Form **990-EZ**

2008

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

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

Α	For	the 2008 calendar year, or tax year beginning	, 2008, and en	iding		,
В	Check	k if applicable: C		D	mploy	er identification number
	Addre	ess change use IRS HANDS ON NASHVILLI	T TNC		62-	1461078
	ſ	change label or 209 10TH AVE S, CU				one number
F	ı	return type NASHVILLE, TN 3720		i	•	
┢	ı	5ee	,,,		<u>615</u>	-298-1108
F	1	nation Specific ided return Instruc-		- /	- -	Everntion
F	ı	cation pending				Exemption er
				G Accounting met		Cash X Accrual
		 Section 501(c)(3) organizations and 4947(a)(must attach a completed Schedule A 	i) nonexempt charitable trusts /Form 990 or 990 E7)	Other (specify)		Cash A Accidar
		must attach a completeu schedule A	(FUIII 930 01 930-EZ).			
	167 1	A PART HON ODG				organization is not
ı		site: > WWW.HON.ORG		990-EZ, or 990-	ΣΠ ΟC	hedule B (Form 990,
<u>J</u>			◄ (insert no.) 4947(a)(1) or 527	<u> </u>		
K	Che		(a)(3) supporting organization and its	gross receipts are n	ormal	ly not more than
	\$25,	000. A return is not required, but if the organiza	ition chooses to file a return, be sure to	o file a complete reti	ırn.	
L	Add	lines 5b, 6b, and 7b, to line 9 to determine gro-	ss receipts; if \$1,000,000 or more, file	Form 990		
	inste	ead of Form 990-EZ			<u>,, ►</u>	\$ 504,842.
Pa	irt I	Revenue, Expenses, and Change	s in Net Assets or Fund Balanc	es (See the inst	ructi	ons for Part I.)
	1	Contributions, gifts, grants, and similar amour			1	340,646.
	2	Program service revenue including government			2	·
	3	Membership dues and assessments			3	
	4	Investment income	•		4	
	•			* ! * - !		10.
		Gross amount from sale of assets other than i	-			9 An
_		Less: cost or other basis and sales expenses				
E	١ (Gain or (loss) from sale of assets other than inventory (Su		· ·	5	<u>C</u>
Ā	6	Special events and activities (complete applicable parts of	Schedule G). If any amount is from gaming, ched	ck here		
REVENUE	a	Gross revenue (not including \$	of contributions			
E		reported on line 1)	6a			SOC VANA AND
	Ŀ	Less: direct expenses other than fundraising e	expenses 6b			2000 2000 2000 2000
	1	: Net income or (loss) from special events and activities (Su	·		6	c
		Gross sales of inventory, less returns and allo				
		Less: cost of goods sold	wances 7a 7b			
		Gross profit or (loss) from sales of inventory (•	7	
	_		Subtract line 75 from line 7ay.		-	<u>- </u>
	8	Other revenue (describe		,	8	504.040
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8)	· · · · · · · · · · · · · · · · · · ·	+	504,842.
	10	Grants and similar amounts paid (attach scheen	dule)		10	
_	11	Benefits paid to or for members			11	
EXPERSE	12	Salaries, other compensation, and employee to	penefits		12	397,655.
E,	13	Professional fees and other payments to indep	endent contractors		13	
N S	14	Occupancy, rent, utilities, and maintenance			14	54,906.
Ĕ	15	Printing, publications, postage, and shipping			15	6,138.
s	16	Other expenses (describe - SEE STATEMENT	1)	16	101,401.
	17	Total expenses (add lines 10 through 16)				560,100.
	18	Excess or (deficit) for the year (Subtract line 1			18	-55,258.
Δ	10				10	33,236.
N S	19	Net assets or fund balances at beginning of ye	ear (from line 27, column (A)) (must ag	ree with end-of-year	of Bible / Godine America / Comment	0.0 447
EE		figure reported on prior year's return)			19	96,447.
N S E T T S	20	Other changes in net assets or fund balances			20	
	21	Net assets or fund balances at end of year. Co			21	41,189.
Pa	rt II	Balance Sheets. If Total assets on line		**************************************		f Form 990-EZ.
		(See the instructions for I	Part II)	(A) Beginning of ye		(B) End of year
22	Cas	sh, savings, and investments		66,565	. 22	52,904.
23	Lar	nd and buildings			23	3
24	Oth	ner assets (describe - SEE STATEMENT :	2)	83,126	. 24	21,606.
25		tal assets		149,691	. 25	
26	Tot	tal liabilities (describe > SEE STATEMENT	3)	53,244		
		assets or fund balances (line 27 of column (B		96.447		

