

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

OMB No. 1545-1150

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

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

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

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

**Open to Public Inspection****A For the 2008 calendar year, or tax year beginning , 2008, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> HANDS ON NASHVILLE, INC. 209 10TH AVE S, CUMMINGS STAT #318 NASHVILLE, TN 37203	<b>D</b> Employer identification number 62-1461078 <b>E</b> Telephone number 615-298-1108 <b>F</b> Group Exemption Number ..... ►
--	---	---

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

**I Website:** ► WWW.HON.ORG

**J Organization type** (check only one) — ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. .... ► \$ 504,842.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received <b>2</b> Program service revenue including government fees and contracts <b>3</b> Membership dues and assessments <b>4</b> Investment income <b>5a</b> Gross amount from sale of assets other than inventory <b>5b</b> Less: cost or other basis and sales expenses <b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch) <b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> <b>6a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) <b>6b</b> Less: direct expenses other than fundraising expenses <b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) <b>7a</b> Gross sales of inventory, less returns and allowances <b>7b</b> Less: cost of goods sold <b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) <b>8</b> Other revenue (describe ► _____) <b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ..... ►	<table border="1"> <tr><td><b>1</b></td><td>340,646.</td></tr> <tr><td><b>2</b></td><td>164,178.</td></tr> <tr><td><b>3</b></td><td></td></tr> <tr><td><b>4</b></td><td>18.</td></tr> <tr><td><b>5c</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>7c</b></td><td></td></tr> <tr><td><b>9</b></td><td>504,842.</td></tr> </table>	<b>1</b>	340,646.	<b>2</b>	164,178.	<b>3</b>		<b>4</b>	18.	<b>5c</b>		<b>6c</b>		<b>7c</b>		<b>9</b>	504,842.
<b>1</b>	340,646.																	
<b>2</b>	164,178.																	
<b>3</b>																		
<b>4</b>	18.																	
<b>5c</b>																		
<b>6c</b>																		
<b>7c</b>																		
<b>9</b>	504,842.																	
<b>10</b> Grants and similar amounts paid (attach schedule) <b>11</b> Benefits paid to or for members <b>12</b> Salaries, other compensation, and employee benefits <b>13</b> Professional fees and other payments to independent contractors <b>14</b> Occupancy, rent, utilities, and maintenance <b>15</b> Printing, publications, postage, and shipping <b>16</b> Other expenses (describe ► SEE STATEMENT 1) <b>17 Total expenses</b> (add lines 10 through 16) ..... ►	<table border="1"> <tr><td><b>10</b></td><td></td></tr> <tr><td><b>11</b></td><td></td></tr> <tr><td><b>12</b></td><td>397,655.</td></tr> <tr><td><b>13</b></td><td></td></tr> <tr><td><b>14</b></td><td>54,906.</td></tr> <tr><td><b>15</b></td><td>6,138.</td></tr> <tr><td><b>16</b></td><td>101,401.</td></tr> <tr><td><b>17</b></td><td>560,100.</td></tr> </table>	<b>10</b>		<b>11</b>		<b>12</b>	397,655.	<b>13</b>		<b>14</b>	54,906.	<b>15</b>	6,138.	<b>16</b>	101,401.	<b>17</b>	560,100.	
<b>10</b>																		
<b>11</b>																		
<b>12</b>	397,655.																	
<b>13</b>																		
<b>14</b>	54,906.																	
<b>15</b>	6,138.																	
<b>16</b>	101,401.																	
<b>17</b>	560,100.																	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) <b>20</b> Other changes in net assets or fund balances (attach explanation) <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. .... ►	<table border="1"> <tr><td><b>18</b></td><td>-55,258.</td></tr> <tr><td><b>19</b></td><td>96,447.</td></tr> <tr><td><b>20</b></td><td></td></tr> <tr><td><b>21</b></td><td>41,189.</td></tr> </table>	<b>18</b>	-55,258.	<b>19</b>	96,447.	<b>20</b>		<b>21</b>	41,189.									
<b>18</b>	-55,258.																	
<b>19</b>	96,447.																	
<b>20</b>																		
<b>21</b>	41,189.																	

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	66,565.	<b>22</b> 52,904.
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe ► SEE STATEMENT 2)	83,126.	<b>24</b> 21,606.
<b>25</b> Total assets	149,691.	<b>25</b> 74,510.
<b>26</b> Total liabilities (describe ► SEE STATEMENT 3)	53,244.	<b>26</b> 33,321.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) .....	96,447.	<b>27</b> 41,189.



