

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 \$ 12,464,004

F Name and address of principal officer
MATTHEW PIEPER
181 ARMOUR DRIVE NE
ATLANTA, GA 30324

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)

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

J Website: WWW.OPENHANDATLANTA.ORG

H(c) Group exemption number

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
WE COOK WE DELIVER WE TEACH WE CARE

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)	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	20
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	261
6 Total number of volunteers (estimate if necessary)	15,636
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,231,998	9,201,888
9 Program service revenue (Part VIII, line 2g)	3,078,177	2,573,126
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,206	32,843
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)	11,323,381	11,807,857
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)	5,205,061	5,920,853
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 706,245		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,298,399	6,804,383
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,503,460	12,725,236
19 Revenue less expenses Subtract line 18 from line 12	-180,079	-917,379
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,111,199	5,487,143
21 Total liabilities (Part X, line 26)	1,677,740	2,004,379
22 Net assets or fund balances Subtract line 21 from line 20	4,433,459	3,482,764

Part II Signature Block

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

Sign Here

Signature of officer
Date 2019-11-06

MATTHEW PIEPER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2019-11-15 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

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

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

WE COOK WE DELIVER WE TEACH WE CARE

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 \$ 2,914,177 including grants of \$) (Revenue \$ 122,238)
See Additional Data

4b (Code) (Expenses \$ 3,000,022 including grants of \$) (Revenue \$ 2,399,838)
See Additional Data

4c (Code) (Expenses \$ 5,634,435 including grants of \$) (Revenue \$ 51,050)
See Additional Data

