See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

# 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)**

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

OMB No 1545-0047

**2008**

Open to Public Inspection

**For the 2008 calendar year, or tax year beginning** Jul 1 **, 2008, and ending** Jun 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 instructions.

**C** Name of organization: HANDS ON TZEDAKAH, INC.

Number and street (or P.O. box if mail is not delivered to street addr): 2255 GLADES ROAD, PMB 1114 — Room/suite: 324A

City, town or country: BOCA RATON — State: FL — ZIP code + 4: 33431

**D** Employer Identification Number: 86-1067535

**E** Telephone number: (561) 883-2293

**G** Gross receipts $ 1,966,916.

**F** Name and address of principal officer: RONALD L. GALLATI 17061 BROOKWOOD DR. BOCA RATON FL 33496

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c) ( 3 )◄ (insert no) ☐ 4947(a)(1) or ☐ 527

**J** Website: ► WWW.HANDSONTZEDAKAH.ORG

H(c) Group exemption number ►

**K** Type of organization. ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

**L** Year of Formation 2002 **M** State of legal domicile FL

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: SUPPORT OF "SAFETY-NET" OR ESSENTIAL, LIFE SUSTAINING PROGRAMS SUCH AS COMBATTING HUNGER, POVERTY, HOMELESSNESS AND ILLNESS. IN ADDITION, SUPPORT OF HUMAN TYPE PROJECTS THAT HAVE TO DO WITH QUALITY-OF-LIFE PROGRAMS SUCH AS HEALTH AND MENTAL WELLNESS.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 3 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 3 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 8 |
| 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 1,424,377. | 1,282,658. |
| | 9 | Program service revenue (Part VIII, line 2g) | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 132,031. | -27,848. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | |
| | 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,556,408. | 1,254,810. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,198,435. | 1,047,713. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 13,623. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 43,313. | 46,225. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,241,748. | 1,093,938. |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 314,660. | 160,872. |
| | | | **Beginning of Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 2,081,752. | 2,242,626. |
| | 21 | Total liabilities (Part X, line 26) | | |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 2,081,752. | 2,242,626. |

RECEIVED MAY 17 2010 OGDEN, UT IRS-OSC

## Part II Signature Block

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 — Date: 28 APR'L 2010

► RONALD L. GALLATIN CHAIRMAN
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ► — Date: 5/6/10 — Check if self-employed ► ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► EARL M COHEN, CPA PA, 2505 NW BOCA RATON BLVD, #202, BOCA RATON FL 33431

EIN ►

Phone no ► (561) 347-1608

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 04/23/09 Form 990 (2008)

SCANNED JUN 28 2010

17

916

**Part III** **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission.

TO REACH OUT TO INDIVIDUALS IN NEED BY SUPPORTING PROGRAMS THAT FALL BELOW THE RADAR SCREEN OF TRADITIONAL FUNDING. THE ORGANIZATION COLLABORATES

See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 1,070,969. including grants of $ 1,047,713.) (Revenue $ 0.)

GRANTS AND ALLOCATIONS TO FUND VARIOUS CHARITABLE PROGRAMS AND ASSISTANCE TO INDIVIDUALS. SEE SCHEDULE ATTACHED.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

**4e Total program service expenses** ► $ 1,070,969. *(Must equal Part IX, Line 25, column (B).)*

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II* | 4 | | X |
| 5 | **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V* | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII* | 12 | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S ? | 14a | X | |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If 'Yes,' complete Schedule F, Part I* | 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II* | 15 | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III* | 16 | | X |
| 17 | Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II* | 18 | | X |
| 19 | Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III* | 19 | | X |
| 20 | Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H* | 20 | | X |
| 21 | Did the organization report more than $5,000 on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I* | 25a | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If 'Yes,' complete Schedule L, Part I* | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III* | 27 | | X |

## Part IV Checklist of Required Schedules *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If 'Yes,' complete Schedule L, Part IV* | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV* | 28b | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2* | 35 | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI* | 37 | | X |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable | 1a | 0 | | | |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | | X |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | |
| 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | | |
| **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions) | | | | | |
| 3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | | 3a | | X |
| b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O* | | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | X |
| b 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 Foreign Bank and Financial Accounts | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 5c | | |
| 6a Did the organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | | | 6b | | |
| 7 **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? | | | 7a | | X |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 7h | | |
| 8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | X |
| 9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.** | | | | | |
| a Did the organization make any taxable distributions under section 4966? | | | 9a | | X |
| b Did the organization make any distribution to a donor, donor advisor, or related person? | | | 9b | | X |
| 10 **Section 501(c)(7) organizations.** Enter: | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 **Section 501(c)(12) organizations.** Enter: | | | | | |
| a Gross income from other members or shareholders | 11a | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | | | |
| 12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |

