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)

OMB No 1545-0047 Open to Public

	epartment of ernal Revenu	the Treasury ue Service	The organization may have	ve to use a copy o			y state re	porting requir	ements		Open to P Inspect	
A	For the 2	003 calendar y	year, or tax year beginning			and en	ıdıng					
В	Check if	Plance C N	ame of organization					-	D Emp	loyer ide	entification numb	er
_	applicable	use IRS										
Ĺ	X Address change	print or HA	NDS ON NASHVILLE,					1			61078	
اِ	Name change Initial	266	lumber and street (or P.O. box if mail is					Room/suite	ı			
Ļ	return	instruc-	9 10TH AVENUE S.,		STATI	ON	318	<u> </u>	i — -		298-110	
Ļ	Final return Amende		city or town, state or country, and ZIP +							unting method Other (specify)		Accrual
Ļ	return Applicat	H/M	SHVILLE, TN 3720: on 501(c)(3) organizations and 4947(a		haritable tru	ets	II and	lara nat aan				
L	pending		attach a completed Schedule A (Form					this a group r			on 527 organiza	ations s X No
G	Website:	- NT / Δ					1 ' '	"Yes," enter ni				, LALING
J			only one) \triangleright $\boxed{\mathbf{X}}$ 501(c) (3) \triangleleft (ins	sert no) 4947	7(a)(1) or	527	1	re all affiliates			/A Yes	s No
K		[]	the organization's gross receipts are not			- The) ` (I	f "No," attach a this a separat	list.)			
		-	e a return with the IRS; but if the organi	-	•			anization cove			uling? Yes	s X No
	ın the ma	ul, it should file	a return without financial data Some st	tates require a co	mplete retur	1	l G	roup Exemptic	n Num	ber ►		
							M C	heck 🕨 🗔	ıf the o	rganizatio	on is not require	d to attach
L			s 6b, 8b, 9b, and 10b to line 12 🕨		<u>275,59</u>			ch. B (Form 99	90, 990	-EZ, or 99	30-PF).	
L	Part I	Revenue,	Expenses, and Changes in	n Net Assets	or Fund	Bala	nces					
	1		, gifts, grants, and similar amounts rece	eived:		Ε.	I	005 0	Λ			
	a	Direct public s				1a		237,0				
	Ь	Indirect public	* *			1b		27,6	00.	i I		
Ł	C		contributions (grants)	264,697.	noneach ¢	1c	L		_	10	264	,697.
3	d	-	es 1a through 1c) (cash \$						- '	2	204	<u>, 057.</u>
#	3	-	dues and assessments	and contracts (no	mir ait vn, m	10 00)				3	-	
=	4	•	vings and temporary cash investments							4		690.
	5		d interest from securities							5		
	6 a	Gross rents				6a						
	Ь	Less rental e	xpenses			6b						
\bigcirc	С	Net rental inc	ome or (loss) (subtract line 6b from line	e 6a)						6c		
GERNINED	ຍ 7		nent income (describe 🟲			Ţ 	1)	7		
2	8 a	Gross amoun	t from sales of assets other	(A) Seci	urities	ļ	-	(B) Other				
	9	than inventor				8a_	-					
(4)	1		other basis and sales expenses			8b						
	1	• •	(attach schedule)	(B))		8c	L			8d		
	9		oss) (combine line 8c, columns (A) and s and activities (attach schedule). If any		amina check	here 1				- 00		
	1		e (not including \$	of contr								
	"	reported on li	· ————			9a	1					
	Ь	•	xpenses other than fundraising expense	es		9b				j		
	С	Net income or	r (loss) from special events (subtract lin	ie 9b from line 9a))	,	,			9c		
	10 a	Gross sales o	f inventory, less returns and allowances	;		10a_						
	b	Less: cost of				10b	<u> </u>					
	С	Gross profit o	or (loss) from sales of inventory (attach	schedule) (subtra	ct line 10b in	in time	10a)			10c		
	11		e (from Part VII, line 103)		_ KE	UE	IVE	U		11		<u>, 204.</u>
_	12		e (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11)	2			<u> </u>	_	12		,591. ,796.
	က္က 13 စ 14		rices (from line 44, column (B))		892 C	L 0	5 200	4 80-8		13		, 796. , 284.
	14 15 16	-	and general (from line 44, column (C)) from line 44, column (D))							15		, <u>534.</u>
	15 Xi 16		affiliates (attach schedule)		ЙG	DF	N, L	IT T		16		,
	17	-	es (add lines 16 and 44, column (A))			<u> </u>	· • , · ·			17	331	,614.
-	18		ficit) for the year (subtract line 17 from	line 12)						18	-56	,023.
e	19 20		fund balances at beginning of year (from		(A))					19	345	,872.
Z	¥ 20	Other change	s in net assets or fund balances (attach							20		0.
	1	Makaaaaa	fund balances of and of user (combine)	Lace 10 10 cad?	וחנ				,	. 04 !	200	010

