

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Final
 - Return/terminated
 - Amended return
 - Application pending

C Name of organization
OPEN HAND ATLANTA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
181 ARMOUR DRIVE NE

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30324

D Employer identification number
58-1816778

E Telephone number
(404) 872-8089

G Gross receipts \$ 10,650,813

F Name and address of principal officer
MATTHEW PIEPER

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.OPENHANDATLANTA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation 1988

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION IS TO HELP PEOPLE PREVENT OR BETTER MANAGE CHRONIC DISEASE THROUGH COMPREHENSIVE NUTRITION CARE WHICH COMBINES HOME-DELIVERED MEALS AND NUTRITION EDUCATION AS A MEANS TO REINFORCE THE CONNECTION BETWEEN INFORMED FOOD CHOICES AND IMPROVED QUALITY OF LIFE

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	186
6 Total number of volunteers (estimate if necessary)	6	10,103
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,271,376	7,297,996
9 Program service revenue (Part VIII, line 2g)	3,104,778	3,198,766
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,995	5,069
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,419,149	10,501,831
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,075,633	4,990,892
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 729,761		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,869,645	5,751,658
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,945,278	10,742,550
19 Revenue less expenses Subtract line 18 from line 12	-526,129	-240,719

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,589,760	6,493,880
21 Total liabilities (Part X, line 26)	1,779,492	1,909,231
22 Net assets or fund balances Subtract line 21 from line 20	4,810,268	4,584,649

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: MATTHEW PIEPER, EXECUTIVE DIRECTOR
Date: 2017-11-09

Paid Preparer Use Only

Print/Type preparer's name: STEVEN E TRUMBO
Preparer's signature: STEVEN E TRUMBO
Date: 2017-11-15
Check if self-employed
PTIN: P01069014
Firm's name: BROOKS MCGINNIS & COMPANY LLC
Firm's EIN: 58-2161308
Firm's address: 5607 GLENRIDGE DR STE 650 ATLANTA, GA 303424959
Phone no: (404) 531-4940

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

THE MISSION IS TO HELP PEOPLE PREVENT OR BETTER MANAGE CHRONIC DISEASE THROUGH COMPREHENSIVE NUTRITION CARE WHICH COMBINES HOME-DELIVERED MEALS AND NUTRITION EDUCATION AS A MEANS TO REINFORCE THE CONNECTION BETWEEN INFORMED FOOD CHOICES AND IMPROVED QUALITY OF LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O

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

4a (Code) (Expenses \$ 2,387,994 including grants of \$) (Revenue \$ 187,661)
See Additional Data

4b (Code) (Expenses \$ 2,978,202 including grants of \$) (Revenue \$ 2,961,994)
See Additional Data

4c (Code) (Expenses \$ 4,256,735 including grants of \$) (Revenue \$ 49,111)
See Additional Data