Form 990-EZ (2008) HANDS ON NASHVI				-146	1078 Page 2
Part III Statement of Program Ser	rvice Accomplishments	See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose? <u>SEI</u> Describe what was achieved in carrying out th describe the services provided, the number of program title.	E STATEMENT 4 le organization's exempt purp persons benefited, or other i	poses. In a clear and corelevant information for	oncise manner, each	and (4947	uired for 501(c)(3) 4) organizations and (a)(1) trusts; optional hers.)
60 ATT ATT ATT ATT A				751 51	
(Grants \$) if th	is amount includes foreign gr	rants, check here		28 a	444,033.
29					
(Out to the control of the control o	is amount includes foreign gr			29 a	
(Grants \$) If th				23 a	•
(Grants \$) If th 31 Other program services (attach schedule	is amount includes foreign gr	ants, check here		30 a	·
	is amount includes foreign gr			31 a	444 022
32 Total program service expenses (add lin				32	444,033.
Part IV List of Officers, Directors,	(b) Title and average hours				
(a) Name and address	per week devoted to position	not paid, enter -0,)	employee benefit plan deferred compensat	tion	(e) Expense account and other allowances
BRIAN WILLIAMS	EXECUTIVE DIREC	· ·		0	0
209 10TH AVENUE S. CUMMINS 3: NASHVILLE, TN 37203	L8 40.00				
SEE ATTACHED LISTING		0		0	0.
	0				
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		·			
	1				
BAA		1/14/09			Form 990-EZ (2008)

Page 3

Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 each activity. Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes Х 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and X 35 a proxy tax requirements? 35 b b If 'Yes,' has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N $\,$ Х 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 37 b X b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38 a Х any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total N/A amount involved 38 P 501(c)(7) organizations Enter: N/A a Initiation fees and capital contributions included on line 9 39 a 39b N/A **b** Gross receipts, included on line 9, for public use of club facilities 40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: 0. 0.; section 4912 ► 0.; section 4955 ► section 4911 ► b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I Х 40 b c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0 0 d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. Х 40 e 41 List the states with which a copy of this return is filed NONE 42 a The books are in care of ► BRIAN WILLIAMS Telephone no. ► 615-298-1108 Located at ► 209 10TH AVE S, CUMMINGS STAT No Yes b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a Χ 42 b financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes.' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 42 c X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: N/A 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ► 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead 44 Χ of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. X

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

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Part VI	Section 501(c)(3) organizations and complete the tables for line	es 50 and 51.	OT(C)(3)*Organiza	SEE SI	'atemen	T 6	
46 Did	the organization engage in direct or indirect public office? If 'Yes,' complete Schedule C		ivities on behalf of o	r in opposition to candidate	s 46	Yes	No X
for p	public office? If 'Yes,' complete Schedule C the organization engage in lobbying activit	;, Part I	Schedule C. Part II		47		X
47 Did 48 Isth	the organization engage in lobbying activities organization operating a school as desc	ribed in section 170(b)(1)(A)(ii)? If 'Yes.' con	nplete Schedule E	48		X
49 a Did	the organization make any transfers to an	exempt non-charitable	elated organization?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	49a		Х
b If 'Y	'es,' was the related organization(s) a secti	on 527 organization?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		49b		<u> </u>
En Com	nplete this table for the five highest comperiored more than \$100,000 of compensation	assted employees (othe	r than officers, direct	ors, trustees and key empl		o eacl	h
•	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp accourt other allo	nt and	s
NONE							
							,
					 		