Form 990 (2003)

62-1461078 HANDS ON SHVILLE, All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Statement of Page 2 Part II Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I and general 22 Grants and allocations (attach schedule) 22 noncash \$ cash \$ 23 Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 0 0. Compensation of officers, directors, etc. 25 207.942 20,794 20,794. 166,354 Other salaries and wages 26 26 27 27 Pension plan contributions 28 Other employee benefits 28 11,566. 1,445 1,445. 14,456 29 Payroll taxes 29 30 Professional fundraising fees 30 4,686 4,686 31 Accounting fees 32 32 Legal fees 4,529 3,397 906. 226. Supplies 33 33 4,924 923 308. 6,155 34 Telephone 4,729 4,020. 473. 236. 35 Postage and shipping 28,600. 24,310. 2,860 430. 36 36 Occupancy 1,553 1,553. 37 Equipment rental and maintenance 37 1,187 593. 11,869 10,089 38 Printing and publications 2,308 2,308 39 40 40 Conferences, conventions, and meetings 41 12,695. 10,156 2.539. 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize) 43a 43b 43c 43d 29,119. 2,010. 32,092. 963. SEE STATEMENT 1 43e Total functional expenses (add lines 22 through 43) Organizations completing columns (B) (D), carry these totals to lines 13 15 267,796. 35,284. 28,534. 44 331.614. Joint Costs Check ▶ ☐ if you are following SOP 98-2 Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? , (ii) the amount allocated to Program services \$_ If "Yes," enter (i) the aggregate amount of these joint costs \$, and (iv) the amount allocated to Fundraising \$ (iii) the amount allocated to Management and general \$ Part III Statement of Program Service Accomplishments What is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discussions (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others) achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and a GOOD@WORK PROGRAM - TO DEVELOP AND MANAGE CORPORATE VOLUNTEER EFFORTS 267,796. (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$

(Grants and allocations \$)

e Other program services (attach schedule) (Grants and allocations \$)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

> 267,796.

Form 990 (2003)

Part IV Balance Sheets

		e required, attached schedules and amount d be for end-of-year amounts only	s within the description column	(A) Beginning of year		(B) End of year
	45 46	Cash - non-interest-bearing Savings and temporary cash investments	 	141,012.	45 46	153,125.
		Accounts receivable Less: allowance for doubtful accounts	47a 47b		47c	
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable		206,300.	49	99,710
	50	Receivables from officers, directors, trustees, and key employees			50	
ets	51 a	Other notes and loans receivable	51a			
Assets	b	Less: allowance for doubtful accounts	51b		51c	
1	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities	► Cost FMV L		54	
	55 a	Investments - land, buildings, and				
		equipment basis	55a			
	b	Less: accumulated depreciation	55b	.,	55c	
	56	Investments - other	, ,		56	
j	57 a	Land, buildings, and equipment basis	57a 93,060.			
1	b	Less accumulated depreciation	57b 51,791.	17,963.	57 c	41,269
	58	Other assets (describe	SEE STATEMENT 3	20,456.	58	73
	59	Total assets (add lines 45 through 58) (must eq	ual line 74)	385,731.	59	294,177
	60	Accounts payable and accrued expenses		7,859.	60	4,328
	61	Grants payable			61	
	62	Deferred revenue		32,000.	62	
Liabilities	63	Loans from officers, directors, trustees, and key	employees		63	
	64 a	Tax-exempt bond liabilities			64a	
ן ב	b	Mortgages and other notes payable			64b	
İ	65	Other liabilities (describe)		65	0
	66	Total liabilities (add lines 60 through 65)		39,859.	66	4,328
-	Orgai	nizations that follow SFAS 117, check here	X and complete lines 67 through			
S.	ı	69 and lines 73 and 74.		110 070		145 120
ဦ	67	Unrestricted	-	119,079.	67	145,132
<u>a</u>	68	Temporarily restricted	<u> -</u>	226,793.	68 69	144,717
9	69	Permanently restricted	e and complete lines		99	
5	Organ	nizations that do not follow SFAS 117, check he 70 through 74.	and complete lines			
ō	70	· ·			70	
ets	70 71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and	equipment fund		71	
ις I	71 72	Retained earnings, endowment, accumulated in	To the second		72	
8	12				, -	
et As	73					
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67 column (A) must equal line 19; column (B) mus	h h	345,872.	73	289,849

