Form **990-EZ**

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

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2008

OMB No. 1545-1150

Open to Public Inspection

Form 990-EZ (2008)

BOKENORR HOTLINE, INC. Contributions products Contributions Contributio	Α	For	the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending	6/30		, 2009
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Section 501(c)(3) organizations and 4947(a)(7) nonexempt charitable trusts Section 501(c)(3) organizations and 4947(a)(7) nonexempt charitable trusts Website: ► N/A H Check ► If the organization is not a section 509(a)(3) supporting organization and its gross secepts are normally not more than \$25,000. A return is not required, but if the organization chooses to like a return, be sure to file a complete return. Add lines 50, 6, and 70, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, grits, grants, and similar amounts received. 1 154,177. 2 Program service revenue including government fees and contracts. 3 154,177. 3 Membership dues and assessments. 3 3,3351. 4 Investment income. 4 3,3351. 5 a Cross amount from sale of assets other than inventory 5 5 5 5 a Cross amount from sale of assets other than inventory 5 5 5 6 Special events and activities complete applicable part of Schedule 0, 1 7 7 8 Other revenue (post including governess. 6 6 6 7 a Cross sales of inventory, less returns and allowances 7 8 7 7 8 Other revenue (decribe her post of the post of t	F	•	ination Specific			
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Website: N/A Organization to page (lack only see) X 50(c) (3) (ment no.) (49/(n/N)) 327 990-EZ, or 990-EZ			• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Acco		d:	Cash X Accrual
Journalization type (Check cnly sing)	ı	Web			he or	ganization is not
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. Arctum is not required, but if the organization chooses to file a return, be sure to file a complete return. 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. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, grifs, grants, and similar amounts received. 1 1 154,177. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 a Gross amount from sale of assets other than inventory. 5 a Gross amount from sale of assets other than inventory. 5 Special event and atchiles (complete applicable parts of Schedule 0). If any amount is from gaming, check here. 5 C Gross revenue (not including \$ contributions reported on line I) 5 Less: cots revenue for including \$ contributions reported on line I) 5 Less: cots or goods soled. 5 C Gross profit or (loss) from sale and activities (Subtract line 7b from line 6b) 7 a Gross sales of inventory, less returns and allowances. 7 a Gross sales of inventory, less returns and allowances. 7 a Gross sales of inventory (subtract line 7b from line 7a). 8 (the revenue (describe) 9 Total revenue (additions). 10 Grants and similar amounts paid (attach schedule). 11 Grants and similar amounts paid (attach schedule). 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other passes or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year ligure reported on prior years return). 19 Net assets or fund bal	ì			EZ. or 990-Pi	Schei 7).	Jule B (Form 990,
