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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A_</u>	For the 2	013 cale	ndar year, or tax year beginning , 2013, and ending		, <u>2</u> 0									
В	Check if an	plicable	C Name of organization BOTH HANDS FOUNDATION		D Employ	er identification nu	mber							
	Address ch	nange	Doing Business As			26-1879659								
	Name char	nge	Number and street (or P O box if mail is not delivered to street address) Room/suite	;	E Telepho	ne number								
	Initial retur	n	P. O. BOX 2713			(615) 969-7565								
	Terminated	1	City or town, state or province, country, and ZIP or foreign postal code											
	Amended a	eturn	BRENTWOOD, TN 37024		G Gross re	eceipts \$	535,432							
	Application	ı pendina	F Name and address of principal officer	H(a) is this a q	roup return for	subordinates? Yes	✓ No							
		, ,	1727 ANDREW CROCKETT CT, BRENTWOOD, TN 37027	1	subordinates included? Yes No									
_	Tax-exemp	ot status	✓ 501(c)(3)	-		a list (see instruction								
J	Website:		THHANDSFOUNDATION.ORG	H(c) Group	exemption	number ►								
ĸ			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation			of legal domicile	TN							
Р	art I	Summ			1									
_			escribe the organization's mission or most significant activities: Mission	is to serve	widows.	orohans and add	ntive							
ø		•												
Governance		families by providing grants enabling adoptive families to afford the significant expenses of adoption so they can provide a loving home for an orphan, (2) raising funds for orphan care ministries, (3) serving needy widows through home maintenance projects.												
Ë														
ð	I		of voting members of the governing body (Part VI, line 1a)		3		c							
<u>ھ</u>)		of independent voting members of the governing body (Part VI, line 1b)		4		6							
Sa			nber of individuals employed in calendar year 2013 (Part V, line 1a)		5									
Ę	1				6		3 222							
Activities	l l		nber of volunteers (estimate if necessary)				3,000							
•			elated business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34		7a 7b									
	b N	iet urire	ated business taxable income from Form 990-1, line 34	Prior Ye		Current Ye	<u>U</u>							
Revenue		`aatrib	tions and grants (Dort VIII line 1h)			Odirent re								
	1		tions and grants (Part VIII, line 1h)	-	245,681	 	533,169							
	1	_	service revenue (Part VIII, line 2g)											
æ			ent income (Part VIII, column (A), lines 3, 4, and 7d)		3		92							
	1		/enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		904		1,137							
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		246,588		534,398							
	L		nd similar amounts paid (Part IX, column (A), lines 1–3)		78,185		206,955							
			paid to or for members (Part IX, column (A), line 4)		•	<u> </u>								
es	15 S		other compensation, employee benefits (Part IX, column (A), lines 5–10)		134,715		154,451							
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)											
ă	b T		draising expenses (Part IX, column (D), line 25) ►											
ш	''		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,116		45,083							
	i .	-	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		237,016		406,489							
		levenue	less expenses. Subtract line 18 from line 12 RECENTED		9,572		127,909							
Net Assets or Fund Balances				eginning of Cu	rrent Year	End of Yea	ır							
sets	20 T		ets (Part X, line 16)	66 L	35,230		164,154							
A P	21 T	otal liab	ilities (Part X, line 26)	Q	2,594		3,609							
			ts or fund balances. Subtract line 21 from line 20	<u> </u>	32,636		160,545							
P	art II	Signa	ture Block / OGDEN 117											
			ry, I declare that I have examined this return, including accompanying schedules and statem			my knowledge and	belief, it is							
tru	ie, correct, a	and comp	ete Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowl	edge									
		\	ARIM LILLIAM		<u> 5 / J.</u>	3/14								
Sign		Sign	astref of difficer/	O . Da	ite .	1								
He	ere	\	/Jeffrey L. Olson Executive	Direc	Tor									
		Туре	e or print name and title											
Pa	nid	Print/Ty	pe preparer's name Preparer's signature Date	9	Check	☐ if PTIN								
	eparer				self-em									
	se Only	Fırm's r	name •	Firn	n's EIN ▶									
U	o c Only		ddress ►		ne no									
Ma	y the IRS		s this return with the preparer shown above? (see instructions)			🔲 Yes	No							
For	Paperwo	rk Redu	ction Act Notice, see the separate instructions. Cat No	11282Y		Form 9	90 (2013)							