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2003) HANDS ON NASHVILLE, I	INC.			62-	14610	78 Page
Part IV-A Reconciliation of Revenue per Audited	Part IV-B		iliation of Exp	ense	s per Aı	udited
Financial Statements with Revenue per			al Statements	with	Expens	ses per
Return	Total ave	Return				
a Total revenue, gains, and other support per audited financial statements		enses and lo inancial state		•	a	N/A
	b Amounts	s included on	line a but not on			
b Amounts included on line a but not on line 12, Form 990	line 17, F	orm 990				
(1) Net unrealized gains		of facilities	\$			
on investments \$	(2) Prior yea	ır adjustment	s		1	
(2) Donated services	1 ' '	on line 20,				
and use of facilities \$	Form 99	-	\$			
(3) Recoveries of prior	(3) Losses r	eported on	<u> </u>			
year grants \$	1 ''	orm 990	\$			
(4) Other (specify).	(4) Other (sp		·			
\$	(,, o	,,,,	\$			
Add amounts on lines (1) through (4)	Add amo	nunts on lines	(1) through (4)		6	
c Line a minus line b	7	inus line b	(1) III 00 gii (4)		c	
d Amounts included on line 12, Form	7		line 17, Form		-	
990 but not on line a:		not on line a				
(1) Investment expenses	(1) Investme	ent expenses			[]	
not included on	not inclu	ded on				
line 6b, Form 990 \$	line 6b, F	orm 990	\$			
(2) Other (specify)	(2) Other (sp	pecify)				
\$			\$		 	
Add amounts on lines (1) and (2)	Add amo	ounts on lines	(1) and (2)		d	
e Total revenue per line 12, Form 990	e Total exp	oenses per lir	e 17, Form 990			
(line c plus line d)		us line d)			e	
Part V List of Officers, Directors, Trustees, and Key				sated.)		
(A) Name and address	(B) Title and ave per week de	voted to	(C) Compensation (If not paid, enter	emplo plans	tributions to yee benefit & deferred	(E) Expense account and
JENNIFER GILLIGAN COLE	EXECUTI			comp	pensation	other allowance
439 EAST IRIS	EXECUTI	AR DIV	ECTOR			
		0.	0.		0.	0
NASHVILLE, TN 37204 SEE ATTACHED LIST OF DIRECTORS		<u> </u>	<u> </u>		0.	<u> </u>
SEE WILLCHED DIST OF DIVECTORS						
			0.		0.	0
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75 Did any officer, director, trustee, or key employee receive aggregate compensa						
organizations, of which more than \$10,000 was provided by the related organizations.	zations? If "Yes," a	ittach schedu	ie 🕨 💹 Yes [	X No		
						Farm 000 (000)