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

IN 2016, OPEN HAND EXTENDED THE REACH OF COMPREHENSIVE NUTRITION CARE TM BY ACHIEVING SEVERAL KEY GOALS A THROUGH OUR COMPREHENSIVE COMMUNITY NUTRITION SERVICES, OPEN HAND AND GOOD MEASURE MEALS SERVED A COMBINED TOTAL OF APPROXIMATELY 19,086 CLIENTS IN 2016 THIS INCLUDES MORE THAN 1,607,228 HOME-DELIVERED MEALS, MEALS PROVIDED IN A CONGREGATE SETTING, AS WELL AS MEAL SUPPLEMENTS IN 2016, OUR REGISTERED DIETITIANS WORKED DIRECTLY WITH 7009 CLIENTS, PROVIDING EXTENSIVE NUTRITION EDUCATION RANGING FROM THE INSTRUCTION ON THE NUTRITIONAL VALUE OF THE FOODS IN THEIR DIET TO CALORIE BALANCE AND DIABETES MANAGEMENT, CONDUCTING HOME NUTRITION ASSESSMENTS, AND PROVIDING IN-CLINIC MEDICAL NUTRITION THERAPY (MNT) B THE FOLLOWING PROGRAMMATIC MILESTONES WERE ACHIEVED IN 2016 1 PREPARED MEALS PROGRAM - ACHIEVING HIGH QUALITY AND CLIENT SATISFACTION IS ALWAYS A PRIMARY FOCUS FOR OPEN HAND IN 2016, WE CONTINUED TO MAKE PROGRESS IN THE QUALITY OF OUR MEALS AND THESE IMPROVEMENTS WERE REFLECTED IN OUR ANNUAL SATISFACTION SURVEY RESULTS, 96% OF CLIENTS RATED THE QUALITY OF MEALS AS EXCELLENT OR GOOD, 93% OF CLIENTS RATE THE VARIETY OF MEALS AS EXCELLENT OR GOOD - UP FROM 83% IN 2015 IN 2016 OUR CLIENT SURVEY FOCUSED ON MEASURING THE IMPACT OF OUR SERVICES IN 2016, 14% OF SURVEY RESPONDENTS SELF-IDENTIFIED AS PERSONS LIVING WITH HIV/AIDS, 47% WERE SENIORS SERVED IN SENIOR CENTERS, AND 40% PERSONS LIVING WITH OTHER CHRONIC ILLNESSES/DISABILITIES OF THE CLIENTS THAT HAD A CHRONIC CONDITION, 96% OF OUR CLIENTS REPORTED THAT THEIR MEDICATION HAD STAYED THE SAME IN THE LAST SIX MONTHS 2 OVER THE PAST YEAR, WE HAD AN INCREASE IN UTILIZATION OF OUR SERVICES NUTRITION EDUCATION CLASSES HAVE SEEN A SIGNIFICANT INCREASE, AS 76% OF CLIENTS ATTENDED AN AVERAGE OF AT LEAST 5 NUTRITION CLASSES IN A YEAR OF THE CLIENTS THAT ATTENDED THE CLASSES, 65% OF THEM INDICATED THAT THEY ARE CURRENTLY UTILIZING THE EDUCATIONAL HANDOUTS SUPPLIED BY OPEN HAND REGISTERED DIETITIANS, AND FOLLOWING NUTRITION GUIDELINES RELATED TO FOOD PREPARATION, RECIPE ADJUSTMENT, KNOWLEDGE BUILDING, AND SHOPPING FOR HEALTHY FOODS ON A VERY LIMITED BUDGET PRIOR TO ATTENDING THESE CLASSES, ONLY 35% OF THE RESPONDENTS INDICATED THAT THEY FOLLOWED NUTRITION GUIDELINES 3 MARKET BASKET PROGRAM - ADMINISTERED BY OPEN HAND REGISTERED DIETITIANS (RDS), THE MARKET BASKET PROGRAM IS AN INNOVATIVE SOLUTION TO REDUCE FOOD INSECURITY, INCREASE INTAKE OF HEALTHY FOODS, AND INCREASE NUTRITION KNOWLEDGE IN HIGH-RISK ADULTS IN THE ATLANTA AREA OPEN HAND VOLUNTEERS DELIVER PROGRAM PARTICIPANTS WEEKLY MARKET BASKETS WHICH INCLUDE FRESH FRUIT AND SEASONAL VEGETABLES, ALONG WITH NUTRITION EDUCATION MATERIALS AND RECIPES RELEVANT TO THE CONTENTS OF THAT WEEK'S BASKET TO ENCOURAGE CONSUMPTION OPEN HAND PROVIDED 6,190 MARKET BASKETS TO AN AVERAGE OF 119 CLIENTS EACH WEEK IN 2016 4 PROMOTING NUTRITION AND HEALTHY LIVING AMONG LOW INCOME INDIVIDUALS AND FAMILIES - OPEN HAND'S COOKING MATTERS PROGRAM HAD THREE OVERARCHING GOALS IN FISCAL YEAR 2016 TO MAINTAIN PROGRAMMATIC WORK IN METRO ATLANTA, ESTABLISH TWO NEW COOKING MATTERS SATELLITES IN CAMDEN AND APPLING COUNTIES (PUBLIC HEALTH DISTRICTS 9-1 AND 9-2), AND DEVELOP RELATIONSHIPS WITH WIC CLINICS TO PROVIDE NUTRITION EDUCATION IN 2016, OUR COMBINED PROGRAMMATIC GOALS FOR METRO ATLANTA AND SOUTH/COASTAL GEORGIA SUPPORT A TOTAL OF 24 COOKING MATTERS COURSES, 36 STORE TOURS, AND 36 DEMONSTRATIONS ADDITIONALLY, HOST 36 STORE TOURS AND 36 DEMONSTRATIONS AT WIC CLINICS WE SUCCESSFULLY ESTABLISHED SATELLITE REGIONS IN SOUTH/COASTAL GA WHERE WE IMPLEMENTED 5 COOKING MATTERS COURSES, 2 STORE TOURS, AND 15 DEMOS, IN METRO ATLANTA, WE DELIVERED 21 COURSES, 18 STORE TOURS, 50 DEMOS AT WIC CLINICS, WE COMPLETED 169 DEMOS AND 37 STORE TOURS OVERALL, WE ENROLLED 2,224 PARTICIPANTS IN OUR COOKING MATTERS TRAININGS 5 YOUTH AND FAMILIES NUTRITION & MEALS - AS PART OF AN INCREASED FOCUS ON OUTREACH TO YOUTH AND FAMILIES, OPEN HAND DEVELOPED THE HEALTHY BALANCE KIDS MENU WHICH PROVIDES A FRESH FRUIT OR VEGETABLE AS PART OF EVERY MEAL AND EXCEEDS USDA NUTRITIONAL STANDARDS IN 2016, THE PROGRAM SERVED 75,713 HEALTHY BREAKFASTS, LUNCHEAS, AND SNACKS TO AN AVERAGE OF 950 AT-RISK CHILDREN EACH DAY DURING A SUMMER PROGRAM IN THE ATLANTA-METRO AREA ADDITIONALLY, OPEN HAND'S REGISTERED DIETITIANS PROVIDED NUTRITION CLASSES FOR THE SUMMER PROGRAM WITH AN INTERACTIVE CURRICULUM FOCUSED ON HEALTHY SNACKS AND DRINKS THE LESSONS INCLUDED A COOKING DEMO, TASTE TESTING, AND NUTRITION ACTIVITY PARTICIPATING SITES ALSO RECEIVED COOKING EQUIPMENT TO FURTHER ENCOURAGE SITES TO OFFER HEALTHY SNACK AND DRINK CHOICES 6 FRUIT AND VEGETABLE PRESCRIPTION PROGRAM - IN 2015-16, OPEN HAND - IN PARTNERSHIP WITH WHOLESOME WAVE GEORGIA - PILOTED A FRUIT AND VEGETABLE PRESCRIPTION PROGRAM THE PROGRAM IS AN EVIDENCED-BASED MODEL OF PREVENTATIVE HEALTH CARE WITH DEMONSTRATED IMPACT, RESULTING IN HEALTHIER COMMUNITIES, FOOD SYSTEMS, AND LOCAL ECONOMICS PROGRAM OUTCOMES FOR 2015- 2016 INCLUDE 140 PARTICIPANTS REACHED, 404 HOUSEHOLD MEMBERS IMPACTED, 31,626 PRESCRIPTION DOLLARS REDEEMED, 21% INCREASE IN FRUIT AND VEGETABLE CONSUMPTION, OVER 60% OF CLIENTS SAW AN AVERAGE DECREASE OF >5% IN BMI ADDITIONALLY, WITH FUNDING FROM THE COMMUNITY FOUNDATION FOR GREATER ATLANTA, OPEN HAND ATLANTA, WHOLESOME WAVE GEORGIA, AND GRADY HEALTH SYSTEM DEVELOPED A 5-YEAR BUSINESS PLAN FOR GROWTH BY 2021, GROWTH IS TARGETED TO REACH A CUMULATIVE 1,037 PARTICIPANTS AND 2,795 HOUSEHOLD MEMBERS WITHIN THE GRADY HEALTH SYSTEM ALONE C OPERATIONS AND TECHNOLOGY 1 IN 2016, OPEN HAND IMPLEMENTED A 3 DAY PER WEEK DELIVERY SCHEDULE PREVIOUSLY, MEALS HAD BEEN DELIVERED ON ANY EVERY-OTHER-DAY MODEL WHICH RESULTED IN A LOWER LEVEL OF EFFICIENCY AND HIGHER LEVEL OF FRUSTRATION FROM OUR CLIENTS, MANY OF WHOM HAD A DIFFICULT TIME REMEMBERING THEIR DELIVERY DAYS, WHICH CHANGED WEEK TO WEEK, AND THEY WERE OFTEN NOT HOME FOR THEIR DELIVERIES ON SUNDAY DUE TO CHURCH THIS NEW DELIVERY SCHEDULE ALLOWED US TO CLOSE OPERATIONS ON SUNDAY 2 OPEN HAND'S FOOD SERVICES DEPARTMENT CONTINUED TO REFINE PROCESSES RELATED TO CBORD, OUR RECENTLY IMPLEMENTED FOODSERVICE MANAGEMENT SYSTEM SUBSTANTIAL PROGRESS WAS MADE IN BETTER MANAGING INVENTORY AND ACHIEVING PERPETUAL INVENTORY TO REDUCE INVENTORY ON HAND 3 WITH THE PRO BONO WORK OF TURNER BROADCASTING, WE DEVELOPED DETAILED VOLUNTEER TRAINING VIDEOS WHICH HAVE HELPED US DECREASE THE AMOUNT OF OVER-PORIONING OF FOOD ON THE PACKING LINE THE TRAINING VIDEOS TAUGHT AND ENCOURAGED VOLUNTEERS TO ADHERE TO PORTION SIZES WHICH RESULTED IN THE REDUCTION OF REMAKES DUE TO OVER-PORIONING 4 IN 2016, WE LAUNCHED OUR UNIFIED MEAL ORDERING TECHNOLOGY PROJECT WITH TECHBRIDGE, INC THIS TECHNOLOGY INVESTMENT AIMS TO CONSOLIDATE ORDERING SYSTEMS AND STREAMLINE ORDERING AND PRODUCTION REPORTS DURING THIS TIME, BUSINESS AND TECHNICAL REQUIREMENTS FOR THE 1 1 MILLION PROJECT WERE DEVELOPED THE PROJECT WILL ADDRESS UNRELIABLE ORDER NUMBERS AND DIFFERING ORDER NUMBERS BETWEEN PRODUCTION, PACKING AND DELIVERY REPORTS 5 THROUGH A CAMPAIGN TO INCREASE THE NUMBER OF MEAL DELIVERY ROUTES HANDLED BY VOLUNTEERS, WE WERE ABLE TO DOUBLE THE IMPACT OF VOLUNTEERS DURING THE WEEK RESULTING IN A COST SAVINGS OF APPROXIMATELY 6,000 IN 2016 6 TO MEET CLIENT/CUSTOMER DEMAND, FOOD SERVICES INCREASED THE NUMBER OF MENU OFFERINGS FOR OUR CATERING LINE TO INCLUDE SPECIAL PROJECTS FOR ARMOUR YARDS AND UBER EATS IN ADDITION, WE EXPANDED SHELF STABLE PRODUCT LINE AND INTEGRATED SHELF STABLE PRODUCTS INTO NORMAL DELIVERIES