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Mission is to serve widows, orphans and adoptive families by (1) providing grants enabling adoptive families to afford the significant
	expenses of adoption so they can provide a loving home for an orphan, (2) raising funds for orphan care ministries;
	(3) serving needy widows through home maintenance and home improvement projects.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(Code) \(\sum_{\sum_{\text{code}}}\) \(\sum_{\text{code}}\) \(\sum_{
4a	(Code:) (Expenses \$ 282,811 including grants of \$ 206,955) (Revenue \$ 465,398)
	Provided grants enabling adoptive families to afford the significant expenses of adoption so they could provide a loving home for an
	orphan or orphans; raised funds for orphan care ministries, served needy widows through home maintenance and home
	improvement projects. Noncash donations valued at \$69,000 were received in 2013 and used in widow service projects
	As per IRS instructions for Form 990, this amount is NOT included in Revenue of \$465,398 reported above.
	·····
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	·····
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	
4-2	Other program convece (Decembe in Schodule C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 282,811
-	TOTAL PROGRAM SOLVIO CAPOLISCS P EVENTS

Part I	V 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	✓_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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_		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		 ✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		 ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			age -
· art	Ond Miles of Mediane Commission		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		1
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	2,004.0

Form **990** (2013)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ļ f		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			!
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	√	
2a				
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	1	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	-	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for 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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	<u> </u>	ļ
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├ <u></u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	, ·		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			İ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	-	├-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	┪	1	İ
a	Gross income from members or shareholders	ŀ	İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u>L</u>	\perp
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	4		
С	Enter the amount of reserves on hand	<u> </u>	 	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		ļ

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Saati	Check if Schedule O contains a response or note to any line in this Part VI		• •	<u> </u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
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		✓
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		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		
U	the year by the following:			ļ
а	The governing body?	8a	./	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 55	<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	3	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a	√	
		12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	V	
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?			İ
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, 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		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		ĺ
Secti	on C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed TENNESSEE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	(, \ - <i>/</i> -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the)	
	Organization:			

	<u> </u>		9
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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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) of 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.

☐ Check this box if neither the organization n	or any relate	d org	anız	atic	n c	ompe	ensa	ated any currer	nt officer, director	r, or trustee.
					C)					
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an tee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEFFREY L. OLSON	50									
DIRECTOR		✓		✓	✓	1		90,000	0	0
(2) DEREK BELL	10						Γ			
CHAIRMAN, BOARD OF DIRECTORS		✓						0	0	0
(3) MARY MEYER	10									
SECRETARY, BOARD OF DIRECTORS		✓						0	0	0
(4) GREG MURTHA	10	į								
MEMBER, BOARD OF DIRECTORS		✓						0	0	0
(5) TY OSMAN	10									
MEMBER, BOARD OF DIRECTORS		✓						0	0	0
(6) MARTY ROE	10									
MEMBER, BOARD OF DIRECTORS		✓						0	0	0
(7) MARTHA CARPENTER	10									
MEMBER, BOARD OF DIRECTORS		✓						0	0	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)							_			

	VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per	(do n box,	ot ch	Pos neck ss pe	C) ition more	than o	one i an	(D) Reportable compensation	(E) Reportable		Est	(F) imated ount of	
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MIS		comp fro orga and	other ensation om the inization related nization	n t
(15)														
(16)											\top			
(17)											_			
(18)											+			
		_					_				+			
											_			
						_	<u>.</u> .				+			
(22)											+			
(23)											\dashv			
(24)				\vdash				_						
						_								
(25)											\perp			
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					▶ ▶	90,000		0			
2	Total number of individuals (including but reportable compensation from the organi	t not limited							·			of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s		-				-	emp	oloyee, or high	nest compen	sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											4		/
5	Did any person listed on line 1a receive of for services rendered to the organization						•		•	zation or indi	vidual 			1
	n B. Independent Contractors										<u> </u>			
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress	-			,	-		(B) Description of s	ervices	((C) Compens		
					-									
			<u>.</u>		_									
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed ab	ove) who				