	990 (2003) HANDS ON NASHVILLE, INC. 62-146.		Yes	No
	t VI Other Information	7	163	X
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76 77		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	11		
	If "Yes," attach a conformed copy of the changes.	78a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes." has it filed a tax return on Form 990-T for this year?  N/A	78b		
	· · · · · · · · · · · · · · · · · · ·	79		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	19		
	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,	00-		Х
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		
Ь	If "Yes," enter the name of the organization			ĺ
	and check whether it is exempt or nonexempt			1
81 a	Enter direct or indirect political expenditures. See line 81 instructions.	¬1 !		v
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			77
	fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II (See instructions in Part III )  82b N/A	-		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<del> </del>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	_X_	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? $N/A$	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? $N/A$	85b		ļ
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	l		
	owed for the prior year			
С	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A	_		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A	_		
Q	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?  N/A	85h	<u> </u>	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12  86a N/A		1	
b	$N / \lambda$			
87	501(c)(12) organizations. Enter a Gross income from members or shareholders.  87a N/A		ļ	
b	Gross income from other sources. (Do not net amounts due or paid to other sources		-	
	against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		-	
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?	-	ŀ	
	If "Yes," complete Part IX	88	ļ.,	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
•	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			1
	If "Yes," attach a statement explaining each transaction	89b		X
r	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
٠	sections 4912, 4955, and 4958			0.
d	The state of the s		_	0.
	List the states with which a copy of this return is filed  TENNESSEE			
b	100			0
91	The books are in care of ► JENNIFER GILLIGAN COLE  Telephone no ► (615)	298-	-11(	
٠,				
	Located at ► 439 EAST IRIS, NASHVILLE, TN ZIP+4 ►	<u>37</u> 20	) 4	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	/A_	
3230 12-1	41	For	m <b>99</b> 0	0 (2003)

Page 6

Part VII   Analysis of income-Producing				oy section 512, 513, or 514	<del></del>
Note Enter gross amounts unless otherwise	(A)	business income (B)	(C)	(D)	(E)
indicated	Business	Amount	Exclu- sion	Amount	Related or exempt function income
93 Program service revenue	code		code		Tanction income
a					<del> </del>
b					<del></del>
c	1 1		<del></del>	<del></del>	
d	-				<u> </u>
e	-				
f Medicare/Medicaid payments			<del></del>		
g Fees and contracts from government agencies	<del> </del>	· · · · · · · · · · · · · · · · · · ·			···
94 Membership dues and assessments			14	690.	<del></del>
95 Interest on savings and temporary cash investments	<del>                                     </del>	·	14	030.	
96 Dividends and interest from securities			<del></del>		
97 Net rental income or (loss) from real estate:	<del> </del>		-		<del></del>
a debt-financed property					
<b>b</b> not debt-financed property					<del></del>
98 Net rental income or (loss) from personal property					
99 Other investment income	\		<del></del>		
00 Gain or (loss) from sales of assets					
other than inventory					
01 Net income or (loss) from special events	-				
02 Gross profit or (loss) from sales of inventory	<del></del>				
03 Other revenue:				}	10,204
a OTHER INCOME					10,203
b					
c	1 [				
d	·				
e		. ,	5.	690.	10,204
O4 Subtotal (add columns (B), (D), and (E))	L		<u>, •11</u>	<b>D</b>	10,894
05 Total (add line 104, columns (B), (D), and (E))  lote Line 105 plus line 1d, Part I, should equal the am	nount on line 12	Part I		r -	
Part VIII Relationship of Activities to th	e Accomplis	shment of Exer	npt Purpo	oses (See page 34 of the i	nstructions )
Line No Explain how each activity for which income is re					
exempt purposes (other than by providing fund	ls for such purpos	es).	stoo maperian	, 10 2000	
103A MISCELLANEOUS INCOME F			VILLE I	DAY	
TOTA MISCERNANDOOD INCOME I	11011 111112	011 1111011			
		-			
Part IX Information Regarding Taxabl	e Subsidiari	es and Disrega	rded Enti	ties (See page 34 of the in	
		(C)	rded Enti	(D)	(E)
(A) (B) Name, address, and EIN of corporation, Percentage	of		rded Enti		
(A) (B) Name, address, and EIN of corporation, Percentage	of	(C)	rded Enti	(D)	(E) End-of-year
Name, address, and EIN of corporation, partnership, or disregarded entity  (B)  Percentage ownership into	of erest	(C)	rded Enti	(D)	(E) End-of-year
(A) (B) Name, address, and EIN of corporation, Percentage	of erest %	(C)	rded Enti	(D)	(E) End-of-year
Name, address, and EIN of corporation, partnership, or disregarded entity  (B)  Percentage ownership into	of erest %	(C)	rded Enti	(D)	(E) End-of-year
(A)  Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  (B)  Percentage ownership into	of erest % % % % %	(C) Nature of activities		(D) Total income	(E) End-of-year assets
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Transfer	of erest % % % % % % % % ers Associat	(C) Nature of activities ed with Persor	nal Benefi	(D) Total income  t Contracts (See page	(E) End-of-year assets 34 of the instructions )
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Transfer  (a) Did the organization, during the year, receive any fund	of erest % % % % ers Associat s, directly or indire	Nature of activities  ed with Persorectly, to pay premiums	nal Benefi	(D) Total income  t Contracts (See page	(E) End-of-year assets  34 of the instructions ) Yes X No
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Transfe  (a) Did the organization, during the year, receive any fund (b) Did the organization, during the year, pay premiums, or the first of the corporation of the part of the corporation of the year, pay premiums, or the first of the corporation of the year, pay premiums, or the first of the corporation of the year, pay premiums, or the first of the corporation of the year, pay premiums, or the corporation of the year, pay premiums, or the year of the year, pay premiums, or the year of the	of erest % % % % % ers Associat is, directly or indirectly or indirectly or indirectly (see instructions	(C) Nature of activities  ed with Persor ectly, to pay premiums y, on a personal benef	nal Benefi	(D) Total income  it Contracts (See page	(E) End-of-year assets  34 of the instructions ) Yes X No
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Transfer  (a) Did the organization, during the year, receive any fund	of erest % % % % % ers Associat is, directly or indirectly or indirectly or indirectly (see instructions	(C) Nature of activities  ed with Persor ectly, to pay premiums y, on a personal benef )	nal Benefits on a personal the contract?	(D) Total income  it Contracts (See page of the benefit contract?	(E) End-of-year assets  34 of the instructions ) Yes X No
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Transfe  (a) Did the organization, during the year, receive any fund (b) Did the organization, during the year, pay premiums, or the information in the year in t	of erest % % % % % ers Associat is, directly or indirectly or indirectly or indirectly (see instructions	(C) Nature of activities  ed with Persor ectly, to pay premiums y, on a personal benef	nal Benefits on a personal the contract?	(D) Total income  it Contracts (See page of the benefit contract?	(E) End-of-year assets  34 of the instructions ) Yes X No
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Transfe  (a) Did the organization, during the year, receive any fund (b) Did the organization, during the year, pay premiums, or the information in the year in t	of erest % % % % % ers Associat ls, directly or indirectly or indirectly or indirectly see instructions it his return, including	(C) Nature of activities  ed with Persor ectly, to pay premiums y, on a personal benef )	nal Benefits on a personal tontract?	(D) Total income  it Contracts (See page of the benefit contract?	(E) End-of-year assets  34 of the instructions ) Yes X No