**Part VI** **Governance, Management and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

## Section A. Governing Body and Management

*For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body | 1a 3 | | |
| b | Enter the number of voting members that are independent | 1b 3 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | X |
| b | If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | X | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O* | 11 | X | |

## Section B. Policies

| | | | Yes | No |
|---|---|---|---|---|
| 12a | Does the organization have a written conflict of interest policy? *If 'No,' go to line 13* | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | | X |
| b | Other officers of key employees of the organization? | 15b | | X |
| | Describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b | If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► See States Form 990 Filed In

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► RONALD L. GALLATIN 17061 BROOKWOOD DR. BOCA RATON FL 33496 (561) 445-9669

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

**1 a** Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| ROSE B. ROBINSON<br>PRESIDENT | 20.00 | X | | X | | | | | | |
| RONALD L. GALLATIN<br>CHAIRMAN | 20.00 | X | | X | | | | | | |
| GERALD B. CRAMER<br>DIRECTOR | 1.00 | X | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(cont.)*

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1 b Total** ► | | | | | | | | | | |

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ►

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If 'Yes' complete Schedule J for such individual | 4 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person | 5 | | X |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

| (A) Name and business address | (B) Description of Services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ►

## Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 1,282,658. | | | | |
| | g Noncash contribns included in lns 1a-1f | $ 10,889. | | | | |
| | h **Total.** Add lines 1a-1f ► | | 1,282,658. | | | |
| PROGRAM SERVICE REVENUE | | Business Code | | | | |
| | 2a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a-2f ► | | | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) ► | | 27,907. | 0. | 0. | 27,907. |
| | 4 Income from investment of tax-exempt bond proceeds ► | | | | | |
| | 5 Royalties ► | | | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a Gross Rents | | | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) ► | | | | | |
| | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 656,351. | | | | |
| | b Less cost or other basis and sales expenses | 712,106. | | | | |
| | c Gain or (loss) | -55,755. | | | | |
| | d Net gain or (loss) ► | | -55,755. | 0. | 0. | -55,755. |
| | 8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events ► | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities ► | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | | | | |
| | b Less cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory ► | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e **Total.** Add lines 11a-11d ► | | | | | |
| | 12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ► | | 1,254,810. | 0. | 0. | -27,848. |

## Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 131,373. | 131,373. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 916,340. | 916,340. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 3,450. | 0. | 3,450. | 0. |
| d Lobbying | | | | |
| e Prof fundraising svcs See Part IV, ln 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 9,929. | 986. | 310. | 8,633. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,390. | 0. | 4,390. | 0. |
| 17 Travel | 3,278. | 3,278. | 0. | 0. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) | | | | |
| a INSURANCE | 1,196. | 0. | 1,196. | 0. |
| b DONOR RELATIONS | 2,325. | 0. | 0. | 2,325. |
| c LICENSES & FEES | 436. | 0. | 0. | 436. |
| d OUSIDE LABOR | 16,500. | 16,500. | 0. | 0. |
| e SUPPLIES | 2,098. | 525. | 0. | 1,573. |
| f All other expenses | 2,623. | 1,967. | 0. | 656. |
| 25 Total functional expenses. Add lines 1 through 24f | 1,093,938. | 1,070,969. | 9,346. | 13,623. |
| 26 **Joint Costs.** Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| ASSETS | 1 | Cash – non-interest-bearing | 172,910. | 1 | 185,424. |
| | 2 | Savings and temporary cash investments | 754,530. | 2 | 1,586,629. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | 8,475. | 7 | 9,225. |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost basis 10a | | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D 10b | | 10c | |
| | 11 | Investments – publicly-traded securities | 981,390. | 11 | 334,700. |
| | 12 | Investments – other securities. See Part IV, line 11 | 147,294. | 12 | 126,648. |
| | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 17,153. | 15 | 0. |
| | 16 | **Total assets** Add lines 1 through 15 (must equal line 34) | 2,081,752. | 16 | 2,242,626. |
| LIABILITIES | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 0. | 26 | 0. |
| NET ASSETS OR FUND BALANCES | | **Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 1,768,840. | 27 | 1,892,844. |
| | 28 | Temporarily restricted net assets | 312,912. | 28 | 349,782. |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, and equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | **Total net assets or fund balances.** | 2,081,752. | 33 | 2,242,626. |
| | 34 | Total liabilities and net assets/fund balances | 2,081,752. | 34 | 2,242,626. |

