voluntee	r hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva	ion easer	ments during the year				
	▶							
7	Amount of expens	es incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asement	s during the year				
	►\$							
8		vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(, . ,					
•		(4)(B)(ii)?						
9		be how the organization reports conservation easements in its revenue and expense state						
		I include, if applicable, the text of the footnote to the organization's financial statements punting for conservation easements.	nat descr	ibes the				
Par		itions Maintaining Collections of Art, Historical Treasures, or Other	Similar	Assets.				
		the organization answered "Yes" on Form 990, Part IV, line 8.						
1a		elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	alance sh	eet works				
	of art, historical tre	asures, or other similar assets held for public exhibition, education, or research in further	ance of p	ublic				
	service, provide in	Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization	elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	ce sheet	works of				
	art, historical treas	ures, or other similar assets held for public exhibition, education, or research in furtheran	ce of pub	lic service,				
	•	ng amounts relating to these items:						
		ded on Form 990, Part VIII, line 1		S				
		d in Form 990, Part X		S				
2		received or held works of art, historical treasures, or other similar assets for financial gair	, provide					
	-	Ints required to be reported under FASB ASC 958 relating to these items:	•	х.				
		on Form 990, Part VIII, line 1		<u> </u>				
<u>d</u>	Assets included in	Form 990, Part X	🕨 🖣	Sahadula D (Farm 000) 2021				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		FAMILY SERV		ASHVILLE	E AND					
	dule D (Form 990) 2021 MIDDLE	TENNESSEE,	INC.			(52-60	46618	Page 2	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other	Similar	Assets	i (continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following tha	t make się	gnificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 📃 Loan or e	xchange progra	am					
b	Scholarly research	e	• Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furthe	r the organizatio	on's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical tr	easures, or othe	er similar	assets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	tion answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	iary for contributi	ons or other as	sets not i	ncluded		_		
	on Form 990, Part X?						L	Yes	No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount		
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on F					ty?		Yes	No	
b	If "Yes," explain the arrangement in Part XIII.									
Par	T V Endowment Funds. Complete	if the organization an	swered "Yes" on	Form 990, Part	IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back	
1a	Beginning of year balance	32,677.	26,43	3. 2	5,000.					
b	Contributions	12,577.			1,000.	:	25,000.			
с	Net investment earnings, gains, and losses	-3,799.	6,24	4.	433.					
d	Grants or scholarships									
е	Other expenditures for facilities							ĺ		
	and programs									
f	Administrative expenses									
g	End of year balance	41,455.	32,67	7. 2	6,433.	:	25,000.			
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 100	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administer	red for the	e organiza	tion	_		
	by:							Y	'es No	
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule F	?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	. See Form 990), Part X, I	line 10.				
	Description of property	(a) Cost or o basis (investn	• • •	ost or other sis (other)		ccumulate preciation	d	(d) Book	value	
1a	Land							_		
	Buildings									
	Leasehold improvements			15,064.		9,12	27.	5	,937.	
	Equipment			3,944.		3,94			0.	
	Other			15,198.		12,51		2	,681.	
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line						,618.	
. 510		quari uni 330, Fall.	<u>, column (b), line</u>			·····	<u> </u>		<u>, = = = ;</u>	

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.			-6046618 Page 3
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990 Part X col. (B) lin	9 25 1		1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