Form 9	90 (201	3)						Page 9
Part	VIII	Statement of Reve	enue	-				
		Check if Schedule C	contains a res	ponse or note to			<u> </u>	🗸
	٠	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					
ξ, (Am	С	Fundraising events .	1c					
ia ia	d	Related organizations						,
ns,	е	Government grants (con						
er S	f	All other contributions, g						'
츌		and similar amounts not in		533,169				1.
g	g .	Noncash contributions includ		69,000				7
O a	h	Total. Add lines 1a-1	<u>†</u>		533,169			<u> </u>
Program Service Revenue	0-			Business Code				
ě	2a b							
8								
eZ.	C d	***************************************						
ع ع	e				-			
gra	f	All other program ser	vice revenue					
P	g	Total. Add lines 2a-2						, war
	3	Investment income						1
		and other similar amo	ounts)	•	92	92		
	4	Income from investmen	t of tax-exempt b	ond proceeds ►				
	5	Royalties	<u> </u>	>				<u> </u>
			(ı) Real	(ii) Personal				
	6a	Gross rents			1			
	b	Less rental expenses						
	С	Rental income or (loss)						4
	_d	Net rental income or	` · · · · · · · · · · · · · · · · · · ·	<u> </u>				1490
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	١ ,	Less cost or other basis						
	b	and sales expenses						
	_	Gain or (loss)		-				
	С	Net gain or (loss)				İ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	_	rvot gain or (1035)						
Other Revenue	8a	Gross income from fuevents (not including \$	·					
er Re		of contributions reported See Part IV, line 18 .						
₹		Less: direct expenses			1			
		Net income or (loss) f		events . ►				
	9a	Gross income from ga	•		1			* The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the
		See Part IV, line 19	· a					
		Less: direct expenses						<u> </u>
		Net income or (loss) f		ivities ▶				
	iva	Gross sales of in returns and allowance	•					
	h	Less: cost of goods s	~					
		Net income or (loss) f				4.40-		<u>•</u>
	- 0	Miscellaneous R		Business Code	1,137	1,137		
:	11a							<u> </u>
	b			+				
	C							
	ď	All other revenue .						<u> </u>
	e	Total. Add lines 11a-		•				"Aŭr
	12	Total revenue. See in			524 200	1 220		edyk .

Part IX Statement of Functional Expenses

Secuc	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon-	•			
	of include amounts reported on lines 6b, 7b, b, 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 United States See Part IV, line 21	100	100		·
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	206,855	206.855		- ! · -
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	200,033	200,000	!	
4 5	Benefits paid to or for members	00.000	27.000	10.000	45,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	90,000	27,000	18,000	45,000
7 8	Other salaries and wages	52,583	31,635	15,690	5,258
9	Other employee benefits	960	672	192	96
10	Payroll taxes	10,908	4,486	2,577	3,845
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,675		2,675	
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	6,972			6,972
13	Office expenses	4,684	3,279	937	468
14	Information technology	2,350	1,645	470	235
15	Royalties	_,	7,2,-9		
16	Occupancy	3,112	934	622	1,556
17	Travel	4,268	1,280	854	2,134
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	7,250	3,244		
19	Conferences, conventions, and meetings .	1,191		1,191	
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization .	1,129	790	226	113
23	Insurance	1,167	817	233	117
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				ar E' Sui
а	Fundraising costs	3,266			3,266
b	Dining and entertainment	2,257	677	451	1,129
c	Auto expense	6,791	2,037	1,358	3,396
d	Donor development	3,477			3,477
е	All other expenses Gifts, dues, taxes	1,744	604	1,054	86
25	Total functional expenses. Add lines 1 through 24e	406,489	282,811	46,530	77,148
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗸
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	30,046	1	159,439
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ţs	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	. ÷
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D [10a] 6,143			
	b	Less: accumulated depreciation 10b 1,428	5,184	10c	4,715
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	35,230	16	164,154
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			*
ij		disqualified persons Complete Part II of Schedule L		22	
<u>=</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,594	25	3,609
	26	Total liabilities. Add lines 17 through 25	2,594		3.609
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and			A. S. S. S. S. S. S. S. S. S. S. S. S. S.
es		complete lines 27 through 29, and lines 33 and 34.			**************************************
ano	27	Unrestricted net assets	32,636	27	59,396
3ag	28	Temporarily restricted net assets		28	101,149
9	29	Permanently restricted net assets		29	
٦		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			3
<u>-</u>		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Š	33	Total net assets or fund balances	32,636	33	160,545
	34	Total liabilities and net assets/fund balances	35,230	34	164,154