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,622,931

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
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>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		No
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>		No
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	Yes	

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

Table with columns for question ID, question text, sub-questions (1a-13b), Yes, and No. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (No); 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? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (GA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [X] Another's website, [X] 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 interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (MATTHEW PIEPER 181 ARMOUR DRIVE NE ATLANTA, GA 30324 (404) 872-8089)

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

Check if Schedule O contains a response or note to any line in this Part VII

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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENT R LINDNER PRESIDENT	0 00	X		X				0	0	0
(2) HELEN CARLOS PRESIDENT EL	0 00	X		X				0	0	0
(3) TODD A TAUFEST TREASURER	0 00	X		X				0	0	0
(4) SUZANNE DANSBY SECRETARY	0 00	X		X				0	0	0
(5) CHARLES E MENDEZJR DIRECTOR	0 00	X						0	0	0
(6) ALEX GARCIAS DIRECTOR	0 00	X						0	0	0
(7) J STEPHEN EATON DIRECTOR	0 00	X						0	0	0
(8) KIMBERLY RASK MD PHD DIRECTOR	0 00	X						0	0	0
(9) DEBRA G CARLTON MD DIRECTOR	0 00	X						0	0	0
(10) ESTHER DABNEY DIRECTOR	0 00	X						0	0	0
(11) SALLY DORSEY DIRECTOR	0 00	X						0	0	0
(12) MICHAEL MUCHNICKI DIRECTOR	0 00	X						0	0	0
(13) ED PATTERSON DIRECTOR	0 00	X						0	0	0
(14) MEG C REGGIE DIRECTOR	0 00	X						0	0	0
(15) JAY WILLIAMS DIRECTOR	0 00	X						0	0	0
(16) BARBARELLA DIAZ DIRECTOR	0 00	X						0	0	0
(17) ANDREA BACK DIRECTOR	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALISON LUKACSKO DIRECTOR	0 00	X						0	0	0
(19) SIMON BLOOM DIRECTOR	0 00	X						0	0	0
(20) JOSEPH VELLA DIRECTOR	0 00	X						0	0	0
(21) MATTHEW PIEPER EXECUTIVE DI	40 00			X				173,034	0	10,781
(22) SUSAN ANDERSON SR DIR OPERA	40 00			X				130,667	0	8,252
(23) ROBERT CUELLAR SR DIR ACCOU	40 00			X				72,346	0	0
1b Sub-Total ▶										
1c Total from continuation sheets to Part VII, Section A ▶										
1d Total (add lines 1b and 1c) ▶								376,047		19,033

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2		
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	42,000				
	b Membership dues	1b					
	c Fundraising events	1c	741,305				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,792,405				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,722,286				
	g Noncash contributions included in lines 1a-1f \$ _____		135,673				
	h Total. Add lines 1a-1f			7,297,996			
Program Service Revenue		Business Code					
	2a PROGRAM SERVICE FEES			2,961,994	2,961,994		
	b CONTRACTUAL REVENUE			236,772	236,772		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,198,766				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,723		7,723	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			-2,654		-2,654
	8a Gross income from fundraising events (not including \$ 741,305 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses		90,346			
		c Net income or (loss) from fundraising events		90,346			
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			10,501,831	3,198,766		5,069	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	376,050	313,763	22,174	40,113
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,928,447	3,277,756	231,644	419,047
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	65,634	53,988	3,228	8,418
9 Other employee benefits	326,278	268,380	16,049	41,849
10 Payroll taxes	294,483	240,875	18,981	34,627
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	290,922	217,752	50,052	23,118
12 Advertising and promotion	216,151	198,915		17,236
13 Office expenses	102,150	83,396	6,391	12,363
14 Information technology	63,662	55,650	5,101	2,911
15 Royalties				
16 Occupancy	301,934	293,184	5,749	3,001
17 Travel	22,889	20,247	738	1,904
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,925	25,436	3,390	2,099
20 Interest	28,469	28,469		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	390,347	379,154	7,354	3,839
23 Insurance	159,456	149,768	3,078	6,610
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.)				
a FOOD AND CONTAINERS	3,324,045	3,324,045		
b DELIVERY EXPENSES	235,602	235,602		
c SELLING COMMISSIONS	124,301	124,301		
d BANK AND CREDIT CARD FEES	104,310	85,291	5,789	13,230
e All other expenses	356,495	246,959	10,140	99,396
25 Total functional expenses. Add lines 1 through 24e	10,742,550	9,622,931	389,858	729,761
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 <input type="checkbox"/> 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 Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,500	1	5,113
	2 Savings and temporary cash investments	847,957	2	1,587,575
	3 Pledges and grants receivable, net	299,678	3	111,382
	4 Accounts receivable, net	892,601	4	484,280
	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	
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	133,038	8	159,822
	9 Prepaid expenses and deferred charges	35,118	9	93,356
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,113,367		
	b Less accumulated depreciation	10b 3,425,736	4,029,735	10c 3,687,631
	11 Investments—publicly traded securities	273,050	11	296,721
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	72,083	14	68,000
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,589,760	16	6,493,880	
Liabilities	17 Accounts payable and accrued expenses	538,582	17	380,387
	18 Grants payable		18	
	19 Deferred revenue	47,103	19	502,857
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,033,194	23	833,194
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	160,613	25	192,793
	26 Total liabilities. Add lines 17 through 25	1,779,492	26	1,909,231
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	4,308,218	27	3,984,990
	28 Temporarily restricted net assets	502,050	28	599,659
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,810,268	33	4,584,649
	34 Total liabilities and net assets/fund balances	6,589,760	34	6,493,880

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,501,831
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,742,550
3	Revenue less expenses Subtract line 2 from line 1	3	-240,719
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,810,268
5	Net unrealized gains (losses) on investments	5	15,100
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	4,584,649

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 58-1816778

Name: OPEN HAND ATLANTA INC

Form 990 (2016)

Form 990, Part III, Line 4a:

OPEN HAND COMMUNITY NUTRITION PROGRAMS INCLUDE A IN 2016, OPEN HAND PROVIDED 1,066,504 HOME-DELIVERED MEALS AND MARKET BASKET MEAL BAGS TO APPROXIMATELY 3034 CLIENTS PER OUR COUNTY CONTRACTS OUR SERVICE AREA FOR THESE SENIOR MEAL CONTRACTS INCLUDES FULTON, FAYETTE, CLAYTON, CHEROKEE, OGLETHORPE, AND CLARKE COUNTIES, IN ADDITION TO SUSTAINING OUR PROGRAMS TO SERVE CHILDREN AND YOUTH MEALS AND NUTRITION PROGRAMMING B THE PREPARED MEALS PORTION OF THE PROGRAM PROVIDES FOR ONE, TWO OR THREE FRESHLY COOKED THERAPEUTIC MEALS, COMBINED WITH HEALTHY SNACKS OR SUPPLEMENTS, TO MEET THE DAILY NUTRITION NEEDS OF LOW-INCOME MEN, WOMEN AND CHILDREN WHO ARE DEALING WITH A CRITICAL, CHRONIC, OR TERMINAL DISEASE OTHER QUALIFYING INDIVIDUALS MAY INCLUDE DEPENDENT CHILDREN OF ANY OPEN HAND CLIENT, REGARDLESS OF THEIR HEALTH STATUS NUTRITION EDUCATION IS DELIVERED ON A REGULAR BASIS WITH THE MEALS, AS WELL AS IN GROUP AND CLINICAL SETTINGS MENUS ARE DEVELOPED AND PRODUCTS ARE SELECTED BY OPEN HAND'S REGISTERED DIETITIANS, AND INCLUDE THERAPEUTIC AND PREFERENTIAL MENU OPTIONS C OPEN HAND'S MARKET BASKET PANTRY PROGRAM PROVIDES A WEEKLY SUPPLY OF BOTH NONPERISHABLE GROCERIES, FRESH FRUIT AND VEGETABLES TO LOW-INCOME, MEDICALLY-ELIGIBLE CLIENTS WHO ARE EMPOWERED TO PREPARE THEIR OWN HEALTHY MEALS WITH NUTRITION GUIDANCE PROVIDED BY OPEN HAND REGISTERED DIETITIANS THIS ACCOMMODATES A SUPPLY OF FRESH FRUITS AND VEGETABLES INCLUDING MORE LOCALLY GROWN PRODUCE D IN ADDITION, OPEN HAND PROVIDED APPROXIMATELY 11,565 EMERGENCY NUTRITION SUPPLEMENTS (ENS), IN THE FORM OF MEAL REPLACEMENT SNACKS AND NUTRITION SUPPLEMENTS, TO LOW-INCOME, MEDICALLY-ELIGIBLE MEN, WOMEN AND CHILDREN, OFTEN DURING EXTENDED WAITS FOR THEIR HEALTH CARE APPOINTMENTS PATIENTS WHO HAVE HAD DENTAL PROCEDURES MAY ALSO RECEIVE MECHANICAL SOFT MEALS PROVIDED THROUGH THIS PROGRAM E CENTRAL TO OPEN HAND'S MISSION OF COMPREHENSIVE NUTRITION CARE, EVERY CLIENT IS ASSESSED AT INTAKE AND OFFERED CONSISTENT NUTRITION EDUCATION BY OPEN HAND REGISTERED DIETITIANS (RDS), WHICH INCLUDES PRINTED NUTRITION EDUCATION MATERIALS AND, DEPENDING UPON THEIR ASSESSMENT, INDIVIDUAL OR GROUP NUTRITION COACHING SESSIONS THESE GROUP SESSIONS HAVE A COMMUNITY OR PUBLIC HEALTH FOCUS, AND INCLUDE TOPICS SUCH AS PORTION CONTROL, HEALTHY EATING, HANDS-ON FOOD PREPARATION, PHYSICAL ACTIVITY, AND DISEASE SELF- MANAGEMENT CLIENT COUNSELING SESSIONS INCLUDE INDIVIDUALIZED NUTRITION ASSESSMENT, DIAGNOSIS, EDUCATION, AND GOAL-SETTING FOLLOW-UP REINFORCEMENT IS PROVIDED BY OPEN HAND RDS, AND MAY INCLUDE MONITORING OF CLIENT HEALTH METRICS, NUTRITION EDUCATION, ASSESSMENT OF HEALTH GOAL PROGRESSIONS, REFERRAL(S) TO ADDITIONAL SUPPORT SERVICES, AND/OR PHONE CONSULTATIONS F OPEN HAND PROVIDED MEDICAL NUTRITIONAL THERAPY (MNT) TO 781 CLIENTS IN 2016 MNT IS PRESCRIBED BY A CLINICIAN, TARGETS A SPECIFIC MEDICAL CONDITION, AND INCLUDES A NUTRITION DIAGNOSIS, THERAPY AND COUNSELING SERVICES - ALL PERFORMED BY OPEN HAND REGISTERED DIETITIANS (RDS) DESIGNED BY THE AMERICAN ACADEMY OF NUTRITION AND DIETETICS, MNT INCLUDES A SPECIFIC PLAN OF ASSESSMENT, NUTRITION DIAGNOSES, INTERVENTION, EVALUATION/MONITORING, DOCUMENTATION, AND COMMUNICATION WITH CLIENT'S HEALTH CARE PROVIDER THIS SERVICE IS AVAILABLE TO MEN, WOMEN AND CHILDREN WHO HAVE A NUTRITION-SENSITIVE CHRONIC DISEASE AND WHO ARE COMMITTED TO IMPROVING THEIR HEALTH THROUGH BETTER FOOD CHOICES AND BEHAVIOR MODIFICATION G AS THE STATE OF GEORGIA'S LEAD PARTNER FOR THE NATIONALLY ACCLAIMED COOKING MATTERS PROGRAM - A SIX-WEEK PROGRAM UTILIZING AN EVIDENCE-BASED CURRICULUM ORIGINALLY DESIGNED BY SHARE OUR STRENGTH, OPEN HAND COOKING MATTERS TEACHES PARTICIPANTS HOW TO PREPARE HEALTHY, TASTY MEALS ON A LIMITED BUDGET - OFFERING PRACTICAL, HANDS-ON INSTRUCTION SUCH AS NUTRITION, MEAL PREPARATION, GROCERY SHOPPING, FOOD BUDGETING THAT EMPOWERS PARTICIPANTS TO MAKE THE MOST OF THEIR LIMITED RESOURCES COOKING MATTERS HELPS OPEN HAND ADDRESS THE CO-OCCURRING ISSUES OF FOOD INSECURITY, OBESITY, AND RELATED NUTRITION-SENSITIVE DISEASE, WHICH ARE OFTEN MORE COMMON AMONG AT-RISK, DISADVANTAGED POPULATIONS

Form 990, Part III, Line 4b:

GOOD MEASURE MEALS (GMM) IS OPEN HAND'S FEE-FOR-SERVICE SOCIAL ENTERPRISE, WHICH OFFERS NUTRITIOUS, GOURMET-QUALITY MEAL PLANS TO PEOPLE WHO WISH TO MANAGE CHRONIC ILLNESSES SUCH AS DIABETES, HYPERTENSION OR OBESITY, AND PEOPLE LOOKING TO IMPROVE OR MAINTAIN A HEALTHY LIFESTYLE THROUGH BETTER NUTRITION. THIS PROGRAM EXTENDS OPEN HAND'S MISSION OF COMPREHENSIVE NUTRITION CARE ACROSS THE FULL SOCIO-ECONOMIC SPECTRUM, MAKING AN EVEN GREATER IMPACT ON OUR COMMUNITY. APPROXIMATELY 529 AVERAGE CLIENTS/WEEK RECEIVED 344,811 HEALTHY MEALS IN 2016 THROUGH THIS PROGRAM. NUTRITION SERVICES AND WELLNESS PROGRAMMING CONTINUE TO PROVIDE NUTRITION EDUCATION TO CUSTOMERS AND CORPORATE PARTNERS, PROVIDING 221 INDIVIDUAL OR GROUP NUTRITION ASSESSMENTS/COUNSELING ON A FEE-FOR-SERVICE BASIS AT OPEN HAND, WITH AN ADDITIONAL 209 NUTRITION PHONE CONSULTS WITH A GMM REGISTERED DIETITIAN. GMM EXPANSION IN THE CORPORATE COMMUNITY PRODUCED AN ADDITIONAL 242 NUTRITION SERVICES TO INDIVIDUALS AND 37 GROUP PROGRAMS THROUGH OUR COLLABORATION WITH CORPORATE SPORTS UNLIMITED AND A TOTAL OF 153 WELLNESS PROGRAMS, INCLUDING LUNCH AND LEARNS, COOKING DEMOS, AND WELLNESS CHALLENGES WERE IMPLEMENTED FOR OUR CORPORATE AND COMMUNITY PARTNERS. GOOD MEASURE MEALS CONTINUED GROWING THE CATERING EXTENSION OF THE SOCIAL ENTERPRISE, WHICH IN 2016 SECURED MULTIPLE PREFERRED CATERING VENDOR CONTRACTS FOR THE ACADEMIC AND CORPORATE COMMUNITIES, EXPANDING THE CATERING MENU SIGNIFICANTLY AND SERVED OVER 316 BREAKFAST, LUNCHESES, AND DINNERS, WITH AN ADDITIONAL 722 HEALTHY BREAD TRAYS TO OVER 11,958 COMMUNITY CUSTOMERS.

Form 990, Part III, Line 4c:

OPEN HAND'S SENIOR NUTRITION PROGRAM PROVIDES ONE OR TWO FRESHLY COOKED HEALTH-PROMOTING MEALS, COMBINED WITH SNACKS OR SUPPLEMENTS, TO MEET THE DAILY NUTRITION NEEDS OF HOMEBOUND SENIOR CLIENTS AND SENIORS IN CONGREGATE SETTINGS IN 2016, OPEN HAND PREPARED AND DELIVERED APPROXIMATELY 540,874 MEALS TO AN AVERAGE OF 2159 SENIOR CLIENTS EACH DAY IN SENIOR CENTERS ADDITIONALLY, OPEN HAND PROVIDED NUTRITION EDUCATION AND WELLNESS COACHING TO APPROXIMATELY 1,300 SENIORS IN GROUP SESSIONS CONDUCTED IN SENIOR CENTERS AND SENIOR HIGH-RISE COMMUNITIES THROUGHOUT METRO-ATLANTA

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service
Name of the organization
OPEN HAND ATLANTA INC

Employer identification number
58-1816778

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	7,378,391	6,851,437	6,731,066	7,271,376	7,297,996	35,530,266
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	7,378,391	6,851,437	6,731,066	7,271,376	7,297,996	35,530,266
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						35,530,266

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	7,378,391	6,851,437	6,731,066	7,271,376	7,297,996	35,530,266
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,290	15,378	5,823	7,507	7,723	59,721
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						35,589,987
12	Gross receipts from related activities, etc. (see instructions)					12	16,091,355

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.830%
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	99.800%

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ Complete if the organization answered "Yes," on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
OPEN HAND ATLANTA INC

Employer identification number
58-1816778

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

9 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" on Form 990, Part IV, line 8.

1a 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

b 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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	747,174	790,369	782,873	705,073	52,687
b Contributions					600,000
c Net investment earnings, gains, and losses	54,807	1,669	45,697	114,305	59,897
d Grants or scholarships	-35,385	-35,321	-31,397	-29,997	-3,183
e Other expenditures for facilities and programs					
f Administrative expenses	-9,575	-9,544	-6,803	-6,509	-4,328
g End of year balance	757,021	747,174	790,370	782,873	705,073

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		98,655		98,655
b Buildings		4,115,213	1,230,398	2,884,815
c Leasehold improvements				
d Equipment		2,534,245	1,961,981	572,264
e Other		365,254	233,357	131,897
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,687,631

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED LIABILITIES	192,793
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	192,793

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	10,555,681
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	15,100
b	Donated services and use of facilities	2b	38,750
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	53,850
3	Subtract line 2e from line 1	3	10,501,831
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	10,501,831

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,781,300
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	38,750
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	38,750
3	Subtract line 2e from line 1	3	10,742,550
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	10,742,550

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 58-1816778

Name: OPEN HAND ATLANTA INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	FUNDS ARE TO BE USED FOR THE MAINTENANCE AND REPAIR AT THE ORGANIZATION'S NEW FACILITY

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED, AND IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION ACCORDINGLY, NO PROVISIONS FOR FEDERAL AND STATE INCOME TAXES HAVE BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION TAKEN AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2016, FISCAL YEARS 2013-2016 REMAIN OPEN FOR EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization OPEN HAND ATLANTA INC

Employer identification number

58-1816778

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

GA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		PARTY KITCHEN (event type)	DINING OUT LIFE (event type)	1 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	640,951	169,438	16,362	826,751
2	Less Contributions	563,644	160,814	11,969	736,427
3	Gross income (line 1 minus line 2)	77,307	8,624	4,393	90,324
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	77,307	8,624	4,393	90,324
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				90,324
11	Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
Open to Public Inspection

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

Name of the organization OPEN HAND ATLANTA INC	Employer identification number 58-1816778
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MATTHEW PIEPER EXECUTIVE DIRECTOR	(i)	173,034 -----	-----	-----	4,375 -----	6,406 -----	183,815 -----	-----
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OPEN HAND ATLANTA INC

Employer identification number
58-1816778

Part I 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	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		7,101	FMV
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	X	12	94,895	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SILENT AUCTION)	X	39	33,677	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 32B	THE ORGANIZATION USES A BROKER TO SELL THE OCCASIONAL DONATION OF PUBLICLY TRADED SECURITIES

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
~~Internal Revenue Service~~Name of the organization
OPEN HAND ATLANTA INC**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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