## Part XI Financial Statements and Reporting

| | | Yes | No |
|---|---|---|---|
| 1 Accounting method used to prepare the Form 990: [X] Cash [ ] Accrual [ ] Other | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| b If 'Yes,' did the organization undergo the required audit or audits? | 3b | | |

**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: HANDS ON TZEDAKAH, INC.

Employer identification number: 86-1067535

## 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 [X] 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?

| | | Yes | No |
|---|---|---|---|
| (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? | 11g (i) | | |
| (ii) a family member of a person described in (i) above? | 11g (ii) | | |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above? | 11g (iii) | | |

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? Yes | No | (v) Did you notify the organization in col (i) of your support? Yes | No | (vi) Is the organization in col (i) organized in the U S ? Yes | No | (vii) Amount of Support |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2008

TEEA0401 12/17/08

## 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 ') | 723,278. | 878,914. | 1,157,276. | 1,424,377. | 1,282,658. | 5,466,503. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge | | | | | | |
| 4 **Total.** Add lines 1-3 | 723,278. | 878,914. | 1,157,276. | 1,424,377. | 1,282,658. | 5,466,503. |
| 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) | | | | | | 1,192,359. |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 4,274,144. |

### 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 | 723,278. | 878,914. | 1,157,276. | 1,424,377. | 1,282,658. | 5,466,503. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 7,989. | 24,502. | 62,249. | 105,628. | 27,907. | 228,275. |
| 9 Net income form unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV ) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 5,694,778. |

12 Gross receipts from related activities, etc (see instructions) . **12**

13 **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** | 75.05 % |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f | **15** | 79.81 % |

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 ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

## 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 **Total.** 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 **Public support** (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 form 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 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 **Total support.** (add lns 9, 10c, 11, and 12 ) | | | | | | |

14 **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

| | | |
|---|---|---|
| 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 **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)

**SCHEDULE D (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

**Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**: HANDS ON TZEDAKAH, INC.

**Employer Identification number**: 86-1067535

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

## Part II Conservation Easements

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | Held at the End of the Year |
|---|---|---|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items·

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

## Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

## Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book Value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c) )* ► | | | | |

**Part VII Investments—Other Securities** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other | | |
| MASTERS RESEARCH LIMITED PARTNERSHIP | 126,648. | Cost |
| Total. *(Column (b) should equal Form 990 Part X, col. (B) line 12.)* ► | 126,648. | |

**Part VIII Investments—Program Related** (See Form 990, Part X, line 13)

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| Total. *Column (b)(should equal Form 990, Part X, Col (B) line 13 )* ► | | |

**Part IX Other Assets** (See Form 990, Part X, line 15)

| (a) Description | (b) Book value |
|---|---|
| DUE FROM GRANTORS | 0. |
| **Total.** *Column (b) Total (should equal Form 990, Part X, col (B), line 15)* ► | 0. |

**Part X Other Liabilities** (See Form 990, Part X, line 25)

| (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| Total. *Column (b) Total (should equal Form 990, Part X, col (B) line 25)* ► | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

## Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | |
|---|---|---|
| 1 | Total revenue (Form 990, Part VIII,column (A), line 12) | 1,254,810. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 1,093,938. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 160,872. |
| 4 | Net unrealized gains (losses) on investments | -84,191. |
| 5 | Donated services and use of facilities | |
| 6 | Investment expenses | |
| 7 | Prior period adjustments | |
| 8 | Other (Describe in Part XIV) | 7,548. |
| 9 | Total adjustments (net) Add lines 4-8 | -76,643. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 84,229. |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,169,942. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | -84,191. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | -84,191. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,254,133. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | 677. | | |
| c | Add lines **4a** and **4b** | | | 4c | 677. |
| 5 | Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 1,254,810. |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,085,713. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,085,713. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1**: | | | | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | 8,225. | | |
| c | Add lines **4a** and **4b** | | | 4c | 8,225. |
| 5 | Total expenses Add lines **3** and **4c** (This should equal Form 990, Part I, line 18 ) | | | 5 | 1,093,938. |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

Pt XI Line 8 CASH/ACCRUAL DIFFERENCES

Pt XII Line 4b CASH/ACCRUAL DIFFERENCES

Pt XIII Line 4b CASH/ACCRUAL DIFFERENCES

**Part XIV Supplemental Information** *(continued)*

**Schedule F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

► Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**: HANDS ON TZEDAKAH, INC.