_	4	•
Page		4

Oilli 3a				_		ye
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				4,398
2	Total expenses (must equal Part IX, column (A), line 25)	2			40	6,489
3	Revenue less expenses. Subtract line 2 from line 1	3			12	7,909
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			3	2,636
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	Ì		16	0,545
Part	XII Financial Statements and Reporting				,	
	Check if Schedule O contains a response or note to any line in this Part XII					✓
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in	i		
	Schedule O.		ľ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled (or 🗍			
	reviewed on a separate basis, consolidated basis, or both:			ļ		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Į.	I		
b	T. '. T. T. T. T. T. T. T. T. T. T. T. T. T.		. [2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a [
	separate basis, consolidated basis, or both:			· [
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ſ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versig	ht	Ī		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in [
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın			
	the Single Audit Act and OMB Circular A-133?			3a		1
b		ergo th	ne 📙			<u> </u>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b		
				Forn	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

ют	H HAI	NDS FOUNDAT	ION							26-187	79659
	rt I			ity Status (All organ		-				nstructio	ns.
he	-		•	tion because it is: (Fo		-		-	-		
1	_			nes, or association of			d in sect	ion 170(l	b)(1)(A)(i)		
2				170(b)(1)(A)(ii). (Attac							
3 4		A medical rese		pital service organiza n operated in conjund :						(b)(1)(A)	(iii). Enter the
5			n operated for t (1)(A)(iv). (Comp	he benefit of a collect plete Part II.)	ge or univ	ersity ov	vned or d	perated	by a gov	ernment/	al unit described in
6 7	 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 t	rust described in	section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)				
9	√ , !	An organizatio receipts from support from	n that normally activities related gross investmen	receives (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ın 33¹/₃% ons−sub ated bus	of its su ject to d iness tax	pport fro ertain ex able inc	ceptions ome (les	, and (2) s section	no more	than 331/3% of its
10				operated exclusively							
11		purposes of o	ne or more pub	d operated exclusive licly supported organ describes the type of s	izations (described	l ın secti	on 509(a)(1) or se	ction 50	9(a)(2). See section
		a ∐ Type I	b 🗌 Type								ionally integrated
•	∍ 🔲	By checking th	nis box, I certify ndation manage	that the organization rs and other than one	is not cor	ntrolled d	rectly or	indirectly	by one	or more	disqualified persons
1				written determination	n from t	he IRS t	hat it is	a Type	I Type I	I or Tvo	ne III supportina
		organization, c	theck this box .								· · · · □
,	•	following perso	ons?	ne organization accer	_	_					
				ndirectly controls, eithody of the supported o			ner with i	persons (described	d in (ii) ar 	nd Yes No
		(ii) A family m	ember of a perso	on described in (i) abo	ve? .						11g(iı)
				a person described in							11g(III)
١	h	Provide the fol	llowing informati	on about the supporte	ed organi	zation(s).					
(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 or in col (i) lis governing o	ted in your	the organ	ou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount of monetary support		
				(Yes	No	Yes	No	Yes	No	<u></u>
A)											
B)											
(C)											
(D)											
(E)	·										

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to qualify	unaer the tes	its listed belo	w, piease co	mpiete Part i	1.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	61,527	190,439	190,379	245,681	533,169	1,221,195
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose .			920	2,541	2,171	5,632
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	· · · · · · · · · · · · · · · · · · ·	04 507	100 100	404.000	240.000	525 240	1 226 027
6	Total. Add lines 1 through 5	61,527	190,439	191,299	248,222	535,340	1,226,827
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified	1					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						1,226,827
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	61,527	190,439	191,299	248,222	53 <u>5,340</u>	1,226,827
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	i i					
	royalties and income from similar sources	65	2	2	3	92	164
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	65	2	2	3	92	164
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carned on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	61,592	190,441	191,301	248,225	535,432	1,226,991
14	First five years. If the Form 990 is for the						
• •	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8			3 column (fl)		15	100 %
	• • • • • • • • • • • • • • • • • • • •	• •	•			16	100 %
16 Secti	Public support percentage from 2012 Schon D. Computation of Investment In				<u> </u>		
				u lino 12 politi	mp (fl)	17	0 %
17 10	Investment income percentage for 2013 (-		18	<u>o %</u> %
18	Investment income percentage from 2012						
19a	331/3% support tests—2013. If the organ						
_	17 is not more than 33½%, check this box						
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 331/2%, check this l		-				
20	Private foundation. If the organization di	a not check a l	box on line 14,	, 19a, or 19b, (Crieck this box	and see instru	ctions 🕨 🗌

