

Form **990-EZ****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 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.

▶ 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 **7/01**, 2008, and ending **6/30**, 2009**B** Check if applicable:

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

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C**  
**HOMEWORK HOTLINE, INC.**  
**4805 PARK AVENUE**  
**NASHVILLE, TN 37209****D** Employer identification number**62-1446139****E** Telephone number**(615) 298-6636****F** Group Exemption  
Number

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

**G** Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ▶**I** Website: ▶ **N/A****H** Check ☐ if the organization is not  
required to attach Schedule B (Form 990,  
990-EZ, or 990-PF).**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.▶ \$ **157,528.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	154,177.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3,351.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ )	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	157,528.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	114,394.
	13	Professional fees and other payments to independent contractors	13	2,000.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	10,099.
	16	Other expenses (describe ▶ SEE STATEMENT 1 )	16	17,115.
	17	Total expenses (add lines 10 through 16)	17	143,608.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,920.
	19	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)	19	152,449.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	15,230.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	181,599.

**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
22 Cash, savings, and investments	150,703.	22 166,196.
23 Land and buildings		23
24 Other assets (describe ▶ SEE STATEMENT 3 )	2,085.	24 16,363.
25 Total assets	152,788.	25 182,559.
26 Total liabilities (describe ▶ SEE STATEMENT 4 )	339.	26 960.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	152,449.	27 181,599.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

<b>Part III</b>	<b>Statement of Program Service Accomplishments (See the instructions.)</b>
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What is the organization's primary exempt purpose? SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

## Expenses

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

28 SEE STATEMENT 6

(Grants \$ ) If this amount includes foreign grants, check here . . . . .

28 a

132,109.

29

(Grants \$ ) If this amount includes foreign grants, check here. ☐

**29 a**

30

(Grants \$ ) If this amount includes foreign grants, check here. ☐

**30a**

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here. ▶

31 a

32 Total program service expenses (add lines 28a through 31a)

32

132,109.

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

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		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 Form 990-T 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 <b>37a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL 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. <b>38b</b> N/A		
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9.		N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities.		N/A
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
<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. <b>0.</b>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization. <b>0.</b>		
<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 **WENDY KURLAND** Telephone no. **(615) 298-6636**  
 Located at **4805 PARK AVENUE NASHVILLE TN** ZIP + 4 **37209**

**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)? **42b** X  
 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.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c** X  
 If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

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

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44** X

**45** 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. **45** 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 8

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

**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: Wendy Kurland Date: September 21, 2009

Type or print name and title: Wendy Kurland, director

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check if self-employed: ☐

Preparer's Identifying Number (See instructions): P00546174

Firm's name (or yours if self-employed), address, and ZIP + 4: APH, CPAS, PLLC  
3326 ASPEN GROVE DR STE 500  
FRANKLIN, TN 37067-4836

EIN: 62-1384008

Phone no.: 615-376-8800

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

BAA Form 990-EZ (2008)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

HOMEWORK HOTLINE, INC.

Employer identification number

62-1446139

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... **11 g (i)**
- (ii) a family member of a person described in (i) above? ..... **11 g (ii)**
- (iii) a 35% controlled entity of a person described in (i) or (ii) above? ..... **11 g (iii)**

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

**h Provide the following information about the organizations the organization supports.**

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 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
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")...	85,199.	115,561.	154,122.	136,677.	154,177.	645,736.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....						0.
4 <b>Total.</b> Add lines 1-3.....	85,199.	115,561.	154,122.	136,677.	154,177.	645,736.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)...						0.
6 <b>Public support.</b> Subtract line 5 from line 4.....						645,736.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.....	85,199.	115,561.	154,122.	136,677.	154,177.	645,736.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....	1,154.	1,087.	5,190.	4,473.	3,351.	15,255.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						0.
11 <b>Total support.</b> Add lines 7 through 10.....						660,991.
12 Gross receipts from related activities, etc. (see instructions).....					12	0.
13 <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**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).....	14	97.7 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.....	15	98.0 %
16a <b>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 stop here. The organization qualifies as a publicly supported organization..... ▶ <input checked="" 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 stop here. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
17a <b>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 stop here. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
18 <b>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"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
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.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1-5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
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.						
c Add lines 7a and 7b.						
8 <b>Public support</b> (Subtract line 7c from line 6).						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in 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 IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
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	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%
19a <b>33-1/3 support tests — 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b <b>33-1/3 support tests — 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		



**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)

Area with horizontal dashed lines for supplemental information.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of the organization

**HOMEWORK HOTLINE, INC.**

Employer identification number

**62-1446139**

**Organization type (check one):**

**Filers of:**

Form 990 or 990-EZ

**Section:**

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

Form 990-PF

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

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

**General Rule –**

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

**Special Rules –**

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

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

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

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

Name of organization

HOMEWORK HOTLINE, INC.

Employer identification number

62-1446139

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DELL FOUNDATION ONE DELL WAY/MAIL STOP 8022 ROUND ROCK, TX 78682	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ATT FOUNDATION 175 E. HOUSTON/P.O. BOX 2933 SAN ANTONIO, TX 78299	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SONIC DRIVE INS 300 JOHNNY BENCH DRIVE OKLAHOMA CITY, OK 73104	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	HCA FOUNDATION ONE PARK PLAZA NASHVILLE, TN 37203	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BRIDGESTONE FIRESTONE TRUST 535 MARRIOTT DRIVE NASHVILLE, TN 37214	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MEMORIAL FOUNDATION 100 BLUEGRASS COMMONS, STE 320 HENDERSONVILLE, TN 37075	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

BAA

TEEA0702L 08/05/08

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

Name of organization

HOMEWORK HOTLINE, INC.