(Code) (Expenses \$ including grants of \$) (Revenue \$)
IN 2017, OPEN HAND EXTENDED THE REACH OF OUR COMPREHENSIVE NUTRITION PROGRAMMING BY ACHIEVING SEVERAL KEY GOALS A OPEN HAND AND GOOD MEASURE MEALS SERVED A COMBINED TOTAL OF APPROXIMATELY 16,971 CLIENTS IN 2017 THIS INCLUDES MORE THAN 1,514,722 HOME-DELIVERED MEALS, MEALS PROVIDED IN A CONGREGATE SETTING, AS WELL AS MEAL REPLACEMENTS/SUPPLEMENTS IN 2017, OUR REGISTERED DIETITIANS WORKED DIRECTLY WITH 6,832 CLIENTS PROVIDING EXTENSIVE NUTRITION EDUCATION RANGING FROM 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 2017 1 PREPARED MEALS PROGRAM - HELPING OUR CLIENTS BETTER MANAGE THEIR CHRONIC DISEASE BY PROVIDING MEDICALLY TAILORED MEALS IS ALWAYS A PRIMARY FOCUS FOR OPEN HAND IN 2017, APPROXIMATELY 60% OF OUR CLIENTS REPORTED HAVING FEWER VISITS TO THE EMERGENCY ROOM 65% REPORT SPENDING FEWER DAYS IN THE HOSPITAL AND 31% REPORT THEY ARE ABLE TO TAKE THEIR MEDICATIONS WITH EASE AS A RESULT OF RECEIVING PREPARED MEALS IN 2017 OUR CLIENT SURVEY FOCUSED ON MEASURING THE IMPACT OF OUR SERVICES IN 2017, 34% OF SURVEY RESPONDENTS SELF-IDENTIFIED AS PERSONS LIVING WITH HIV/AIDS, 43% WERE SENIORS SERVED THROUGH OUR HOME DELIVERED MEAL PROGRAM AND 23% PERSONS LIVING WITH OTHER CHRONIC ILLNESSES/DISABILITIES 84% CLIENTS OF CLIENTS SERVED WERE OF SENIOR AGE 55 YEARS OR OLDER ACROSS ALL OF OUR FUNDED PROGRAM OF THE CLIENTS THAT HAD A CHRONIC CONDITION, 38% REPORTED THEY SAW AN IMPROVEMENT IN THEIR CHOLESTEROL LEVELS, 40% SAW AN IMPROVEMENT IN BLOOD PRESSURE, AND 36% SAW AN IMPROVEMENT IN BLOOD SUGAR 2 OVER THE PAST YEAR, 50% OF OUR HOME DELIVERED MEAL CLIENTS HAD ACCESS TO OPEN HAND REGISTERED DIETITIANS (RDS) TO CONSULT WITH THEM ABOUT THEIR NUTRITION AND HEALTH AS IT RELATED TO THEIR CHRONIC DISEASE 67% OF CLIENTS FOUND THEIR CONSULT WITH THE DIETITIAN TO BE VERY HELPFUL 3 MARKET BASKET PROGRAM - ADMINISTERED BY OPEN HAND REGISTERED DIETITIANS, 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 DELIVERED WEEKLY MARKET BASKETS TO PROGRAM PARTICIPANTS 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 72,674 MARKET BASKET MEALS TO AN AVERAGE OF 163 CLIENTS EACH WEEK IN 2017 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 2017 TO CONTINUE GROWING THE DIRECT EDUCATION PROGRAMMATIC WORK ACROSS GEORGIA, SUPPORT THE PURCHASE OF PRODUCE WITH A HEALTHY RETAIL PILOT PROGRAM AT WAYFIELD FOODS, AND TO SUPPORT THE FRESH MARTA MARKETS WITH A FULL SOCIAL MARKETING CAMPAIGN IN METRO ATLANTA IN 2017, OPEN HAND EXCEEDED OUR PROGRAMMATIC GOALS BY TEACHING 59 COOKING MATTERS COURSES, LEADING 472 STORE TOURS, AND REACHING OVER 1,800 INDIVIDUALS AND FAMILIES WITH DIRECT EDUCATION ADDITIONALLY, OPEN HAND REACHED OVER 6,000 SHOPPERS WITH THE HEALTHY RETAIL AND THE EAT BRIGHTER PILOT PROGRAM HELD IN PARTNERSHIP WITH WAYFIELD FOODS, A LOCAL GROCERY STORE CHAIN OPEN HAND'S SOCIAL MARKETING CAMPAIGN AND NUTRITION EDUCATION TO SUPPORT THE FRESH MARTA MARKETS IS ESTIMATED TO HAVE REACHED OVER 190,000 MARTA RIDERS THROUGH THE PRINT AND MEDIA CAMPAIGN THAT WAS DISPLAYED ON TRAINS AND IN STATIONS ACROSS ATLANTA 5 YOUTH AND FAMILIES NUTRITION & EDUCATION - 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 2017, THE PROGRAM SERVED 51,275 HEALTHY BREAKFASTS, LUNCHES, AND SNACKS TO AN AVERAGE OF 800 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 6 FRUIT AND VEGETABLE PRESCRIPTION (FVRX) PROGRAM - IN 2017, OPEN HAND - IN PARTNERSHIP WITH WHOLESOME WAVE GEORGIA AND GRADY HEALTH SYSTEM - CONDUCTED 4 COHORTS, WHICH INCLUDED COOKING MATTERS CLASSES CONDUCTED BY OPEN HAND REGISTERED DIETITIANS PROGRAM OUTCOMES FOR 2017 INCLUDE 219 PARTICIPANTS REACHED, 47,376 PRESCRIPTION DOLLARS REDEEMED, 52.5% INCREASE IN FRUIT AND 46.4% INCREASE IN VEGETABLE CONSUMPTION, BMI DECREASED BY 10.6%, WAIST CIRCUMFERENCE DECREASED BY 5% SYSTOLIC BLOOD PRESSURE DECREASED BY AN AVERAGE 8.8% AND DIASTOLIC BLOOD PRESSURE DECREASED BY AN AVERAGE 2.2% 7 FOOD AS MEDICINE PROJECT - IN 2017, OPEN HAND ATLANTA, WHOLESOME WAVE GEORGIA, GRADY HEALTH SYSTEM AND THE ATLANTA COMMUNITY FOOD BANK OFFICIALLY FORMED THE FOOD AS MEDICINE PARTNERSHIP THIS WAS THE FIRST STEP IN A DYNAMIC, COLLABORATIVE EFFORT TO INCREASE ACCESS TO HEALTHY, AFFORDABLE FOOD AND NUTRITION EDUCATION TO THE GRADY COMMUNITY BY CREATING AND IMPLEMENTING A COMPREHENSIVE FOOD PRESCRIPTION PROGRAM, OFFERING A FOOD PHARMACY AND TEACHING KITCHEN, AND LAUNCHING A COMMUNITY CAF & FARMERS MARKET ON THE CAMPUS OF GRADY HOSPITAL OPEN HAND WILL PLAY THE LEAD ROLE IN THE COMMUNITY CAF, AND WILL ALSO PROVIDE ON-SITE COOKING MATTERS CLASSES AND COOKING DEMONSTRATIONS C OPERATIONS AND TECHNOLOGY 1 OPEN HAND'S FOODSERVICES DEPARTMENT CONTINUED TO REFINE PROCESSES RELATED TO CBORD, OUR FOODSERVICE MANAGEMENT SYSTEM CONTINUAL PROGRESS WAS ALSO MADE IN BETTER MANAGING INVENTORY 2 OPEN HAND CARRIED OUT A NUMBER OF TECHNOLOGY INFRASTRUCTURE UPGRADES INTERNET CONNECTIVITY BANDWIDTH WAS UPGRADED FROM 20MB TO 100MB AND A FAILOVER WIRELESS ROUTER WAS INSTALLED A ROBUST AND RELIABLE ONSITE AND OFFSITE DATA BACKUP PLAN WAS IMPLEMENTED 3 SERVER CONSOLIDATION AND CLOUD MIGRATION HELPED TO MINIMIZE THE NUMBER OF IN-HOUSE PHYSICAL AND VIRTUAL SERVERS SHAREPOINT AND LOCAL HOME DIRECTORIES WERE ALSO MIGRATED TO THE CLOUD 4 TWO ADDITIONAL VIDEOJET PRINTERS WERE IMPLEMENTED ON THE OPEN HAND PACKAGING LINES BRINGING THE TOTAL TO THREE, EACH OF WHICH ARE NETWORKED WITH CBORD WHICH FACILITATES LABEL CHANGES BEING MADE IN REAL-TIME 5 WORKSTATIONS WERE UPGRADED TO WINDOWS 10 AND BITLOCKER HARD DRIVE ENCRYPTION WAS IMPLEMENTED ACROSS THE ORGANIZATION TO BETTER PROTECT CLIENT AND ORGANIZATION DATA AN ENTERPRISE ANTIVIRUS AND ANTIMALWARE SOLUTION WAS DEPLOYED ADDING TO EXISTING SECURITY POLICIES IN PLACE TO PROTECT SERVERS AND WORKSTATIONS FROM EXTERNAL AND INTERNAL THREATS 6 OPEN HAND WAS ABLE TO SECURE 60 VERIZON ELLIPSIS 8 TABLETS THROUGH A LEASE-TO-OWN AGREEMENT THEY ARE STORED IN SECURE CHARGING CABINETS AND CHECKED OUT BY STAFF AND VOLUNTEER DRIVERS EACH TABLET HAS A NEWLY DEPLOYED ROUTING APP INSTALLED ENABLING THE CREATION OF OPTIMIZED ROUTES WHICH ARE UPDATED AND MONITORED IN REAL-TIME BY CLIENT SERVICES, DISTRIBUTION, AND VOLUNTEER SERVICES 7 OPEN HAND LAUNCHED A REVAMPED WEBSITE (OPENHANDATLANTA.ORG), ENABLING VISITORS TO BETTER NAVIGATE TO INFORMATION ABOUT VOLUNTEERING AND DONATING THEY CAN ALSO MORE EASILY OBTAIN INFORMATION ABOUT OPEN HAND EVENTS AND PROGRAMS AND SERVICES WE OFFER CLIENTS AND THE COMMUNITY