**Employer identification number**: 86-1067535

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|---|---|---|---|---|---|
| Middle East | 0 | 1 | GRANTS TO RECIPIENTS IN REGION | | 916,340. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Totals** ► | 0 | 1 | | | 916,340. |

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

Schedule F (Form 990) (2008)

TEEA3501 12/23/08

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ►☐
Use Schedule F-1 (Form 990) if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | Middle East | MEALS-CHILDREN | 18,606. | CHECKS, WIRE TRAN | | | |
| | | Middle East | MEALS-INDIGENT | 401,501. | WIRE TRANSFERS | | | |
| | | Middle East | MEALS-INDIGENT | 108,370. | WIRE TRANSFERS | | | |
| | | Middle East | ASSISTANCE-BERE | 8,500. | CHECKS, WIRE TRAN | | | |
| | | Middle East | MEALS, MEDICATI | 15,050. | CHECKS | | | |
| | | Middle East | MEALS-CHILDREN | 47,674. | CHECKS, WIRE TRAN | | | |
| | | Middle East | MEALS-INDIGENT | 28,485. | CHECKS | | | |
| | | Middle East | YOUTH TRAINING | 40,500. | WIRE TRANSFERS | | | |
| | | Middle East | GENERAL ASSISTA | 5,650. | CHECKS, WIRE TRAN | | | |
| | | Middle East | ASSISTANCE-NEED | 8,000. | CHECK | | | |
| | | Middle East | CLOTHING TO NEE | 10,000. | WIRE TRANSFER | | | |
| | | Middle East | DAY CARE CENTER | 6,790. | CHECKS, WIRE TRAN | | | |
| | | Middle East | TEEN INTERNSHIP | 11,000. | CHECKS | | | |
| | | Middle East | ASSISTANCE-NEED | 15,938. | WIRE TRANSFER | | | |
| | | Middle East | ASSISTANCE-NEED | 10,000. | CHECKS, WIRE TRAN | | | |
| | | Middle East | EDUCATIONAL SUP | 12,000. | CHECK | | | |

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 25

3 Enter total number of other organizations or entities ►

**Part II Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | Middle East | JOB TRAINING | 10,920. | CHECK | | | |
| | | Middle East | TUTORING-INDIGE | 10,000. | WIRE TRANSFERS | | | |
| | | Middle East | SPECIAL NEEDS D | 14,500. | CHECKS, WIRE TR | | | |
| | | Middle East | MEALS-INDIGENT | 17,275. | WIRE TRANSFERS | | | |
| | | Middle East | ASSISTANCE-ELDE | 11,033. | CHECKS, WIRE TR | | | |
| | | Middle East | ASSISTANCE-HOLO | 11,170. | WIRE TRANSFER | | | |
| | | Middle East | LAPTOP COMPUTER | 7,800. | CHECK | | | |
| | | Middle East | HUMAN/ANIMAL WE | 12,000. | CHECK | | | |
| | | Middle East | SUPPLIES-COMPUT | 8,774. | CHECK | | | |

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Part IV Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information

Pt I Line 2 THE ORGANIZATION HAS AN INDIVIDUAL IN ISRAEL THAT OVERSEES AND MONITORS ALL GRANTS TO ENSURE COMPLIED WITH AND HAS FREQUENT COMMUNICATION WITH BOARD MEMBERS. IN ADDITION, BOARD MEMBERS HAVE TRAVELED THEMSELVES TO ENSURE COMPLIANCE WITH GRANTS. THE ORGANIZATION REQUESTS RECEIPTS AS DOCUMENTATION FOR CERTAIN GRANTS.

**SCHEDULE I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization: HANDS ON TZEDAKAH, INC.

Employer identification number: 86-1067535

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► [ ]