Employer identification number

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**Part II** Noncash Property (see instructions.)

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

BAA

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

Name of organization

Employer identification number

HOMEWORK HOTLINE, INC.

62-1446139

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once – see instructions.) ..... \$ N/A

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

BAA

HOMEWORK HOTLINE, INC.

62-1446139

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

DEPRECIATION .....	\$	2,104.
INSURANCE .....		577.
LICENSES AND PERMITS .....		303.
MISCELLANEOUS .....		83.
OFFICE EXPENSES .....		2,214.
PROFESSIONAL DEVELOPMENT .....		195.
SCHOLARSHIPS .....		1,000.
TEACHER SUPPORT .....		6,444.
TELEPHONE .....		4,195.
<b>TOTAL</b>	<b>\$</b>	<b>17,115.</b>

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

DONATED SERVICES AND USE OF FACILITIES .....	\$	15,230.
<b>TOTAL</b>	<b>\$</b>	<b>15,230.</b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
INVENTORIES .....	\$ 0.	\$ 7,500.
MACHINERY AND EQUIPMENT .....	2,085.	8,863.
<b>TOTAL</b>	<b>\$ 2,085.</b>	<b>\$ 16,363.</b>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES .....	\$ 339.	\$ 960.
<b>TOTAL</b>	<b>\$ 339.</b>	<b>\$ 960.</b>

**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO ESTABLISH, MAINTAIN AND STAFF A CALL-IN PROGRAM DESIGNED TO PROVIDE HOMEWORK ASSISTANCE TO STUDENTS IN THE MIDDLE TENNESSEE AREA.

HOMEWORK HOTLINE, INC.

62-1446139

**STATEMENT 6**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

TO ESTABLISH, MAINTAIN AND STAFF A CALL-IN PROGRAM DESIGNED TO PROVIDE HOMEWORK ASSISTANCE.

THE FOLLOWING ITEMS WERE DONATED TO THE ORGANIZATION AND USED TO FURTHER THIS PROGRAM:

ADVERTISING	\$25,643
SALARIES	73,011
SCHOOL SUPPLIES	2,848
RENT	8,228
<b>TOTAL</b>	<b>109,730</b>

**STATEMENT 7**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
GLORIA TOWNER 531 FAIRGROUND CT NASHVILLE, TN 37204	CHAIRMAN 0.50	\$ 0.	\$ 0.	\$ 0.
DAVID GOLDBERG 905 HARPETH VALLEY PLACE NASHVILLE, TN 37221	TREASURER 0.50	0.	0.	0.
ESTHER WONG 2134 DEARBORN DRIVE NASHVILLE, TN 37214	SECRETARY 0.50	0.	0.	0.
LADY BIRD 123 ABBOTSFORD DRIVE NASHVILLE, TN 37215	BOARD MEMBER 0.50	0.	0.	0.
JOEY MCDANIEL ONE DELL PARKWAY NASHVILLE, TN 37217	BOARD MEMBER 0.50	0.	0.	0.
KIM DAY 2240 SOUTHPARK BLVD MURFREESBORO, TN 37128	BOARD MEMBER 0.50	0.	0.	0.
MARGARETT BESS 2601 BRANSFORD AVENUE NASHVILLE, TN 37204	BOARD MEMBER 0.50	0.	0.	0.



HOMEWORK HOTLINE, INC.

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STATEMENT 7 (CONTINUED)  
 FORM 990-EZ, PART IV  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SCOTT NEWMAN 100 BLUEGRASS COMMONS, #2200 HENDERSONVILLE, TN 37075	BOARD MEMBER 0.50	\$ 0.	\$ 0.	0.
JUDY FREUDENTHAL 1704 CHARLOTTE AVE., SUITE 200 NASHVILLE, TN 37203	BOARD MEMBER 0.50	0.	0.	0.
GWENDOLYN HARRIS 436 6TH AVE N., 9TH FLOOR NASHVILLE, TN 37243	BOARD MEMBER 0.50	0.	0.	0.
CLIFTON HUNT 474 JAMES ROBERTSON PKWY NASHVILLE, TN 37219	BOARD MEMBER 0.50	0.	0.	0.
ERICK HUTH 531 FAIRGROUND CT NASHVILLE, TN 37024	BOARD MEMBER 0.50	0.	0.	0.
SALLY LEVINE 75 CONCORD PARK WEST NASHVILLE, TN 37205	BOARD MEMBER 0.50	0.	0.	0.
MINNIE SAUNDERS 700 MAPLE PLACE NASHVILLE, TN 37216	BOARD MEMBER 0.50	0.	0.	0.
ANN VAUGHAN 1320 W. MAIN ST.M SUITE 302 FRANKLIN, TN 37064	BOARD MEMBER 0.50	0.	0.	0.
TIM WALSH 535 MARIOTT DRIVE NASHVILLE, TN 37214	BOARD MEMBER 0.50	0.	0.	0.
THOMAS WARD 230 APPLETON PLACE NASHVILLE, TN 37203	BOARD MEMBER 0.50	0.	0.	0.
WENDY KURLAND 4805 PARK AVENUE NASHVILLE, TN 37209	EXECUTIVE DIREC 40.00	45,137.	0.	0.
	TOTAL	\$ 45,137.	\$ 0.	\$ 0.

**STATEMENT 8****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