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17 Total expenses (add lines 10 through 16). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances (attach explanation). SEE STATEMENT 2. 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 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 2. 22 Cash, savings, and investments. 23 Land and buildings. 24 Other assets (describe SEE STATEMENT 3.). 25 Total assets. 26 Total liabilities (describe SEE STATEMENT 4.). 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 28 Land and balances (line 27 of column (B) must agree with line 21). 29 Land and balances (line 27 of column (B) must agree with line 21). 20 15, 230. 21 181, 599.	S		Printing, publications, postage, and shipping		15	10,099.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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). 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 20 166, 196. 22 Cash, savings, and investments 150, 703. 22 166, 196. 23 Land and buildings 23 24 0ther assets (describe SEE STATEMENT 3) 2,085. 24 16,363. 25 Total assets Total liabilities (describe SEE STATEMENT 4) 339. 26 960. Net assets or fund balances (line 27 of column (B) must agree with line 21) 152, 449. 27 181,599.			Other expenses (describe > SEE STATEMENT I)		
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). Other changes in net assets or fund balances (attach explanation). SEE STATEMENT. 2. 20 15,230. 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 22 166, 196. Land and buildings 23 24 Other assets (describe SEE STATEMENT 3) 2,085. 24 16,363. Total assets 5 Total liabilities (describe SEE STATEMENT 4) 339. 26 960. Net assets or fund balances (line 27 of column (B) must agree with line 21) 152, 449. 27 181,599.	_		Total expenses (add lines 10 through 16).	· · · · · · · · · · · · · · · · · · ·	17	143,608.
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. Cash, savings, and investments (A) Beginning of year (B) End of year	Δ				18	13,920.
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. Cash, savings, and investments (A) Beginning of year (B) End of year	NS ES TE	19	ligure reported on prior year's return)	- 1	19	
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. Cash, savings, and investments (A) Beginning of year (B) End of year	Ţ	20	Other changes in net assets or fund balances (attach explanation)SEE. STATEME!	NT2	20	
Cash, savings, and investments Cash, savings SEE STATEMENT 3 Catal assets SEE STATEMENT 4 Cash		2	Net assets or fund balances at end of year. Combine lines 18 through 20	<u></u> . ►	21	191 500
(See the instructions for Part II.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 3 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 4 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). (A) Beginning of year 150, 703. 22 166, 196. 23 24 16, 363. 152, 788. 25 182, 559. 26 960.	LLa	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file For	rm 990 instea	d of F	orm 990-EZ.
23 Land and buildings	~		(See the instructions for Part II.)	inning of yea	r	
24 Other assets (describe ► SEE STATEMENT 3				150,703		166,196.
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) 152,449.27 181,509.		La	has pecale (decayibe by CRR CMR MRIVENM 2			
26 Total liabilities (describe > SEE STATEMENT 4)		UI Ta	tel assets (describe - SEE STATEMENT 3)			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).		To	tal liabilities (describe > CRP CRAMPURAM 4			182,559.
BAA For Privacy Act and Paperwork Reduction Act Notice see the instructions for Form 900		Ne	it assets or fund balances (line 27 of column (R) must person with line 21)	339	26	
		A Fo	Privacy Act and Paperwork Reduction Act Notice see the instructions for Form 200	152,449	[27]	