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization **BOTH HANDS FOUNDATION** 26-1879659 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 Total number at end of year 1 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 4 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 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 Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, 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. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), 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: \$ (ii) Assets included in Form 990, Part X . 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 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

Part	III Organizations Maintaining C	collections of	Art, His	torical T	reasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
а	Public exhibition		a	□ Loan	or exchang	a nrog	rame	
b	Scholarly research			Other	-			
c	Preservation for future generations		C	Oic.				***************************************
4	Provide a description of the organization	n's collections	and expla	in how th	nev further	the oro	anızation's exem	not purpose in Part
	XIII.				-,		,	
5	During the year, did the organization s	olicit or receive	donation	s of art,	historical tre	easure	s, or other simila	ır
	assets to be sold to raise funds rather to	han to be mainta	ained as p	part of the	e organizatio	on's co	llection?	☐ Yes ☐ No
Part								
	Complete if the organization a	inswered "Yes	" to Forr	n 990, P	art IV, line	9, or r	reported an am	ount on Form
	990, Part X, line 21.							
ıa	Is the organization an agent, trustee, or included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Par							☐ Yes ☐ No
D	ii res, explain the arrangement in Fai	t Alli and Compi	ete tile io	ilowing to	abie.		I A	mount
С	Beginning balance					10	+	
ď	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par	t XIII. Check her	e if the ex	kplanatio	n has been	provide	ed in Part XIII .	🗆
Part								
	Complete if the organization a						(A) The contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contra	1.4.5
	B	(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four years back
-	Beginning of year balance							<u> </u>
b	Contributions							
·	losses							
d	Grants or scholarships							
e	Other expenditures for facilities and		1					
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	-	nd balanc	e (line 1g	, column (a)) held	as:	
a	Board designated or quasi-endowment		%					
þ	Permanent endowment >							
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c	%	000/					
3a	Are there endowment funds not in the	•		zation th	at are held :	and ad	ministered for th	Δ
-	organization by:	pecocoolori or a	io organi	zacion cin	at are riole i	una ua		Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organization		equired o	n Sched	ule R? .		<i>.</i>	3b
4	Describe in Part XIII the intended uses	of the organization	on's endo	owment f	unds.			
Part				_				
	Complete if the organization a				T			
	Description of property	(a) Cost or o			or other basis ther)		Accumulated epreciation	(d) Book value
10	Land	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
1a b	Land	-						
C	Buildings							
d	Equipment				3,143		628	2,515
e	Other	-			3,000		800	2,200
	Add lines to through to (Column (d) mi	et aqual Form 0	OO Po≠	Y colum		1/01.1		4.715

Part VII	Investments—Other Securities. Complete if the organization answ	vered "Yes" to For	m 990 Part IV lin	e 11b. See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	100 100 1010	(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives	· · · · · · ·			
	neld equity interests				
(3) Other					
(A)					
(B)					<u> </u>
(C)					

(E)					
(F)	••••••				
(G)					
(H)				ļ <u></u>	
	b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	L	
Part VIII	Investments – Program Related Complete if the organization answ		m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	1	hod of valuation of-year market value
<u>(1)</u>			ļ		
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)				1	
(8)				 	
(9)	b) must equal Form 990, Part X, col. (B) line 13.)		-		,
Part IX	Other Assets.	vered "Vee" to Fer	rm 000 Dort IV lin	o 11d Coo Form	000 Port V line 15
	Complete if the organization answ	Description	ili 990, Part IV, IIII	e i id. See Forin	(b) Book value
(1)		2000.151.011			(4) 2001. 14.40
(2)		<u>-</u>			
(3)					. '
(4)					***
(5)				·	
(6)					
(7)					
(8)					
(9)				·	
Part X	mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25.			e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			* #4
(1) Federal ır					7 %
(2) PAYRO	LL TAXES		3,609		4 .
(3)	LE TIMES		- 0,000		, *:
(4)					**
(5)		-			is Reg
(6)					
(7)					*
(8)					
(9)					ere u - u
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		3,609		
	r uncertain tax positions. In Part XIII, provid				
organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck here if the text of	the footnote has bee	n provided in Part XIII