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

4e Total program service expenses 11,548,634

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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>	23	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 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>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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>	37	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	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	261			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a		No
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>					
			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.

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) HELEN S CARLOS PRESIDENT	X		X				0	0	0
(2) KENT R LINDNER IMM PAST PRE	X		X				0	0	0
(3) TODD A TAUFEST TREASURER	X		X				0	0	0
(4) SUZANNE E MOTT DANSBY SECRETARY	X		X				0	0	0
(5) ALEX GARCIAS MD DIRECTOR	X						0	0	0
(6) J STEPHEN EATON DIRECTOR	X						0	0	0
(7) ALISON LUKACSKO DIRECTOR	X						0	0	0
(8) BARBARELLA DIAZ DIRECTOR	X						0	0	0
(9) CARMEN TITELMAN DIRECTOR	X						0	0	0
(10) CHARLES E MENDEZ III DIRECTOR	X						0	0	0
(11) DEBRA G CARLTON MD DIRECTOR	X						0	0	0
(12) ESTHER DABNEY DIRECTOR	X						0	0	0
(13) JAY WILLIAMS DIRECTOR	X						0	0	0
(14) JOSEPH VELLA DIRECTOR	X						0	0	0
(15) KIMBERLY RASK MD PHD DIRECTOR	X						0	0	0
(16) LOUISA BASARRATE DIRECTOR	X						0	0	0
(17) RODRICK GLASS DIRECTOR	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) SALLY DORSEY DIRECTOR	.....	X						0	0	0
(19) SHIRLEY POWELL DIRECTOR	.....	X						0	0	0
(20) SIMON H BLOOM ESQ DIRECTOR	.....	X						0	0	0
(21) MATTHEW PIEPER EXECUTIVE DI	40 00			X				173,045	0	9,315	
(22) SUSAN ANDERSON COO	40 00			X				133,029	0	8,315	
(23) ROBERT CUELLAR CFO	40 00			X				100,000	0	2,500	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								406,074			20,130