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

62 1461078 HANDS ON NASHVILLE, INC. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to d) Contributions to employee benefit plans & deferred (e) Expense account and other (a) Name and address of each employee paid (c) Compensation more than \$50,000 position allowances compensation NONE Total number of other employees paid over \$50,000 Part II | Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None.") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 Total number of others receiving over \$50,000 for professional services For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ 323101/12-05-03 LHA

Sched	tule A (Form 990 or 990-EZ) 2003 HANDS ON NASHVILLE, INC. 62-1	46107	8 F	age 2
Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
D	ouring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
р	ublic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the	ĺ		
lo	Subbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A,			
	r line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking			
	Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	İ		
	ouring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,		1	1
	rustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such	Ì		
	erson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"	ļ	ŀ	
	ittach a detailed statement explaining the transactions)	2a		x
as	Sale, exchange, or leasing of property?	20		
ЬL	ending of money or other extension of credit?	2b	<u> </u>	X
• [	curnishing of goods, services, or facilities?	2c		х
U	urnishing of goods, services, of facilities.	1		1
d F	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	-
<b>.</b> T	fransfer of any part of its income or assets?	2e		X
		- 20		
	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	3a		X
	Do you have a section 403(b) annuity plan for your employees?	3b		Х
	Did you maintain any separate account for participating donors where donors have the right to provide advice	4		<b>X</b> _
	on the use or distribution of funds?  rt IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	<del></del>	l	
	organization is not a private foundation because it is: (Please check only ONE applicable box.)		<del>,</del>	
5	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)			
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city	•		
40	and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A	\(\mu\)		
10	(Also complete the Support Schedule in Part IV-A)	)(1V)		
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
114	Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b	A community trust. Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)			
12	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 charitable, etc., 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 acquire	d		
	by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations of	lescribed in		
	(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3)			
	Provide the following information about the supported organizations (See page 5 of the instructions )			
	(a) Name(s) of supported organization(s)		ne nun rom ab	
				_
14	An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions.)			
	Schedule A (	Form 990 o	r 990-E	Z) 2003