	990-EZ (2008) HOMEWORK HOTLIN				-144	16139 Page 2
Par						Expenses
What in Description description of the Description	is the organization's primary exempt purpose? SEI tribe what was achieved in carrying out the ribe the services provided, the number of ram title.	E STATEMENT 5 e organization's exempt purpopersons benefited, or other re	oses. In a clear and corelevant information for e	ncise manner, each	and (4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts; optional thers.)
28	SEE STATEMENT 6					,
	(Grants \$) If th	is amount includes foreign gr	ants, check here	- []	28 a	132,109.
29						
30	(Grants \$) If th	is amount includes foreign gr	ants, check here	►∏	29 a	
		is amount includes foreign gr			30a	-
31	Other program services (attach schedule			· · · · · · · · · · · · · · · · · · ·		
32		is amount includes foreign gr			31 a	132,109.
	t IV List of Officers, Directors	. Trustees, and Kev Em	plovees. (List each o	one even if not cor		sated. See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	to	(e) Expense account and other allowances
SEE	STATEMENT 7		45,137.		٥.	0.
_						
						
						-
		·				
BAA		THE ADDRESS OF	2111 4000			
		TEEA0812L 0	11714/09			Form 990-EZ (2008)

Pa	V Other Information (Note the statement requirement in General Instruction V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	1		
33	each activity	. 33	Ш	<u> </u>
34	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	. 34		X
35	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.			
	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	. 35a		<u> </u>
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	. 35 b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	. 36		x
37	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37 b		x
38	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?	38 a		x
	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	A		1.
39	501(c)(7) organizations. Enter:	7		
	Initiation fees and capital contributions included on line 9	A		
	Gross receipts, included on line 9, for public use of club facilities	A .		
40	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7		
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .	1		
	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.	. 40 ь		х
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization			
	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	7		
		. 40 e	<u></u>	Х
41	List the states with which a copy of this return is filed NONE			
42	The books are in care of MENDY KURLAND Telephone no. (615)	<u> 298</u>	<u>-663</u>	6
	The books are in care of ► WENDY KURLAND Telephone no. ► (615) Located at ► 4805 PARK AVENUE NASHVILLE TN ZIP + 4 ► 3720	9		
			Yes	
	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)?	421	_	
	If 'Yes,' enter the name of the foreign country:	. 42b	(!	Х
				,
				e de la companya de l
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	10 mg		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Fereign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	. 42c	-	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	10 mg		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Fereign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	10 mg		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Fereign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	10 mg		
<i>A</i> 3	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Fereign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	10 mg		X
43	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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:.	10 mg		X N/A
43	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Fereign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	10 mg		X
43	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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:.	10 mg	_	X N/A N/A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	10 mg		X N/A
43	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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: 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. Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	42c	_	X N/A N/A
44	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Fereign Bank and Financial Accounts. 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:. 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. Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	10 mg	_	X N/A N/A
44	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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: 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. Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	42c	_	X N/A N/A

	Z (2008) HOMEWORK HOTLINE, I Section 501(c)(3) organizations	NC.	501/c)(3) or	nanizations	62-14			age 4
Part VI	and complete the tables for line	es 50 and 51.	301(0)(3) 01	gariizations		STATEMEN		
46 Did th	e organization engage in direct or indirect	t political campaign act	ivities on beha	If of or in oppo	osition to candida	tes	Yes	No
for pu	blic office? If 'Yes,' complete Schedule C	, Part I	<i></i>	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •	<u>40</u>		X
	e organization engage in lobbying activiti							X
	organization operating a school as descr e organization make any transfers to an							$\frac{\lambda}{x}$
49a Did tn	s,' was the related organization(s) a secti	on 527 organization?	related Organiz	auom.		49b		
							0.0201	
50 Comp receiv	elete this table for the five highest compended more than \$100,000 of compensation	from the organization.	If there is none	e, enter 'None.	ices and key em	pioyees/ wii	o caci	<u> </u>
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compens	ation (d) Co	ntributions to employer benefit plans and erred compensation	e (e) Ex accou other at	pense int and lowance	·s
NONE			1					
			•					
Total number	of other employees paid over \$100,000			L		<u> </u>		
51 Comp from	plete this table for the five highest compe the organization. If there is none, enter '!	nsated independent con None.'	ntractors who e	ach received r	more than \$100,0	00 of compe	nsatio	n
	(a) Name and address of each independent cont	ractor paid more than \$100,000)	(b) Ty	pe of service	(c) Com	pensatio	<u></u>
NONE								
				-		- -		
				·				
				j				
Total numb	per of other independent contractors rece			<u> </u>				
	Under penalties of penjury, I declare that I have exartive, correct, and complete. Declaration of preparer Wendy Kurlund	nined this return, including according to the control of the contr	empanying scheduli all information of w	es and statements, hich preparer has	and to the best of my any knowledge. September 2	•	belief, it	15
Sign					<u> </u>	21, 2009		
Here	Signature of officer Wendy Kurland, director			·	Date			
	Type or print name and title.				 			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date		Check if	Preparer's Ident	tifying N	umber
Paid Pre-	Preparer's signature				self- employed	P005461		
parer's	Fum's name (or APH, CPAS, PLLC						- 🔻	
Use	yours if self- employed), address, and	E DR STE 500			EIN >	62-138	4008	;
Only	ZIP+4 FRANKLIN, TN 37	067-4836			Phone no. ► 61	5-376-88	300	
May the IR	S discuss this return with the preparer sh	nown above? See instru	ctions			► X Ye		No
DAM						Form 99	30-EZ	(2008)