JEWISH FAMILY SERVICE OF NASHVILLE AND MIDDLE TENNESSEE TNC

62-6046618 Page 4

Sche		DDLE TENNESSEE,				6046618	Page 4
Pa	rt XI Reconciliation of Rev	enue per Audited Fina	ncial Statements Wi	th Revenue per Re	eturn.		
	Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 12a.				
1	Total revenue, gains, and other sup	oport per audited financial stat	ements		1	517,	431.
2	Amounts included on line 1 but not	t on Form 990, Part VIII, line 1	2:				
а	Net unrealized gains (losses) on inv	vestments	2a	-250,102.			
b	Donated services and use of facilitie	es	2b	33,660.			
с	Recoveries of prior year grants						
d							
е	Add lines 2a through 2d				2e	-216,	442.
3	Subtract line 2e from line 1				3	733,	873.
4	Amounts included on Form 990, Pa						
а	Investment expenses not included	on Form 990, Part VIII, line 7b	9 4a				
b	Other (Describe in Part XIII.)		4b	3,046.			
с					4c	3,	046.
5	Total revenue. Add lines 3 and 4c.	(This must equal Form 990, Pa	art I. line 12.)		5	736,	,919.
Pa	rt XII Reconciliation of Exp	enses per Audited Fina	ancial Statements W	ith Expenses per	Returi	n.	
	Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 12a.				
1	Total expenses and losses per audi	ited financial statements			1	560,	,007.
2	Amounts included on line 1 but not	t on Form 990, Part IX, line 25	:				
а	Donated services and use of facilitie	es	2a	33,660.			
b	Prior year adjustments		2b				
с	Other losses		2c				
d					_		
	Other (Describe in Part XIII.)						
е			2d		2e		660.
е 3	Add lines 2a through 2d		2d		2e 3		<u>,660.</u> ,347.
			2d				
3	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Pa	art IX, line 25, but not on line 1	2d				
3 4	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Pa Investment expenses not included of	art IX, line 25, but not on line 1 on Form 990, Part VIII, line 7b	2d		3		
3 4	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Pa Investment expenses not included of Other (Describe in Part XIII.)	art IX, line 25, but not on line 1 on Form 990, Part VIII, line 7b	2d :: 4a 4b	3,046.	3	526,	<u>,347.</u> ,046.
3 4 b c 5	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Pa Investment expenses not included of Other (Describe in Part XIII.)	art IX, line 25, but not on line 1 on Form 990, Part VIII, line 7b C. (This must equal Form 990.	2d	3,046.	3	526,	347.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

JEWISH FAMILY SERVICE QUALIFIES AS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR

FEDERAL INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

JEWISH FAMILY SERVICE FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL

STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT

A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS

RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS

MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE

JEWISH FAMILY SERVICE OF NASHVILLE AND Schedule D (Form 990) 2021 MIDDLE TENNESSEE, INC. 62-6046618 Page 5 Part XIII Supplemental Information (continued)
TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR
LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE
TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT
THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE
SETTLEMENT. JEWISH FAMILY SERVICE HAS NO TAX PENALTIES OR INTEREST
REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. JEWISH FAMILY SERVICE
HAD NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2022 AND 2021.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 3,046.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 3,046.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization		FAMILY SERVICE OF TENNESSEE, INC.	NASI	IVII	LE AND		Employer ic	lentification number 6618
	ing Activities.	Complete if the organization answe	ered "Y	es" or	ı Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
·	complete this part							
	•	ed funds through any of the followin	•		,			
a Mail solicitat	email solicitations			0	overnment grants nment grants			
c Phone solicit		g Specia						
d In-person so		3 0p0014	inanare	lonig				
•		r oral agreement with any individual		•		tees,	or	
• • •		art VII) or entity in connection with p			-		Y€	
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursu	iant to	agreer	nents under which th	he fur	ndraiser is to I	be
			1					
(i) Name and address	s of individual		(iii) fundi	Did aiser	(iv) Gross receipts	(v)	Amount paid or retained by	(vi) Amount paid
or entity (fund		(ii) Activity	have c or cor	ustody trol of	from activity		fundraiser	to (or retained by) organization
			contrib				ted in col. (i)	
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from 1	registration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

JEWISH FAMILY SERVICE OF NASHVILLE AND MIDDLE TENNESSEE, INC.

62-6046618 Page 2

Part II	Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
	of fundraising event contributions and gro				
		(a) Event #1 CHESED DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Ð		(event type)	(event type)	(total number)	
21					

Rever	1	Gross receipts	77,997.		77,997.						
ш	2	Less: Contributions	62,622.		62,622.						
	3	Gross income (line 1 minus line 2)	15,375.		15,375.						
	4	Cash prizes									
	5	Noncash prizes									
enses	6	Rent/facility costs									
Direct Expenses	7	Food and beverages									
Dire	8	Entertainment									
	9	Other direct expenses	31,005.		31,005.						
	10				31,005. 31,005. -15,630.						
	11	Net income summary. Subtract line 10 from li	Net income summary. Subtract line 10 from line 3, column (d)								

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		
D		но, ехріан				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