	Note: You may use the	e worksheet in the instru	uctions for converting	from the accrual to the	e cash method of acco	punting
egini	ning in)	(a) 2002	<b>(b)</b> 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	421,241.	220,540.	240,565.	202,650.	1,084,996.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,486.	3,324.	5,022.	5,020.	14,852.
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	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.					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	2,977.	1,162.	SEE STATEMENT 1,125.	NT 4 5,007.	10,271.
23	Total of lines 15 through 22	425,704.	225,026.		212,677.	1,110,119.
24	Line 23 minus line 17	425,704.	225,026.		212,677.	1,110,119.
25	Enter 1% of line 23	4,257.	2,250.		2,127.	
26	Organizations described on lines 1				▶ 26a	N/A
b					mental	
U	unit or publicly supported organizati					
	Do not file this list with your return				► 26b	N/A
c	Total support for section 509(a)(1) t				▶ 26c	N/A
4	Add Amounts from column (e) for I		19			
u	Add Amounts worm colorin (b) for a	22	26b		<b>▶</b> 26d	N/A
	Public support (line 26c minus line :				▶ 26e	N/A
	Public support percentage (line 26	· ·	line 26c (denominator)	١	<b>▶</b> 26f	N/A %
<del></del>	Organizations described on line 12					
27	records to show the name of, and to					
	such amounts for each year.	Mai amounts received in ou	on your nom, outli blog	Journal porconi	• ,	
	•	). (2001)	0. (2	2000)	0. (1999)	0.
	For any amount included in line 17 t		•	•	•	
U	and amount received for each year,					
	described in lines 5 through 11, as i					
	the larger amount described in (1) of					
	-	) • (2001)	0. (2		<b>0</b> • (1999)	0.
С			1,084,996.	-	, ,	
·	· ·			21		1,084,996
d			d line 27b total	_ ~ ′	0 . ► 27d	0.
٥	Public support (line 27c total minus	<del></del>			▶ 27e	1,084,996.
f	Total support for section 509(a)(2)		23, column (e)	<b>▶</b>   271   1,	110,119.	
9					▶ 279	97.7369%
	Investment income percentage	-				1.3379%
28	House at Grants: For an organization	on described in line 10, 11	or 12 that received any	unusual grants during 199	9 through 2002, prepare	a list for your records
	to show, for each year, the name of th	ie contributor, the date and	amount of the grant, ar	id a brief description of the	e nature of the grant Do	not file this list with
	your return Do not include these grade 12 05-03	nts in line 15. <b>N</b> e	ONE		Sched	ule A (Form 990 or 990-EZ) 200

Private School Questionnaire (See page 7 of the instructions)

N/A

#### (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_	}	
		_		
		_		
32	Does the organization maintain the following	_		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
33	Does the organization discriminate by race in any way with respect to	_		
a	Students' rights or privileges?	33a		
ь	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2003

62-1461078 Schedule A (Form 990 or 990-EZ) 2003 HANDS ON NASHVILLE, INC. Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) if the organization belongs to an affiliated group. if you checked "a" and "limited control" provisions apply Check ► b Check ► a (a) (b) **Limits on Lobbying Expenditures** Affiliated group To be completed for ALL totals electing organizations (The term "expenditures" means amounts paid or incurred.) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225 000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions )

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2003	( <b>b)</b> 2002	(c) 2001	( <b>d)</b> 2000	(e) Total
45 Lobbying nontaxable amount					С
46 Lobbying ceiling amount (150% of line 45(e))					C
47 Total lobbying expenditures					(
48 Grassroots nontaxable amount					(
49 Grassroots ceiling amount (150% of line 48(e))					(
50 Grassroots lobbying expenditures					(

#### | Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

- Paid staff or management (Include compensation in expenses reported on lines c through h)
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
	X	
	X	
	Х	
	Х	
	Х	
	x	
	Х	
	X	
		C