►X Yes No Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 o	If the organization							Employe	r identificat	ion number		
	EWORK HOTLINE,								446139			
			us (All organizations				s part.	<u>) (see</u>	instruc	tions)		
The o	<u> </u>		ise it is: (Please check or	•	_	•						
1	A church, conventi	on of churches or ass	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2			A)(ii). (Attach Schedule E	•								
3			e organization described									
4	A medical research	n organization operate	ed in conjunction with a h	ospital d	lescribed	d in sec	tion 170	(b)(1)(A	XIII). Ent	er the hosp	oital's	
5	name, city, and sta	perated for the benefit	of a college or university	owned	or opera	ted by a	govern	mental	unit desc	ribed in se	ction	
6	170(b)(1)(A)(iv). ((local government or	governmental unit descrit	bed in se	ection 1	7 0 (b)(1)	(A)(v).					
7	in section 170(b)(1	(XA)(vi). (Complete P	•		_	vernmer	ital unit	or from	the gene	eral public (descri	bed
8			170(b)(1)(A)(vi). (Complet									
9	investment income	ted to its exempt tunc	(1) more than 33-1/3 % o tions — subject to certain ess taxable income (less : complete Part III.)	i excenti	ans and	1 (2) na	more th	12n 33.1	13 % Af i	te europort	fram e	
10	An organization or	ganized and operated	exclusively to test for pu	blic safe	ty. See	section	509(a)(4) . (see	instructi	ons)		
11	An organization or more publicly supp	ganized and operated ported organizations of	exclusively for the benef described in section 509(a zation and complete lines	it of, to p	perform	the fund	tions of				of one e box	e or that
	aType I	b ∏Type Ⅱ	c 🗌 Type II						d \square	Type III-		
е	By checking this be than foundation ma 509(a)(2).	ox, I certify that the or anagers and other tha	ganization is not controlled one or more publicly su	ed direct upported	lly or ind organiz	directly to ations d	oy one o lescribe	or more d in sec	disqualifi tion 509(ed person a)(1) or sec	s othe	er.
f	If the organization check this box	received a written det	ermination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganization,		
9	Since August 17, 2	2006, has the organiza	ition accepted any gift or	r contrib	ution fro	m any c	of the fo	llowing	persons?	,		
	(i) a person who	directly or indirectly	controls, either alone or tupported organization?	logether	with per	sons de	scribed	in (ii) a	nd (iii)		Yes	No
	(li) a family men	ther of a nerson desc	ribed in (i) above?	· · · · · · · · ·	· · · · · · · ·	••••••	• • • • • • •		• • • • • • • •	11g(i)		
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) at		. .	• • • • • •		· · · · · ·	• • • • • • • •			├
h	Provide the following	ng information about t	he organizations the organizations	ove:	CUPPOR	 te		• • • • • • •	• • • • • • • • •	11 g (iii)		Щ_
	(i) Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) i organizat (i) tister	Is the lien in col. If in your sming ment?		rou notify lization in (i) of upport?	(vi) I organizal (i) organi U.:	is the ion in col. zed in the S.?	(vii) Amoun	t of Sup	
				Yes	No	Yes	No	Yes	No			
				 _								
		}							[]			
	.											
				1								
									İ			
									\vdash			
												
Total	P)				
RAA	For Privacy Act and Pa	sperwork Reduction A	Act Notice, see the Instru	ctions fo	or Form	990.		Schedule	A (Form	n 990 or 99	0-EZ)	2008

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 HOMEWORK HOTLINE, INC. 62-1446139 Page 2 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 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.) 115,561 85,199 154,122 136,677 154,177 645,736. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf...... 0. 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. 85,199 645,736. Total. Add lines 1-3..... 115,561 154,122 136,677 154,177 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 140 shown on line 11, column (f) ... 0. Public support. 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. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources..... 1,154 1,087 5,190. 4,473 3,351. 15,255. Net income form unrelated business activities, whether or not the business is regularly carried on..... 0. Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) 0. Total support. Add lines 7 through 10..... 660,991. 12 Gross receipts from related activities, etc. (see instructions) 12 0. First five years. 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..... ▶ [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..... 98.0% 15 16a 33-1/3 support test — 2008. 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. b 33-1/3 support test — 2007. 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..... 17a 10%-facts-and-circumstances test — 2008. 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..... b 10%-facts-and-circumstances test — 2007. 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...... Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