58-1816778

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE MISSION IS TO HELP PEOPLE PREVENT OR BETTER MANAGE CHRONIC DISEASE THROUGH COMPREHENSIVE NUTRITION CARE WHICH COMBINES HOME-DELIVERED MEALS AND NUTRITION EDUCATION AS A MEANS TO REINFORCE THE CONNECTION BETWEEN INFORMED FOOD CHOICES AND IMPROVED QUALITY OF LIFE

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>OTHER QUALIFYING INDIVIDUALS MAY INCLUDE DEPENDENT CHILDREN OF ANY OPEN HAND CLIENT, REGARDLESS OF THEIR HEALTH STATUS. NUTRITION EDUCATION IS DELIVERED ON A REGULAR BASIS WITH THE MEALS, AS WELL AS IN GROUP AND CLINICAL SETTINGS. MENUS ARE DEVELOPED AND PRODUCTS ARE SELECTED BY OPEN HAND'S REGISTERED DIETITIANS, AND INCLUDE THERAPEUTIC AND PREFERENTIAL MENU OPTIONS. OPEN HAND'S MARKET BASKET PANTRY PROGRAM PROVIDES A WEEKLY SUPPLY OF BOTH NONPERISHABLE GROCERIES, FRESH FRUIT AND VEGETABLES TO LOW-INCOME, MEDICALLY-ELIGIBLE CLIENTS WHO ARE EMPOWERED TO PREPARE THEIR OWN HEALTHY MEALS WITH NUTRITION GUIDANCE PROVIDED BY OPEN HAND REGISTERED DIETITIANS. THIS ACCOMMODATES A SUPPLY OF FRESH FRUITS AND VEGETABLES INCLUDING MORE LOCALLY GROWN PRODUCE. IN ADDITION, OPEN HAND PROVIDED APPROXIMATELY 11,565 EMERGENCY NUTRITION SUPPLEMENTS (ENS), IN THE FORM OF MEAL REPLACEMENT SNACKS AND NUTRITION SUPPLEMENTS, TO LOW-INCOME, MEDICALLY-ELIGIBLE MEN, WOMEN AND CHILDREN, OFTEN DURING EXTENDED WAITS FOR THEIR HEALTH CARE APPOINTMENTS. PATIENTS WHO HAVE HAD DENTAL PROCEDURES MAY ALSO RECEIVE MECHANICAL SOFT MEALS PROVIDED THROUGH THIS PROGRAM. CENTRAL TO OPEN HAND'S MISSION OF COMPREHENSIVE NUTRITION CARE, EVERY CLIENT IS ASSESSED AT INTAKE AND OFFERED CONSISTENT NUTRITION EDUCATION BY OPEN HAND REGISTERED DIETITIANS (RDS), WHICH INCLUDES PRINTED NUTRITION EDUCATION MATERIALS AND, DEPENDING UPON THEIR ASSESSMENT, INDIVIDUAL OR GROUP NUTRITION COACHING SESSIONS. THESE GROUP SESSIONS HAVE A COMMUNITY OR PUBLIC HEALTH FOCUS, AND INCLUDE TOPICS SUCH AS PORTION CONTROL, HEALTHY EATING, HANDS-ON FOOD PREPARATION, PHYSICAL ACTIVITY, AND DISEASE SELF-MANAGEMENT. CLIENT COUNSELING SESSIONS INCLUDE INDIVIDUALIZED NUTRITION ASSESSMENT, DIAGNOSIS, EDUCATION, AND GOAL-SETTING. FOLLOW-UP REINFORCEMENT IS PROVIDED BY OPEN HAND RDS, AND MAY INCLUDE MONITORING OF CLIENT HEALTH METRICS, NUTRITION EDUCATION, ASSESSMENT OF HEALTH GOAL PROGRESSIONS, REFERRAL(S) TO ADDITIONAL SUPPORT SERVICES, AND/OR PHONE CONSULTATIONS. OPEN HAND PROVIDED MEDICAL NUTRITIONAL THERAPY (MNT) TO 781 CLIENTS IN 2016. MNT IS PRESCRIBED BY A CLINICIAN, TARGETS A SPECIFIC MEDICAL CONDITION, AND INCLUDES A NUTRITION DIAGNOSIS, THERAPY AND COUNSELING SERVICES - ALL PERFORMED BY OPEN HAND REGISTERED DIETITIANS (RDS). DESIGNED BY THE AMERICAN ACADEMY OF NUTRITION AND DIETETICS, MNT INCLUDES A SPECIFIC PLAN OF ASSESSMENT, NUTRITION DIAGNOSES, INTERVENTION, EVALUATION/MONITORING, DOCUMENTATION, AND COMMUNICATION WITH CLIENT'S HEALTH CARE PROVIDER. THIS SERVICE IS AVAILABLE TO MEN, WOMEN AND CHILDREN WHO HAVE A NUTRITION-SENSITIVE CHRONIC DISEASE AND WHO ARE COMMITTED TO IMPROVING THEIR HEALTH THROUGH BETTER FOOD CHOICES AND BEHAVIOR MODIFICATION. AS THE STATE OF GEORGIA'S LEAD PARTNER FOR THE NATIONALLY ACCLAIMED COOKING MATTERS PROGRAM - A SIX-WEEK PROGRAM UTILIZING AN EVIDENCE-BASED CURRICULUM ORIGINALLY DESIGNED BY SHARE OUR STRENGTH, OPEN HAND COOKING MATTERS TEACHES PARTICIPANTS HOW TO PREPARE HE</p>

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FORM 990, PAGE 2, PART III, LINE 4A	ALTHY, TASTY MEALS ON A LIMITED BUDGET - OFFERING PRACTICAL, HANDS-ON INSTRUCTION SUCH AS NUTRITION, MEAL PREPARATION, GROCERY SHOPPING, FOOD BUDGETING THAT EMPOWERS PARTICIPANTS TO MAKE THE MOST OF THEIR LIMITED RESOURCES COOKING MATTERS HELPS OPEN HAND ADDRESS THE CO -OCCURRING ISSUES OF FOOD INSECURITY, OBESITY, AND RELATED NUTRITION-SENSITIVE DISEASE, WHICH ARE OFTEN MORE COMMON AMONG AT-RISK, DISADVANTAGED POPULATIONS

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FORM 990, PAGE 2, PART III, LINE 4B	WITH AN ADDITIONAL 209 NUTRITION PHONE CONSULTS WITH A GMM REGISTERED DIETITIAN GMM EXPANSION IN THE CORPORATE COMMUNITY PRODUCED AN ADDITIONAL 242 NUTRITION SERVICES TO INDIVIDUALS AND 37 GROUP PROGRAMS THROUGH OUR COLLABORATION WITH CORPORATE SPORTS UNLIMITED AND A TOTAL OF 153 WELLNESS PROGRAMS, INCLUDING LUNCH AND LEARNS, COOKING DEMOS, AND WELLNESS CHALLENGES WERE IMPLEMENTED FOR OUR CORPORATE AND COMMUNITY PARTNERS GOOD MEASURE MEALS CONTINUED GROWING THE CATERING EXTENSION OF THE SOCIAL ENTERPRISE, WHICH IN 2016 SECURED MULTIPLE PREFERRED CATERING VENDOR CONTRACTS FOR THE ACADEMIC AND CORPORATE COMMUNITIES, EXPANDING THE CATERING MENU SIGNIFICANTLY AND SERVED OVER 316 BREAKFAST, LUNCHESES, AND DINNERS, WITH AN ADDITIONAL 722 HEALTHY BREAD TRAYS TO OVER 11,958 COMMUNITY CUSTOMERS