Sch	JEWISH FAMILY SERVICE OF NASHVILLE AND nedule G (Form 990) 2021 MIDDLE TENNESSEE, INC. 62-6	5046	618	Page 3
-	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		103	
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	No No
I	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	
	retain the state gaming license?		Yes	No No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	rt III. lir	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		,
_				
_				

						NASHVILLE		
Schedule G	(Form 990) Supplemental Inform	MIDDLE	TENNES	SEE, IN	NC.		62-6046618	Page 4
Failly	Supplemental infor	nation (con	tinued)					

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if} the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistand d Individual answered "Yes"	ce to Organi s in the Unit on Form 990, Parl	zations, ed States t IV, line 21 or 22.		CMB No. 1545-0047
Department of the Treasury Internal Revenue Service				Attach to Form 990. s.gov/Form990 for the la	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	ation.		Open to Public Inspection
Name of the organization	JEWISH MIDDLE	SERV SEE,	•	NASHVILLE AND				Employer identification number 62-6046618
Part I General I	General Information on Grants and Assistance						-	
1 Does the organi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants o	or assistance, the _c	grantees' eligibility .	for the grants or assis	tance, and the selectio	
criteria used to	criteria used to award the grants or assistance?	ance?						X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monite	oring the use of grant f	unds in the United	States.			
Part II Grants ar	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.)omestic Organiz 5,000. Part II can	ations and Domestic be duplicated if additio	omestic Governments. Con if additional space is needed.	omplete if the orga ed.	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and a or go	1 (a) Name and address of organization or government	(q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total num	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	id government org	anizations listed in the	line 1 table				
3 Enter total numl	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					
LHA For Paperworl	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

132101 10-26-21

Schedule I (Form 990) 2021 MIDDLE TENNESSEE	E, INC.				62-6046618 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	red "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT CASH ASSISTANCE	18	6,187.	. 0		
FOOD, SHELTER, & CLOTHING	28	.0	8,703.	COST	FOOD FOR NEEDY
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
ALL INDIVIDUALS WHO RECEIVE ASSISTANCE	GO	THROUGH AN	INTERVIEW	PROCESS WITH	
A THERAPIST OR THE EXECUTIVE DIRECTOR		OF JEWISH FAMILY	Y SERVICE	SERVICE TO DETERMINE	
IF THEY MEET THE CRITERIA FOR ASSIS	ASSISTANCE.				
132102 10-26-21					Schedule I (Form 990) 2021

SCHEDULE O (Form 990)

(10111 330)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. JEWISH FAMILY SERVICE OF NASHVILLE AND

Employer identification number 62-6046618

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MIDDLE TENNESSEE, INC.

TO AND SUPPORT INDIVIDUALS AND FAMILIES THROUGH LIFE'S TRANSITIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JEWISH FAMILY SERVICE STRIVES TO:

A.IMPROVE SOCIAL, EMOTIONAL AND ECONOMIC CONDITIONS;

B.ENHANCE PERSONAL GROWTH

C.INCREASE OPPORTUNITIES FOR INDEPENDENT, PRODUCTIVE AND SATISFYING

LIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROVIDES EMERGENCY FINANCIAL ASSISTANCE OR A MONTHLY FOOD BOX

CONTAINING KOSHER FOOD ITEMS TO THOSE IN NEED. RECIPIENTS ARE

INTERVIEWED BY A SOCIAL WORKER TO DETERMINE ELIGIBILITY.

EXPENSES \$ 45,905. INCLUDING GRANTS OF \$ 14,890. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B:

N/A. THE ORGANIZATION DOES NOT HAVE COMMITTEES WHO ACT ON BEHALF OF THE

GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE AGENCY'S CONTROLLER AND EXECUTIVE DIRECTOR,

BOTH OF WHOM POSSESS EXTENSIVE NON-PROFIT SECTOR EXPERIENCE.

FORM 990, PART VI, SECTION B, LINE 12:

Schedule O (Form 990) 2021 Page 2							
Name of the organization	JEWISH FAMILY MIDDLE TENNESS		NASHVILLI	E AND		bloyer identification number $62-6046618$	
SHOULD A CONFL	ICT ARISE, THE	EXECUTIVE	DIRECTOR	AND EXE	CUTIVE	COMMITTEE	
WOULD WORK TOGETHER TO HANDLE THE CONFLICT.							

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE UPON REASONABLE REQUEST.