BAA

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

	(Complete only if you check	ted the box on iir	ie 9 of Part I.)					-
Secti	on A. Public Support						(0.T.)	-
Calen	dar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	-
1	Gifts, grants, contributions and nembership fees received. (Do not include 'unusual grants.')							_
2	Gross receipts from admissions, merchandise sold or services performed, or acilities furnished in a activity that is related to the organization's tax-exempt ourpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							_
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							_
	The value of services or facilities furnished by a governmental unit to the organization without charge							_
7 a	Total. Add lines 1-5							_
M	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.							_
С	Add lines 7a and 7b							_
8	Public support (Subtract line							
	7c from line 6.)							
	tion B. Total Support							
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
9	Amounts from line 6							_
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	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 inline 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 14	Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secon	nd, third, fourth,	or fifth tax year as	s a section 501	(c)(3)	_
500								\perp
	tion C. Computation of Pu			12 1			!	_
	Public support percentage for 20	IUS (line 8, colum	in (f) divided by lir	ne 13, column (f)))		15 %	_
16	Public support percentage from 2	2007 Schedule A	, Part IV-A, line 2	/g			16 %	_
	tion D. Computation of Inv					T		_
17	Investment income percentage for	or 2008 (line 10c	, column (f) divide	ed by line 13, colu	ımn (f))		17 %	_
18	Investment income percentage for	rom 2007 Schedu	ıle A, Part IV-A, li	ne 27h			18 %	,
19 a	33-1/3 support tests – 2008. If the more than 33-1/3%, check this bear 1/3 and	he organization of ox and stop here	lid not check the be. The organization	oox on line 14, a n qualifies as a p	nd line 15 is more ublicly supported o	than 33-1/3%, organization	and line 17 is not	7
	33-1/3 support tests – 2007. If the is not more than 33-1/3%, check	tills box and Sto	ob nere. The ordar	ilzation dualities :	as a numberly supply	orted organizat	ion b	7
20	Private foundation. If the organi	zation did not ch	eck a box on line	14, 19a, or 19b	check this hov and	see instruction	1011	4
BAA				,, 01 150, 0	and this box dilu	age matruction	15	

	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 instruction	Page 4
Schedule A	(Form 990 or 990-EZ) 2008 HOMEWORK HOTLINE, INC.	J; ns)
Part IV	Supplemental Information. Complete this part to provide any other additional information. (see instruction	10)
	Part II, line 17a or 17b, or 1 are in, inse	

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		Employer Identification number
HOMEWORK HOTLINE, INC.		62-1446139
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not to 527 political organization	
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treat 501(c)(3) taxable private foundation	led as a private foundation
Check if your organization is covered by boxes for both the General Rule and a S	the General Rule or a Special Rule . (Note: Only a second	tion 501(c)(7), (8), or (10) organization can check
General Rule — For organizations filing Form 990, 99 contributor. (Complete Parts I and II	90-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one
Special Rules -		
X For a section 501(c)(3) organization 509(a)(1)/170(b)(1)(A)(vi) and receive amount on Form 990, Part VIII, line	filing Form 990, or Form 990-EZ, that met the 33-1/3% yed from any one contributor, during the year, a contributh or 2% of the amount on Form 990-EZ, line 1. Compl	support test of the regulations under sections ution of the greater of (1) \$5,000 or (2) 2% of the lete Parts I and II.
For a section 501(c)(7), (8), or (10) aggregate contributions or bequests purposes, or the prevention of cruelt	organization filing Form 990, or Form 990-EZ, that rece of more than \$1,000 for use <i>exclusively</i> for religious, cl by to children or animals. Complete Parts I, II, and III.	ived from any one contributor, during the year, haritable, scientific, literary, or educational
\$1,000. (If this box is checked, enter etc., purpose. Do not complete any complete	organization filing Form 990, or Form 990-EZ, that receively for religious, charitable, etc. purposes, but these con rhere the total contributions that were received during to fithe Parts unless the General Rule applies to this organs of \$5,000 or more during the verse.	Aributions did not aggregate to more than the year for an exclusively religious, charitable, anization because it received nonexclusively
rengious, chantable, etc, contribution	ns of \$5,000 or more during the year.)	
their Form 990-PF, to certify that they de	ered by the General Rule and/or the Special Rules do no Part IV, line 2 of their Form 990, or check the box in the o not meet the filing requirements of Schedule B (Form	heading of their Form OON E7 as an line 2 of
BAA For Privacy Act and Paperwork R for Form 990. These instructions will be	teduction Act Notice, see the Instructions e issued separately.	Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of org		, ,	r identification number
HOMEWO	ORK HOTLINE, INC.	62-1	446139
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	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ATT FOUNDATION 175 E. HOUSTON/P.O. BOX 2933 SAN ANTONIO, TX 78299	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	SONIC DRIVE INS 300 JOHNNY BENCH DRIVE OKLAHOMA CITY, OK 73104	\$25,000 <u>.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	HCA FOUNDATION ONE PARK PLAZA NASHVILLE, TN 37203	\$12,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	BRIDGESTONE FIRESTONE TRUST 535 MARRIOTT DRIVE NASHVILLE, TN 37214	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	MEMORIAL FOUNDATION 100 BLUEGRASS COMMONS, STE 320 HENDERSONVILLE, TN 37075	\$6 <u>,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
BAA	TEE A0702L 08/05/08	Schedule B (Form 89)	1 990 F7 or 990 PF) (2009)