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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <span style="float: right;"><b>38b</b> N/A</span>		
<b>39</b> 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b> N/A</span>		
<b>40a</b> 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <span style="float: right;">▶ 0.</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
<b>41</b> List the states with which a copy of this return is filed ▶ <b>NONE</b>		

**42a** The books are in care of ▶ **BRIAN WILLIAMS** Telephone no ▶ **615-298-1108**  
 Located at ▶ **209 10TH AVE S, CUMMINGS STAT #318 NASHVILLE TN** ZIP + 4 ▶ **37203**

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** ☐ N/A ☒ N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

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

SEE STATEMENT 6

	Yes	No
46 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 .....	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization? .....	49a	X
b If 'Yes,' was the related organization(s) a section 527 organization? .....	49b	

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

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Brian N. Williams Date: 7/29/09  
 Type or print name and title: Brian N. Williams

Paid Preparer's Use Only

Preparer's signature: Bob Belenfant, CPA Date: 6-26-09 Check if self-employed: ☐  
 Firm's name (or yours if self-employed), address, and ZIP + 4: BELLENFANT & MILES, P.C., CPAS  
136 WILSON PIKE CIRCLE  
BRENTWOOD, TN 37027 Preparer's Identifying Number (See instructions): P00285790  
 EIN: 62-1298458 Phone no.: (615) 370-8700

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

BAA

Form 990-EZ (2008)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> 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						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, 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 purpose		60,203.	75,562.	37,721.	77,042.	250,528.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
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.
6 <b>Total.</b> Add lines 1-5	266,309.	412,979.	562,015.	388,932.	417,688.	2,047,923.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 <b>Public support</b> (Subtract line 7c from line 6.)						2,047,923.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	266,309.	412,979.	562,015.	388,932.	417,688.	2,047,923.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	580.	1,317.	1,413.	919.	18.	4,247.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	580.	1,317.	1,413.	919.	18.	4,247.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	24,525.	35,907.	53,196.	86,299.	87,136.	287,063.
13 <b>Total support.</b> (Add lines 9, 10c, 11 and 12.)						2,339,233.
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	87.6 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	92.2 %

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.2 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.2 %

- 19a **33-1/3 support tests — 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☒
- b **33-1/3 support tests — 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

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

This image shows a full page of a handwriting practice worksheet. It consists of multiple rows of horizontal dashed lines spaced evenly down the page, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text present.



2008

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT HANDSON

HANDS ON NASHVILLE, INC.

62-1461078

6/26/09

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	<u>\$ 87,136.</u>	<u>\$ 86,299.</u>	<u>\$ 53,196.</u>	<u>\$ 35,907.</u>	<u>\$ 24,525.</u>

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, AND MEETINGS	\$	37,482.
DEPRECIATION.....		2,178.
DUES AND LICENSES.....		1,115.
INFORMATION TECHNOLOGY.....		2,593.
INSURANCE.....		3,848.
INTEREST.....		2,593.
MEALS AND ENTERTAINMENT.....		1,734.
OFFICE EXPENSES.....		4,648.
OTHER.....		1,241.
PROFESSIONAL FEES.....		14,415.
PROGRAM EXPENSES.....		22,594.
REPAIRS AND MAINTENANCE.....		276.
STAFF DEVELOPMENT.....		715.
TELEPHONE.....		5,231.
TRAVEL.....		738.
<b>TOTAL</b>	<b>\$</b>	<b>101,401.</b>

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE.....	\$ 77,103.	\$ 16,891.
MACHINERY AND EQUIPMENT.....	2,178.	0.
PREPAID EXPENSES AND DEFERRED CHARGES.....	3,845.	4,715.
<b>TOTAL</b>	<b>\$ 83,126.</b>	<b>\$ 21,606.</b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 13,328.	\$ 8,321.
SECURED MORTGAGES AND NOTES PAYABLE.....	39,916.	25,000.
<b>TOTAL</b>	<b>\$ 53,244.</b>	<b>\$ 33,321.</b>

**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

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**

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

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

HANDS ON NASHVILLE, INC.

2008 BOARD OF DIRECTORS

Lisa Pote, President  
Center for Nonprofit Management

Niketa A. Hailey-Hill  
Goodwill Industries

Matt Wiltshire, Treasurer  
Avondale Partners, LLC

Justin Graham  
C3 Consulting

Timothy O'Brien, Secretary  
Hospital Corporation of America

Henry Menge, Young Leaders Council  
XMI Commercial Real Estate

Lucia Folk, Immediate Past President  
Country Music Television

Junaid Adetayo Odubeko  
State of Tennessee

Amy Arnold  
Tennessee Valley Authority

Brock Parks, Esq  
Escobar & Parks, PLLC

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

Robinson Hines Regen  
Community Volunteer

Laura Berlind  
Vanderbilt University

Lara Reichle  
Monroe Carell Jr. Children's Hospital at Vanderbilt

Susan Dale  
Fridrich & Clark Realty, LLC

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

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>I</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
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	N	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	DATA BACKUP SYSIE	06/30/06	N	SL	3	1,120 00	0 00	0 00	746 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
Group # 1 Total							<u>25,788.46</u>	<u>0.00</u>	<u>0.00</u>	<u>23,611.67</u>	<u>2,176.75</u>	<u>25,788.42</u>
Group # 2												
1	1	WEB HOSTING SYSIE	06/01/03	N	SL	3	36,000 00	0 00	0 00	36,000 00	0 00	36,000 00
Group # 2 Total							<u>36,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>36,000.00</u>	<u>0.00</u>	<u>36,000.00</u>
Grand Total							<u>61,788.46</u>	<u>0.00</u>	<u>0.00</u>	<u>59,611.67</u>	<u>2,176.75</u>	<u>61,788.42</u>