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MARTIN COUNTY SPECIAL NEE<br>3605 SE SALERNO ROAD<br>STUART FL 34997 | 80-0024642 | | 16,600. | | | | STUDENT ASSIST |
| PROJECT EZRA<br>465 GRAND ST.<br>NEW YORK NY 10002 | 13-2739211 | 501(C)(3) | 7,000. | | | | PASSOVER SUPPL |
| CAMP SUNSHINE<br>35 ACADIA ROAD<br>CASCO ME 04015 | 22-2582877 | 501(C)(3) | 12,000. | | | | AIRLINE COSTS- |
| HILLEL OF UNIVERSITY OF F<br>2020 W. UNIVERSITY AVE.<br>GAINESVILLE FL 32603 | 65-1090524 | 501(C)(3) | 24,737. | | | | PROJECTS ASSIS |
| MARCH OF THE LIVING<br>9901 DONNA KLEIN BLVD.<br>BOCA RATON FL 33428 | 59-1945109 | 501(C)(3) | 9,500. | | | | SUPPORTING SUR |
| RUTH RALES JEWISH FAMILY<br>21300 RUTH & BARON COLEMA<br>BOCA RATON FL 33428 | 65-1115689 | 501(C)(3) | 37,977. | | | | FAMILY ASSISTA |
| NJ PEDIATRIC PATIENTS CHA<br>1020 LAUREL OAK ROAD<br>VOORHEES NJ 08043 | 22-3240362 | 501(C)(3) | 11,764. | | | | PURCHASING SUP |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations ► 7

3 Enter total number of other organizations ► 4

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 BOARD MEMBERS MAINTAIN COMMUNICATIONS WITH THOSE INDIVIDUALS/ORGANIZATIONS

Pt I Line 2 RECEIVING GRANTS AND ASSISTANCE TO ENSURE COMPLIED WITH. IN ADDITION,

Pt I Line 2 THE ORGANIZATION REQUESTS RECEIPTS AS DOCUMENTATION FOR CERTAIN GRANTS.

**SCHEDULE O**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization: HANDS ON TZEDAKAH, INC.

Employer identification number: 86-1067535

Pt VI-A, Line 10 THE CHAIRMAN AND PRESIDENT OF THE BOARD OF DIRECTORS REVIEW A DRAFT OF FORM 990 PRIOR TO FINALIZATION AND FILING.

Pt VI-B, Line 12c BOARD OF DIRECTORS REVIEWS ANNUALLY TO ENSURE UP TO DATE.

Pt VI-C, Line 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Pt XI, Line 2c THE CHAIRMAN AND PRESIDENT OF THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR OVERSIGHT OF AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT. SELECTION OF ACCOUNTANT RATIFIED BY REMAINING BOARD MEMBER.

Schedule O (Form 990), Supplemental Information to Form 990
**Form 990, Page 2, Part III, Line 1 (continued)**

Briefly describe the organization's mission:
WITH PEOPLE WHO DEDICATE THEMSELVES TO HELPING OTHERS. THE ORGANIZATION IS A PARTNER (1) IN PROGRAMS WHERE OUR FUNDING SERVES TO MAKE A PROFOUND DIFFERENCE IN PEOPLE'S LIVES, AND (2) WITHOUT DONORS BY ENABLING THEM TO SEE, TOUCH, AND FEEL THE EFFECT OF THEIR DOLLARS AT WORK.

Schedule O (Form 990) Supplemental Information to Form 990
**Form 990, Page 6, Line 11 (continued)**

| Name | Address | City | St | ZIP |
|---|---|---|---|---|
| RONALD L. GALLATIN | 17061 BROOKWOOD DR. | BOCA RATON | FL | 33496 |
| GERALD B. CRAMER | 707 WESTCHESTER AVE. | WHITE PLAINS | NY | 10604 |