<u></u>					<u> </u>		
						·····	
Total numbe	er of other employees paid over \$100,000						
51 Com	nplete this table for the five highest compe n the organization. If there is none, enter 'I	nsated independent con None.' 	tractors who each re	ceived more than \$100,000	of compe	nsatio	on
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n
NONE						(100-21-)-202	
				•		(50 m, 3	i tuci
					The said		
Total num	ber of other independent contractors recei	ving over \$100,000	.				
	Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (ined this return, including according than officer) is based on a	npanying schedules and sta Il information of which prepa	tements, and to the best of my know arer has any knowledge.	vledge and be	elief, it is	s
Sign	► L JL Y L VVVV	Macopy	· ·	7 /29 / 09 Date			
Here	Signature of officer Strian N. Williams	ER'S CILES		-		·	
	Type or print name and title.	Mut-OPA	Date	Check if Pre	parer's Identif	ying Nu	ımber
Paid Pre-	Preparer's signature BOB BELLENDANT,	CPA	6-26	-09 self- employed > PO	028579		
parer's	yours if self-	ÆS, P.C., CPAS		EIN ► 6	52-1298	458	
Use Only	employed), address, and DDDNITTIOOD THE 3	CIRCLE 7027		Phone no. ► (615			
	RS discuss this return with the preparer/sh						No
	RS ascuss this featife with the menaterial	own above? See instruc	tions		►X Yes		NU

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Parl	l E	Rea	asor	ı for	Pul	blic	Cha	arity	Stat	tus	(A	ll oi	rga	niza	atic	วทร	mu	st c	om	ple	te th	is	oart.	.) (s	ee	inst	ruc	tions)				
The c	rgar	nizati	on is	not a	a priv	/ate	found	datio	n bec	aus	e it i	is: (F	Plea	ase o	chec	ck o	nly o	one	orga	niza	ation))										
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2	П	A sc	hool	descr	ibed	in s	ectio	n 17	0(b)(1)(A))(ii).	(Att	tach	n Scl	hedi	ule i	E)															
3	П	A ho	spita	l or c	oope	rativ	e ho	spita	serv	ice	orga	niza	ation	n des	scril	bed	in s	ecti	on 1	70(I	o)(1)(A	ii)(۱	i) (A	ttacl	n Sc	hedu	le H)				
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10	П	An o	rgani	zatio	n org	aniz	ed a	nd op	erate	ed e	xclu	sive	ly to	o tes	st fo	r pu	ıblic	safe	ty S	See	secti	on!	509(a)(4).	(se	e ins	truc	tions)				
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g		Sinc	e Aug	gust 1	17, 2	006,	has	the o	rgania	zati	on a	ccep	ptec	l any	y gif	ft o	r cor	trib	utior	n fro	m any	y of	the f	ollov	ving	pers	ons	?				
																														Yes	<u> </u>	No
		(i)	a pe belo	erson w, th	who e go	dire vern	ctly o	or inc	lirectly of the	y cc sup	ontro opor	ls, e ted d	eithe orga	er alı aniza	one ation	ort n?	toget	ther	with	pei	rsons	des	cribe	d in	(ii) a	ınd (iii)	11 g				
		(ii)		-				•	on de			-																11 g		<u> </u>	_	
		(iii)	a 35	5% cc	ntrol	lled (entity	of a	perso	on c	desc	ribe	d in	(i) (or (i	i) at	oove	?										11 g	(iii)	<u>L</u>		
h		Prov	ide tl	ne fol	lowir	ng in	forma	ation	about	t the	e org	ganiz	zati	ons	the	orga	aniza	atior	sup	por	ts.											
	(i)	Name Org	of Sup anizat	oported on			(i	i) EIN			(d	escrib above	oed o or JF	organi on line RC sec action	s 1-9 ction	9	orga (i)		on in In yo ming		(v) Did the org co your	aniz d. (i)	ation ir of	orga (i) d	inizat Irgani:	s the ion in zed in 3 ?	col. the	(vii) A	moun	it of Si	uppoi	rt
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Pa	Support Schedule for	-			ns (VI)(A)(T)(d)	(A)(I)(d)U(I BI	(VI)	
500	(Complete only if you check ction A. Public Support	ted the box on line	5, 7, or 8 of Par	π 1.)				
Cale	endar year (or fiscal year inning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-3						- 	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10						****	
12	Gross receipts from related activ	rities, etc (see ins	structions)			. 12		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	a section 501(c)(3)	
	tion C. Computation of Pu							
14 15	Public support percentage for 20 Public support percentage for 20					14 15	% %	
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo	ox on line 13, and rganization.	I the line 14 is 33-	1/3 % or more, ch	neck this box	
ŀ	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box olicly supported o	on line 13, or 16a rganization	a, and line 15 is 33	3-1/3% or more, c	heck this box	
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	e. Explain in Part	iV how	
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test. The organia	s' test, check this zation qualifies as	box and stop her a publicly suppor	'e. Explain in Part 'ted organization	IV how the ▶	
18	Private foundation. If the organization	zation did not che	ck a box on line,	13, 16a, 16b, 17a				
BAA					Sch	nedule 🗛 (Horm 99	30 or 990-EZ) 2008	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you che	cked the box on in	ic 5 of Farth,				
Sec	tion A. Public Support	,					
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Giffs, grants, contributions and membership fees received. (Do not include 'unusual grants ')	266,309.	352,776.	486,453.	351,211.	340,646.	 1,797,395.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt		60,203.			77,042.	250,528.
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513		60,203.	75,562.	37,721.	11,042.	230,328.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total Add lines 1-5 Amounts included on lines 1.	266,309.	412,979.	562,015.	388,932.	417,688.	2,047,923.
, ,	2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
_	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line			· · · · · · · · · · · · · · · · · · ·	0.	- 0.	
٥	7c from line 6.)	1210/22 200	75K	1 - No.		61982	2,047,923.
Sec	tion B. Total Support		i i i i i i i i i i i i i i i i i i i	****			2/01//2201
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	266,309.	412,979.	562,015.	388,932.	417,688.	2,047,923.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	580.	1,317.	1,413.	919.	18.	4,247.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	580.	1,317.	1,413.	919.	18.	4,247.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	24,525.	35,907.	53,196.	86,299.	87,136.	287,063.
	Total support (add Ins 9, 10c, 11 and 12)		Alexander (2,339,233.
	First five years. If the Form 990 organization, check this box and	stop here	,	d, third, fourth, or	fifth tax year as	a section 501(c)(3)
	tion C. Computation of Pul			40 1 ***			07.07
	Public support percentage for 20					15	87.6%
	Public support percentage from 2 tion D. Computation of Inve]	.,,	16	92.2%
	Investment income percentage for			by line 13 colum	un (fl)	17	0.2%
	Investment income percentage for	•			(<i>y</i>)	18	0.2%
19 a	33-1/3 support tests – 2008. If the ormore than 33-1/3%, check this be	organization did not o ox and stop here	check the box on lir The organization	ne 14, and line 15 is qualifies as a pub	licly supported or	%, and line 17 is no ganization	t 🕨 🗓
b	33-1/3 support tests $-$ 2007. If this not more than 33-1/3%, check	ne organization did this box and stop	I not check a box here. The organiz	on line 14 or 19a, zation qualifies as	and line 16 is mo a publicly suppor	ore than 33-1/3% rted organization	, and line 18
20	Private foundation. If the organiz	zation did not chec	k a box on line 14	1 19a or 19b ch	eck this hox and s	see instructions	▶ □