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FORM 990, PAGE 2, PART III, LINE 4D	<p>IN 2016, OPEN HAND EXTENDED THE REACH OF COMPREHENSIVE NUTRITION CARETM BY ACHIEVING SEVERAL KEY GOALS. A THROUGH OUR COMPREHENSIVE COMMUNITY NUTRITION SERVICES, OPEN HAND AND GOOD MEASURE MEALS SERVED A COMBINED TOTAL OF APPROXIMATELY 19,086 CLIENTS IN 2016. THIS INCLUDES MORE THAN 1,607,228 HOME-DELIVERED MEALS, MEALS PROVIDED IN A CONGREGATE SETTING, AS WELL AS MEAL SUPPLEMENTS. IN 2016, OUR REGISTERED DIETITIANS WORKED DIRECTLY WITH 7009 CLIENTS, PROVIDING EXTENSIVE NUTRITION EDUCATION RANGING FROM THE INSTRUCTION ON THE NUTRITIONAL VALUE OF THE FOODS IN THEIR DIET TO CALORIE BALANCE AND DIABETES MANAGEMENT, CONDUCTING HOME NUTRITION ASSESSMENTS, AND PROVIDING IN-CLINIC MEDICAL NUTRITION THERAPY (MNT). BOTH THE FOLLOWING PROGRAMMATIC MILESTONES WERE ACHIEVED IN 2016:</p> <p>1. PREPARED MEALS PROGRAM - ACHIEVING HIGH QUALITY AND CLIENT SATISFACTION IS ALWAYS A PRIMARY FOCUS FOR OPEN HAND. IN 2016, WE CONTINUED TO MAKE PROGRESS IN THE QUALITY OF OUR MEALS AND THESE IMPROVEMENTS WERE REFLECTED IN OUR ANNUAL SATISFACTION SURVEY RESULTS. 96% OF CLIENTS RATED THE QUALITY OF MEALS AS EXCELLENT OR GOOD, 93% OF CLIENTS RATE THE VARIETY OF MEALS AS EXCELLENT OR GOOD - UP FROM 83% IN 2015. IN 2016 OUR CLIENT SURVEY FOCUSED ON MEASURING THE IMPACT OF OUR SERVICES. IN 2016, 14% OF SURVEY RESPONDENTS SELF-IDENTIFIED AS PERSONS LIVING WITH HIV/AIDS, 47% WERE SENIORS SERVED IN SENIOR CENTERS, AND 40% PERSONS LIVING WITH OTHER CHRONIC ILLNESSES/DISABILITIES. OF THE CLIENTS THAT HAD A CHRONIC CONDITION, 96% OF OUR CLIENTS REPORTED THAT THEIR MEDICATION HAD STAYED THE SAME IN THE LAST SIX MONTHS.</p> <p>2. OVER THE PAST YEAR, WE HAD AN INCREASE IN UTILIZATION OF OUR SERVICES. NUTRITION EDUCATION CLASSES HAVE SEEN A SIGNIFICANT INCREASE, AS 76% OF CLIENTS ATTENDED AN AVERAGE OF AT LEAST 5 NUTRITION CLASSES IN A YEAR. OF THE CLIENTS THAT ATTENDED THE CLASSES, 65% OF THEM INDICATED THAT THEY ARE CURRENTLY UTILIZING THE EDUCATIONAL HANDOUTS SUPPLIED BY OPEN HAND REGISTERED DIETITIANS, AND FOLLOWING NUTRITION GUIDELINES RELATED TO FOOD PREPARATION, RECIPE ADJUSTMENT, KNOWLEDGE BUILDING, AND SHOPPING FOR HEALTHY FOODS ON A VERY LIMITED BUDGET. PRIOR TO ATTENDING THESE CLASSES, ONLY 35% OF THE RESPONDENTS INDICATED THAT THEY FOLLOWED NUTRITION GUIDELINES.</p> <p>3. MARKET BASKET PROGRAM - ADMINISTERED BY OPEN HAND REGISTERED DIETITIANS (RDS), THE MARKET BASKET PROGRAM IS AN INNOVATIVE SOLUTION TO REDUCE FOOD INSECURITY, INCREASE INTAKE OF HEALTHY FOODS, AND INCREASE NUTRITION KNOWLEDGE IN HIGH-RISK ADULTS IN THE ATLANTA AREA. OPEN HAND VOLUNTEERS DELIVER PROGRAM PARTICIPANTS WEEKLY MARKET BASKETS WHICH INCLUDE FRESH FRUIT AND SEASONAL VEGETABLES, ALONG WITH NUTRITION EDUCATION MATERIALS AND RECIPES RELEVANT TO THE CONTENTS OF THAT WEEK'S BASKET TO ENCOURAGE CONSUMPTION. OPEN HAND PROVIDED 6,190 MARKET BASKETS TO AN AVERAGE OF 119 CLIENTS EACH WEEK IN 2016.</p> <p>4. PROMOTING NUTRITION AND HEALTHY LIVING AMONG LOW INCOME INDIVIDUALS AND FAMILIES - OPEN HAND'S COOKING MATTERS PROGRAM HAD THREE OVERARCHING</p>