SCHEDULE 1 (Form 990)

Department of the Treasury nternal Revenue Service

Vame of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2013

OMB No 1545-0047

Open to Public Inspection

Attach to Form 990.
 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%** □ (h) Purpose of grant or assistance 26-1879659 ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government **BOTH HANDS FOUNDATION** Part 1 Part II N (12) 9 5 Ξ 8 9 4 (2) \mathbf{E} 8 9

Schedule I (Form 990) (2013)

Cat No 50055P

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

Schedule ! (Form 990) (2013)

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III

Part III can be duplicated if addıtional space ıs needed.

Schedule I (Form 990) (2013) (f) Description of non-cash assistance HOME MAINTENANCE SUPPLIES Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 70,988 FMV (d) Amount of non-cash assistance 135,867 (c) Amount of cash grant (b) Number of recipients 16 16 2 WIDOW HOME MAINTENANCE PROJECTS 1 ASSISTANCE FOR ADOPTION EXPENSES (a) Type of grant or assistance Part IV က 4 Ŋ 9

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open To Public Inspection

26-1879659

Department of the Treasury Internal Revenue Service

BOTH HANDS FOUNDATION

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	ArtWorks of art		-					
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household			-				
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			• • •				
9	Securities-Publicly traded							
10	Securities—Closely held stock .							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20 21	Drugs and medical supplies							
22	Historical artifacts		<u> </u>					
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Various supplies for)		· · · · · · · · · · · · · · · · · · ·					
26	Other ► (widow projects)	-	393	69,000	EMV/			
27	Other ► ()		333	03,000				
28	Other ► (
29	Number of Forms 8283 received	by the org	ganization during the tax y	ear for contributions for				
	which the organization completed	Form 8283	B, Part IV, Donee Acknowle	dgement	29	0		
					<u> </u>		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any proper	rty reported in Part I, lines	1 - 28, that			
	it must hold for at least three year	ırs from the	date of the initial contribu	ution, and which is not req	uired to be			
	used for exempt purposes for the	entire hold	ing period?			30a		✓
b	If "Yes," describe the arrangemen							
31	Does the organization have a	gift accep	tance policy that require	es the review of any no	n-standard			
	contributions?					31	✓	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or se	ell noncash			
						32a		✓
b	If "Yes," describe in Part II.							
33	If the organization did not report and describe in Part II.	n amount ın	column (c) for a type of pro	operty for which column (a)	is checked,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its instru

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 26-1879659

BOTH HANDS FOUNDATION	26-1879659
Part III: Both Hands projects provide an outlet for volunteers to fulfill James 1.27 in a practical way. T	o date, 351 projects have taken place
in 39 states of the U.S., serving 381 widows, helping 399 orphans become adopted, and raising funds	for orphanages around the world. Each
project starts with a team of volunteers who work on a widow's house, primarily doing light repair, pai	nting, cleaning and landscaping. The
team of volunteers also sends out letters requesting sponsorship for their workday - the money raised	through sponsorship goes 100%
towards adoption funding and orphan care. To date over \$3.7 million has been raised.	
Part VI: The Form 990 Return of Organization Exempt from Income Tax is reviewed by the full board or	directors at its monthly meeting in
April, 2014. The process for determining compensation for the organization's Executive Director inclu	ded review and approval by the
independent board members, after researching industry averages and a survey from the Center for No	onprofit Management.
Part VI Section A line 1a: There were 6 members of the board of directors at the end of 2013. A new board of directors at the end of 2013.	pard member was added in April 2014
and is included in Part VII Section A line 7.	
Part VIII: Line 10a and 10b are entirely made up of T-shirts, mugs, etc. with the Both Hands logo, typic	cally purchased by supporters of the
organization and adoptive families.	
Part X ⁻ Line 10a consists entirely of vehicles, office and computer equipment used by the organization	n in its daily functions.
Part XII: The organization changed its method of accounting to the accrual method to follow generally	accepted accounting standards.