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

Page 1

of 2 of Part I

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2008)		Dees	14	: 1
Name of organ	rization		Page		1 of Part II
HOMEWOR	RK HOTLINE, INC.			62-144	
Part II	Noncash Property (see instructions.)		-		
(a) No. from Part I	(b) Description of noncash property given		FMV (or	(c) estimate) tructions)	(d) Date received
_	N/A				
		-			İ
		_ \$_			
(a) No. from Part I	(b) Description of noncash property given	+	FMV (or (see ins	(c) estimate) tructions)	(d) Date received
					
	N	-			
		_ \$_		-	
(a)	(b)	+		·	(4)
(a) No. from Part I	Description of noncash property given		FMV (or (see ins	c) estimate) tructions)	(d) Date received
		┨			
		_ \$_			
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see ins	c) estimate) tructions)	(d) Date received
		1			
		┨			
		 \$_			
(a) No. from Part I	(b) Description of noncash property given	-	FMV (or (see inst	c) estimate) ructions)	(d) Date received
		\dashv			
Ī		 \$_		<u> </u>	
(a)	(b)	+		<u>-</u>	(4)
(a) No. from Part I	(b) Description of noncash property given		FMV (or (see inst	c) estimate) ructions)	(d) Date received

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

BAA

Employer identification number

Name of organization 62-1446139 HOMEWORK HOTLINE, INC. 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 (c) (a) No. from Part I Purpose of gift Use of gift Description of how gift is held N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) (b) (c) **(d)** No. from Part I Use of gift Purpose of gift Description of how gift is held (e) Transfer of glft Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) (b) (c) (d) No. from Part I Purpose of gift Description of how gift is held Use of gift

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

(e)

INSURANCELICENSES AND PERMITS			62-144613
FORM 990-EZ, PART I, LINE OTHER EXPENSES DEPRECIATION			
INSURANCE LICENSES AND PERMITS			
OFFICE EXPENSES PROFESSIONAL DEVELOPME SCHOLARSHIPS TEACHER SUPPORT	NT		2,104. 577. 303. 83. 2,214. 195. 1,000. 6,444. 4,195. 17,115.
	20 SSETS OR FUND BALANCES SE OF FACILITIES	\$ TOTAL \$	15,230. 15,230.
STATEMENT 3 FORM 990-EZ, PART II, LINE OTHER ASSETS	. 24		
INVENTORIES MACHINERY AND EQUIPMEN	TOTAL	* 0. \$ 2,085. \$ 2,085.	7,500. 8,863. 16,363.
STATEMENT 4 FORM 990-EZ, PART II, LINE TOTAL LIABILITIES	26		
ACCOUNTS PAYABLE AND A	CCRUED EXPENSES	BEGINNING \$ 339. \$ \$ 339. \$	ENDING 960. 960.