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FORM 990, PAGE 2, PART III, LINE 4D	<p>NG GOALS IN FISCAL YEAR 2016 TO MAINTAIN PROGRAMMATIC WORK IN METRO ATLANTA, ESTABLISH TWO NEW COOKING MATTERS SATELLITES IN CAMDEN AND APPLING COUNTIES (PUBLIC HEALTH DISTRICTS 9-1 AND 9-2), AND DEVELOP RELATIONSHIPS WITH WIC CLINICS TO PROVIDE NUTRITION EDUCATION. IN 2016, OUR COMBINED PROGRAMMATIC GOALS FOR METRO ATLANTA AND SOUTH/COASTAL GEORGIA SUPPORT A TOTAL OF 24 COOKING MATTERS COURSES, 36 STORE TOURS, AND 36 DEMONSTRATIONS. ADDITIONALLY, HOST 36 STORE TOURS AND 36 DEMONSTRATIONS AT WIC CLINICS. WE SUCCESSFULLY ESTABLISHED SATELLITE REGIONS IN SOUTH/COASTAL GA WHERE WE IMPLEMENTED 5 COOKING MATTERS COURSES, 2 STORE TOURS, AND 15 DEMOS, IN METRO ATLANTA, WE DELIVERED 21 COURSES, 18 STORE TOURS, 50 DEMOS AT WIC CLINICS, WE COMPLETED 169 DEMOS AND 37 STORE TOURS. OVERALL, WE ENROLLED 2,224 PARTICIPANTS IN OUR COOKING MATTERS TRAININGS. 5 YOUTH AND FAMILIES NUTRITION & MEALS - AS PART OF AN INCREASED FOCUS ON OUTREACH TO YOUTH AND FAMILIES, OPEN HAND DEVELOPED THE HEALTHY BALANCE KIDS MENU WHICH PROVIDES A FRESH FRUIT OR VEGETABLE AS PART OF EVERY MEAL AND EXCEEDS USDA NUTRITIONAL STANDARDS. IN 2016, THE PROGRAM SERVED 75,713 HEALTHY BREAKFASTS, LUNCHES, AND SNACKS TO AN AVERAGE OF 950 AT-RISK CHILDREN EACH DAY DURING A SUMMER PROGRAM IN THE ATLANTA-METRO AREA. ADDITIONALLY, OPEN HAND'S REGISTERED DIETITIANS PROVIDED NUTRITION CLASSES FOR THE SUMMER PROGRAM WITH AN INTERACTIVE CURRICULUM FOCUSED ON HEALTHY SNACKS AND DRINKS. THE LESSONS INCLUDED A COOKING DEMO, TASTE TESTING, AND NUTRITION ACTIVITY. PARTICIPATING SITES ALSO RECEIVED COOKING EQUIPMENT TO FURTHER ENCOURAGE SITES TO OFFER HEALTHY SNACK AND DRINK CHOICES. 6 FRUIT AND VEGETABLE PRESCRIPTION PROGRAM - IN 2015-16, OPEN HAND - IN PARTNERSHIP WITH WHOLESOME WAVE GEORGIA - PILOTTED A FRUIT AND VEGETABLE PRESCRIPTION PROGRAM. THE PROGRAM IS AN EVIDENCED-BASED MODEL OF PREVENTATIVE HEALTH CARE WITH DEMONSTRATED IMPACT, RESULTING IN HEALTHIER COMMUNITIES, FOOD SYSTEMS, AND LOCAL ECONOMICS. PROGRAM OUTCOMES FOR 2015-2016 INCLUDE 140 PARTICIPANTS REACHED, 404 HOUSEHOLD MEMBERS IMPACTED, 31,626 PRESCRIPTION DOLLARS REDEEMED, 21% INCREASE IN FRUIT AND VEGETABLE CONSUMPTION, OVER 60% OF CLIENTS SAW AN AVERAGE DECREASE OF >5% IN BMI. ADDITIONALLY, WITH FUNDING FROM THE COMMUNITY FOUNDATION FOR GREATER ATLANTA, OPEN HAND ATLANTA, WHOLESOME WAVE GEORGIA, AND GRADY HEALTH SYSTEM DEVELOPED A 5-YEAR BUSINESS PLAN FOR GROWTH. BY 2021, GROWTH IS TARGETED TO REACH A CUMULATIVE 1,037 PARTICIPANTS AND 2,795 HOUSEHOLD MEMBERS WITHIN THE GRADY HEALTH SYSTEM ALONE. OPERATIONS AND TECHNOLOGY. IN 2016, OPEN HAND IMPLEMENTED A 3 DAY PER WEEK DELIVERY SCHEDULE. PREVIOUSLY, MEALS HAD BEEN DELIVERED ON ANY EVERY-OTHER-DAY MODEL WHICH RESULTED IN A LOWER LEVEL OF EFFICIENCY AND HIGHER LEVEL OF FRUSTRATION FROM OUR CLIENTS, MANY OF WHOM HAD A DIFFICULT TIME REMEMBERING THEIR DELIVERY DAYS, WHICH CHANGED WEEK TO WEEK, AND THEY WERE OFTEN NOT HOME FOR THEIR DELIVERIES ON SUNDAY DUE TO CHURCH. THIS NEW DELIVERY</p>

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FORM 990, PAGE 2, PART III, LINE 4D	<p>SCHEDULE ALLOWED US TO CLOSE OPERATIONS ON SUNDAY 2 OPEN HAND'S FOOD SERVICES DEPARTMENT CONTINUED TO REFINE PROCESSES RELATED TO CBORD, OUR RECENTLY IMPLEMENTED FOODSERVICE MANAGEMENT SYSTEM SUBSTANTIAL PROGRESS WAS MADE IN BETTER MANAGING INVENTORY AND ACHIEVING PERPETUAL INVENTORY TO REDUCE INVENTORY ON HAND 3 WITH THE PRO BONO WORK OF TURNER BROADCASTING, WE DEVELOPED DETAILED VOLUNTEER TRAINING VIDEOS WHICH HAVE HELPED US DECREASE THE AMOUNT OF OVER-PORIONING OF FOOD ON THE PACKING LINE THE TRAINING VIDEOS TAUGHT AND ENCOURAGED VOLUNTEERS TO ADHERE TO PORTION SIZES WHICH RESULTED IN THE REDUCTION OF REMAKES DUE TO OVER-PORIONING 4 IN 2016, WE LAUNCHED OUR UNIFIED MEAL ORDERING TECHNOLOGY PROJECT WITH TECHBRIDGE, INC THIS TECHNOLOGY INVESTMENT AIMS TO CONSOLIDATE ORDERING SYSTEMS AND STREAMLINE ORDERING AND PRODUCTION REPORTS DURING THIS TIME, BUSINESS AND TECHNICAL REQUIREMENTS FOR THE 1.1 MILLION PROJECT WERE DEVELOPED THE PROJECT WILL ADDRESS UNRELIABLE ORDER NUMBERS AND DIFFERING ORDER NUMBERS BETWEEN PRODUCTION, PACKING AND DELIVERY REPORTS 5 THROUGH A CAMPAIGN TO INCREASE THE NUMBER OF MEAL DELIVERY ROUTES HANDLED BY VOLUNTEERS, WE WERE ABLE TO DOUBLE THE IMPACT OF VOLUNTEERS DURING THE WEEK RESULTING IN A COST SAVINGS OF APPROXIMATELY 6,000 IN 2016 6 TO MEET CLIENT/CUSTOMER DEMAND, FOOD SERVICES INCREASED THE NUMBER OF MENU OFFERINGS FOR OUR CATERING LINE TO INCLUDE SPECIAL PROJECTS FOR ARMOUR YARDS AND UBER EATS IN ADDITION, WE EXPANDED SHELF STABLE PRODUCT LINE AND INTEGRATED SHELF STABLE PRODUCTS INTO NORMAL DELIVERIES</p>

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FORM 990, PAGE 6, PART VI, LINE 11B	A REVIEW WILL BE CONDUCTED BEFORE FORM 990 IS FINALIZED

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FORM 990, PAGE 6, PART VI, LINE 12C	APPLICABLE PERSONS PROVIDE INITIAL AS WELL AS SUBSEQUENT ANNUAL DISCLOSURE OF POTENTIAL CONFLICTS ANY POTENTIALS ARE DISCUSSED OR REVIEWED BY THE BOARD

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FORM 990, PAGE 6, PART VI, LINE 15A	OPEN HAND ATLANTA, INC DEVELOPED GOALS, USED PEER COMPARISONS AND BENCHMARKING USING THE GUIDESTAR WEBSITE

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FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST, ON-LINE REPORTING AGENCIES, AS PART OF CONTRACTUAL OR GRANT AGREEMENTS