Schedule A	(Form 990 e	or 990-EZ)	2008 HA	NDS ON	NASHVII	LLE, INC.	•		62-1461	.078	Page 4
Part IV	Suppleme Part II, Iir	ental Info	rmation. 17b; or f	Comple	te this par ine 12. Pr	rt to provide ovide any	de the exp other add	olanation re ditional info	62-1461 quired by Pa rmation. (see	rt II, line 10 e instruction	0; ns)
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2008	SCHEDULE A.	PART IV -	SUPPLEMENTAL	INFORMATION	PAGE 5
2000		, I	COLLECTION	•	

CLIENT HANDSON

6/26/09

HANDS ON NASHVILLE, INC.

62-1461078 11:38AM

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER REVENUE	87,136.	86,299.	53,196.	35,907.	24,525.
	TOTAL \$ 87,136.	\$ 86,299.	\$ 53,196.	\$ 35,907.	\$ 24,525.

2008	FEDERAL STATEMENTS	PAGE 1
CLIENT HANDSON	HANDS ON NASHVILLE, INC.	62-1461078
6/26/09		11:38AM
STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		
CONFERENCES, CONVENTIONS, DEPRECIATION DUES AND LICENSES INFORMATION TECHNOLOGY INSURANCE INTEREST MEALS AND ENTERTAINMENT OFFICE EXPENSES OTHER PROFESSIONAL FEES PROGRAM EXPENSES REPAIRS AND MAINTENANCE STAFF DEVELOPMENT TELEPHONE TRAVEL		2,593 3,848 2,593 1,734 4,648 1,241 14,415 22,594 715 5,231 738
STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS		
ACCOUNTS RECEIVABLE MACHINERY AND EQUIPMENT PREPAID EXPENSES AND DEFE	\$ 77.10°	5. 4,715.
STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUSECURED MORTGAGES AND NOTI		8 \$ 8,321 6. 25,000.