Schedule A (Form 990 or 990-EZ) 2003

Part VII Information Regarding Transfers To and		Relationships With Noncharit	able		
Exempt Organizations (See page 12 of the instr		organization described in cost on			
51 Did the reporting organization directly or indirectly engage in any of 501(c) of the Code (other than section 501(c)(3) organizations) or in		•			
a Transfers from the reporting organization to a noncharitable exempt		inical organizations?	Г	Yes	No
(i) Cash	organization or		51a(i)	163	X
(i) Other assets			a(ii)		X
b Other transactions:			(1.1)		Δ_
(i) Sales or exchanges of assets with a noncharitable exempt organ	าเรลร์เดก		b(1)	ļ	Х
(ii) Purchases of assets from a noncharitable exempt organization			b(ii)		X
(iii) Rental of facilities, equipment, or other assets			b(iii)		X
(iv) Reimbursement arrangements			b(iv)		X
(v) Loans or loan guarantees			b(v)		X
(vi) Performance of services or membership or fundraising solicitati	ions		b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid er	mployees		С		X
d If the answer to any of the above is "Yes," complete the following sch		lways show the fair market value of the		<u> </u>	
goods, other assets, or services given by the reporting organization	If the organization received	less than fair market value in any			
transaction or sharing arrangement, show in column (d) the value of	f the goods, other assets, or	services received:	. ]	N/A	
(a) (b) (c)		(d)			
Line no Amount involved Name of noncharitable exi	empt organization	Description of transfers, transactions, and s	haring arr	angem	nents
				_	
	· · · · · · · · · · · · · · · · · · ·				
			·		
	<del></del>				
	<u> </u>				
		,			
	<del></del>				
					······
ED a let be experience directly as indirectly officiated with as selected to	and or more that avament are	anizations described in section EO1(a) of the			
52 a is the organization directly or indirectly affiliated with, or related to, of Code (other than section 501(c)(3)) or in section 527?	one or more tax-exempt org	anizations described in section 30 (c) of the	Yes	¥	No
b If "Yes," complete the following schedule:  N/A			7 162	لما	JINU
(a)	(b)	(c)			
Name of organization	Type of organization	Description of relationsh	ір		
					· · · · · ·
W			<u> </u>		
	<u> </u>				
323151	<u> </u>				
323131 12-06-03		Schedule A /Form	000 or 0	00 E7	1 2002

ORM 990	OTHER	OTHER EXPENSES			1
)ESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISII	NG
IARKETING OUES & SUBSCRIPTIONS ONSURANCE OOARD DEVELOPMENT	292. 3,801. 3,407. 1,264.	292. 2,850. 3,237. 1,201.	760. 170. 63.	1:	91.
TAFF DEVELOPMENT FICE EQUIPMENT ICENSES AND PERMITS JTILITIES	1,670. 1,080. 465. 2,234.	1,670. 810. 349. 1,899.	216. 93. 223.		54. 23. 12.
IISCELLANEOUS EXPENSE INTI RESTRICTED OOD AND BEVERAGE	3,658. 4,530. 9,691.	3,075. 4,530. 9,206.	485.	5	83.
TOTAL TO FM 990, LN 43	32,092.	29,119.	2,010.	9	63.

#### EXPLANATION

THE CORPORATION IS A NON-PROFIT ORGANIZATION THAT RECRUITS AND COORDINATES A VOLUNTEER NETWORK OF YOUNG WORKING PEOPLE FOR DIVERSE COMMUNITY SERVICE PROJECTS WHICH REQUIRE DIRECT INVOLVEMENT.

PART III

FORM 990	OTHER ASSETS	STATEMENT	
DESCRIPTION		AMOUNT	
DEPOSITS PREPAID RENT		73. 0.	
TOTAL TO FORM 990, PART IV	, LINE 58, COLUMN B	73.	



CHEDULE A	OTHER INCOME		STATEMENT 4	
ESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
ISCELLANEOUS INCOME	2,977.	1,162.	1,125.	5,007.
OTAL TO SCHEDULE A, LINE 22	2,977.	1,162.	1,125.	5,007.





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**Phoenix Promotions & Catering** 

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Symbion, Inc.

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