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
TOTAL 109,730

STATEMENT 7 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	ACCOUNT/
GLORIA TOWNER 531 FAIRGROUND CT NASHVILLE, TN 37204	CHAIRMAN 0.50		\$ 0.	\$ 0.
DAVID GOLDBERG 905 HARPETH VALLEY PLACE NASHVILLE, TN 37221	TREASURER 0.50	• • • • • • • • • • • • • • • • • • • •	0.	0.
ESTHER WONG 2134 DEARBORN DRIVE NASHVILLE, TN 37214	SECRETARY 0.50	• •	0.	0.
LADY BIRD 123 ABBOTTSFORD DRIVE NASHVILLE, TN 37215	BOARD MEMBER 0.50		0.	0.
JOEY MCDANIEL ONE DELL PARKWAY NASHVILLE, TN 37217	BOARD MEMBER 0.50	• •	0.	0.
KIM DAY 2240 SOUTHPARK BLVD MURFREESBORO, TN 37128	BOARD MEMBER 0.50	~ ,	0.	0.
MARGARETT BESS 2601 BRANSFORD AVENUE NASHVILLE, TN 37204	BOARD MEMBER 0.50	• • • • • • • • • • • • • • • • • • • •	0.	0.

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FEDERAL STATEMENTS

PAGE 3

HOMEWORK HOTLINE, INC.

62-1446139

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 DEVOTE		CONTRI- BUTION TO EBP & DC	ACCOUNT/
SCOTT NEWMAN 100 BLUEGRASS COMMONS, #2200 HENDERSONVILLE, TN 37075	BOARD MEMBE 0.5	R \$ 0.	\$ 0.	\$ 0.
JUDY FREUDENTHAL 1704 CHARLOTTE AVE., SUITE 200 NASHVILLE, TN 37203	BOARD MEMBE 0.5	-· • • • • • • • • • • • • • • • • • • •	0.	0.
GWENDOLYN HARRIS 436 6TH AVE N., 9TH FLOOR NASHVILLE, TN 37243	BOARD MEMBE 0.5		0.	0.
CLIFTON HUNT 474 JAMES ROBERTSON PKWY NASHVILLE, TN 37219	BOARD MEMBE 0.5	V 1	0.	0.
ERICK HUTH 531 FAIRGROUND CT NASHVILLE, TN 37024	BOARD MEMBE 0.5		0.	0.
SALLY LEVINE 75 CONCORD PARK WEST NASHVILLE, TN 37205	BOARD MEMBE 0.5		0.	0.
MINNIE SAUNDERS 700 MAPLE PLACE NASHVILLE, TN 37216	BOARD MEMBE 0.5		0.	0.
ANN VAUGHAN 1320 W. MAIN ST.M SUITE 302 FRANKLIN, TN 37064	BOARD MEMBE 0.5		0.	0.
TIM WALSH 535 MARIOTT DRIVE NASHVILLE, TN 37214	BOARD MEMBE 0.5	••	0.	0.
THOMAS WARD 230 APPLETON PLACE NASHVILLE, TN 37203	BOARD MEMBE 0.5	• • • • • • • • • • • • • • • • • • • •	0.	0.
WENDY KURLAND 4805 PARK AVENUE NASHVILLE, TN 37209	EXECUTIVE DIRE 40.0		0.	0.
	TOTA	L \$ 45,137.	<u>\$</u> 0.	<u>\$</u> 0.

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FEDERAL STATEMENTS

PAGE 4

HOMEWORK HOTLINE, INC.

62-1446139

STATEMENT 8		
FORM 990-EZ, PART VI		
REGARDING TRANSFE	RS ASSOCIATED WITH PERSON	IAL 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