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE NON-PROFIT ORGANIZATION RECRUITS AND COORDINATES VOLUNTEERS FOR DIVERSE COMMUNITY SERVICE PROJECTS WHICH REQUIRE DIRECT INVOLVEMENT.

2008

FEDERAL STATEMENTS

PAGE 2

CLIENT HANDSON

HANDS ON NASHVILLE, INC.

62-1461078

NO

NO

6/26/09

11:38AM

STATEMENT 5 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION MATCHES VOLUNTEERS WITH PROJECTS AND AGENCIES, PROVIDES TRAINING, MANAGES HANDS ON NASHVILLE DAY TO SUPPORT METRO SCHOOLS, AND HOSTS THE STROBEL AWARDS. THEY ALSO PROMOTE TEENS AND CHILDREN IN VOLUNTEER OPPORTUNITIES.

STATEMENT 6 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

HANDS ON NASHVILLE, INC.

2008 BOARD OF DIRECTORS

Lisa Pote, President

Center for Nonprofit Management

Matt Wiltshire, Treasurer Avondale Partners, LLC

Timothy O'Brien, Secretary Hospital Corporation of America

Lucia Folk, Immediate Past President

Country Music Television

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Tennessee Valley Authority

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Pinnacle Title & Escrow, LLC
The Law Office of Rachel L Bell

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Niketa A. Hailey-Hill Goodwill Industries

Justin Graham C3 Consulting

Henry Menge, Young Leaders Council

XMI Commercial Real Estate

Junaid Adetayo Odubeko State of Tennessee

Brock Parks, Esq

Escobar & Parks, PLLC

Robinson Hines Regen Community Volunteer

Lara Reichle

Monroe Carell Jr Children's Hospital at Vanderbilt

Cameron Simmons Regions Bank 6/26/2009 11:42

HANDS ON NASHVILLE, INC.

Federal ID #:

Asset Summary - Federal Tax Basis Period Ended 12/31/08

Company: HON Page: 1

Num L	oc Property Description	<u>Acquired</u>	I	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
C #	•										
Group #	1										
2	1 COMPUTER SERVER	11/07/00	N	SL	5	5,047 00	0 00	0 00	5,047.00	0 00	5,047 00
5	1 DELL 800 MHZ #7H6H	12/06/00	Ν	SL	5	1,688 00	0 00	0 00	1,688.00	0.00	1,688 00
7	1 ESI IVX 128 DIGITAL	11/25/02	N	SL	7	5,985.00	0 00	0 00	5,932 66	52 34	5,985 00
8	1 6 DELL WORKSTATIO	10/21/05	N	SL	3	5,031 10	0 00	0 00	5 031 09	0.00	5,031.09
9	1 DLP PROJECTOR	11/02/05	N	SL	3	1,664 10	0 00	0 00	1,664 10	0.00	1,664 10
11	1 SERVER	06/30/06	N	SL	3	3,629 71	0 00	0.00	2,419 80	1,209 90	3,629 70
12	1 DAIA BACKUP SYSIE	06/30/06	N	SL	3	1,120 00	0.00	0.00	7 46 66	373 33	1 119 99
13	1 PHONE SYSTEM	11/01/06	N	SL	3	1,623 55	0 00	0 00	1,082 36	541 18	1 623 54
			G	roup#1 Io	tal -	25,788.46	0.00	0.00	23,611.67	2,176.75	25,788.42
Group #	2		<u>.</u>	топр 11 10		20,700.10					
	1 WED HOGIDIO GVGIC	06/01/02	NI	CIT	,	36,000 00	0 00	0 00	36,000 00	0 00	36,000 00
1	1 WEB HOSTING SYSTE	06/01/03	N	SL	3	36,000 00	0 00	0 00	30,000 00	0 00	30,000 00
			G	roup#2 To	tal	36,000.00	0.00	0.00	36,000.00	0.00	36,000.00
				Grand To	tal	61,788.46	0.00	0.00	59,611.67	2,176,75	61,788.42