Form 990, Page 6, Line 17
**States Form 990 Filed In**

Florida
New York
New Jersey
Pennsylvania
Ohio

HANDS ON TZEDAKAH, INC
FORM 990
JUNE 30, 2009

Part II, Statement of Functional Expenses
Line 22, Grants and Allocations

| | |
|---|---|
| **Ashkelon Foundation:** Renovation of bomb shelters to create social service use for teens | 40,500 |
| **Bayit-Cham** Transportation costs for indigents suffering from mental illnesses to get to work and capital costs for new Center | 4,692 |
| **Beit Frankforter** Elderly women volunteers prepare hundreds of sandwiches each school day and add a piece of fruit to each meal for indigent schoolchildren | 47,674 |
| **Ben Gurion Community Center:** Computers for the Center | 4,000 |
| **Bet Elazarki:** Assistance with purchasing of toys, strollers and cribs for children's emergency shelter | 8,774 |
| **Big Brothers Big Sisters of Israel:** Grant for assistance for camp | 10,000 |
| **Bikkur Cholim Hospital:** Grant for assistance with purchasing of medical equipment | 5,000 |
| **B'nai Torah:** Sponsorship of job fair | 880 |
| **Boca Helping Hands:** General assistance | 2,850 |
| **Boca Respite Volunteers:** Caregiving youth project, printers and internet access | 4,877 |
| **Camp Sunshine:** Transportation costs for children with life threatening illnesses and their families to get to Camp Sunshine | 12,000 |
| **CLICK:** Holocaust Survivor Emergency Needs Fund | 11,033 |
| **Crossroads:** Vocational Training and scholastic support for youth at risk | 11,000 |
| **Dave's Kitchen:** Supplies and food for benefit of indigent families | 17,275 |
| **Diplomat Absorption Center:** Emergency call buttons and transportation costs for indigent residents to get to doctors and dentists | 5,650 |
| **Direct emergency assistance:** Funds to various organizations for providing medical, social and other assistance due to unemployment, poverty and other social ills | 26,206 |
| **Fiver Foundation:** Building of staircase and furnishing classroom with chairs and tables | 5,000 |
| **Forgotten People Fund:** Paying for school fees and basic needs for poor Ethiopian families living in Netanya | 1,000 |
| **Foundation for the Benefit of Holocuast Victimsin Israel:** Emergency call buttons | 11,170 |
| **Humans & Animals in Mutual Assistance:** Animal/human therapy sessions | 12,000 |
| **House to House:** Shoes for indigent children | 10,000 |
| **Jewish Federation of South Palm Beach County:** March of the Living Program | 9,500 |
| **Keren Klitat Aliya Neve Orot:** Emergency relief for indigent families | 8,000 |
| **Keren Segulat Naomi:** Weekly distribution of chickens to indigent families | 28,485 |
| **Levis JCC:** Purchase of camera equipment for special needs children program | 1,800 |
| **Martin County Special Needs Training, Inc** Dollar a Day Program benefiting special needs high school students and Best Buddies Program | 16,600 |

| | |
|---|---|
| **Meled:** Tutoring for indigent high school students at-risk | 10,000 |
| **Merav Children's Group House:** Supplies for orphanage. | 2,890 |
| **Mercado Global:** Advanced sewing workshops, yarn dyeing, intermediate and advanced jewelry making, reproductive health training and legal and accounting training for artisan leaders. | 10,920 |
| **Migrant Association of South Florida, Inc and the Caridad Health Clinic:** Emergency aid for indigent families including electricity, rent and out-of-pocket health costs | 3,028 |
| **Netanya Foundation:** Reconstructing and outfitting a children's club in the crime-ridden neighborhood of Sela, in the city of Netanya | 6,790 |
| **NJ Pediatric Patients Charitable Trust Fund:** Grants for swingsets, treadmill, baby monitoring system special computers | 11,764 |
| **Non-Profit Organization for Support of Girlfriends of Fallen Soldiers:** Counseling services | 8,500 |
| **Of Home, Family and Future:** Helping survivors of domestic abuse | 12,000 |
| **Ofanim:** Laptop computers | 7,800 |
| **Package from Home:** Care packages to soldiers | 1,000 |
| **Pal-O-Mine Equestrian Center:** Horseback riding therapy for special needs children | 5,000 |
| **Project Ezra:** Health and dignity supplies for indigent elders | 7,000 |
| **Romema Neighborhood Project:** Electricity, food and supplies for indigent families | 15,050 |
| **Ruth Rales Jewish Family Service:** Home health care for indigent holocaust survivors and grant for one-half social worker fbo Caridad Center | 37,977 |
| **Shaare Tzedek Medical Center:** Purchase of computer for indigent patients. | 1,682 |
| **Shalhevet:** Funding for two months for a social worker | 2,500 |
| **Shalva:** Funding for transportation program | 4,600 |
| **Shearim Netanya:** Day care for children from indigent families and programs for the elderly | 15,938 |
| **Shutaf:** Special needs day camp | 14,500 |
| **Table to Table:** Lunches for indigent schoolchildren and food boxes for indigent families | 509,871 |
| **Tech Careers:** Stipends for the students | 5,000 |
| **Tova's Kitchen:** Food for indigent families | 1,200 |
| **University of Florida Hillel:** Community Service Program | 24,737 |
| **VetDogs:** Grant to help purchase a service dog for wounded veteran | 5,000 |
| **Yaacov Maimon Volunteers:** Paying for basic needs for Ethiopian families new to Israel | 2,000 |
| **Yishai:** Funding of new classroom including a trained assistant for the regular teacher and special materials for learning disability diagnosis | 5,000 |
| | $ 1,047,713 |