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**

	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	5,210				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	779,334				
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,274,574				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,142,770				
	g Noncash contributions included in lines 1a - 1f \$ <u>184,858</u>						
	h Total. Add lines 1a-1f			9,201,888			
Program Service Revenue	2a PROGRAM SERVICE FEES	Business Code		2,399,838	2,399,838		
	b CONTRACTUAL REVENUE			173,288	173,288		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,573,126			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,925		2,925	
	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		437,904			
		c Gain or (loss)		407,986			
		d Net gain or (loss)		29,918	29,918		29,918
	8a Gross income from fundraising events (not including \$ <u>779,334</u> of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	248,161	248,161		
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			11,807,857	2,573,126		32,843	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	406,075	351,601	22,802	31,672
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	4,775,898	4,135,224	268,174	372,500
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	66,092	55,469	4,044	6,579
9 Other employee benefits	320,858	269,284	19,633	31,941
10 Payroll taxes	351,930	300,022	21,328	30,580
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)	607,391	583,494	20,530	3,367
12 Advertising and promotion	378,408	363,280	1,577	13,551
13 Office expenses	105,705	86,411	7,973	11,321
14 Information technology	189,815	115,098	64,173	10,544
15 Royalties				
16 Occupancy	341,587	332,444	5,526	3,617
17 Travel	31,775	30,901	425	449
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,627	38,371	5,792	4,464
20 Interest	33,164	33,164		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	368,965	359,294	5,845	3,826
23 Insurance	191,502	168,378	7,526	15,598
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	3,386,708	3,386,708		
b DELIVERY EXPENSES	482,144	482,144		
c BANK AND CREDIT CARD FEES	106,826	76,190	5,299	25,337
d EQUIPMENT REPAIRS/MAINT	99,559	99,345	214	
e All other expenses	432,207	281,812	9,496	140,899
25 Total functional expenses. Add lines 1 through 24e	12,725,236	11,548,634	470,357	706,245
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	4,324	1	12,464
	2 Savings and temporary cash investments	880,989	2	714,713
	3 Pledges and grants receivable, net	110,780	3	247,000
	4 Accounts receivable, net	704,479	4	729,910
	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	167,228	8	114,042
	9 Prepaid expenses and deferred charges	38,619	9	56,338
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,665,870		
	b Less accumulated depreciation	10b 4,138,554	3,775,167	10c 3,527,316
	11 Investments—publicly traded securities	365,697	11	25,527
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	63,916	14	59,833
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,111,199	16	5,487,143	
Liabilities	17 Accounts payable and accrued expenses	750,753	17	757,889
	18 Grants payable		18	
	19 Deferred revenue	39,313	19	927
	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	617,732	23	902,276
	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	269,942	25	343,287
	26 Total liabilities. Add lines 17 through 25	1,677,740	26	2,004,379
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	3,844,944	27	2,847,819
	28 Temporarily restricted net assets	588,515	28	634,945
	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	4,433,459	33	3,482,764
	34 Total liabilities and net assets/fund balances	6,111,199	34	5,487,143

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	11,807,857
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,725,236
3	Revenue less expenses Subtract line 2 from line 1	3	-917,379
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,433,459
5	Net unrealized gains (losses) on investments	5	-33,316
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	3,482,764

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 58-1816778

Name: OPEN HAND ATLANTA INC

Form 990 (2018)

Form 990, Part III, Line 4a:

OPEN HAND COMMUNITY NUTRITION PROGRAMS INCLUDE A IN 2017, OPEN HAND PROVIDED 1,106,386 HOME-DELIVERED MEALS AND MARKET BASKET MEAL BAGS TO APPROXIMATELY 4097 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 THROUGH YOUTH MEAL AND NUTRITION PROGRAMS 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 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 15,580 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 COMPREHENSIVE APPROACH TO NUTRITION, CLIENTS ARE 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 798 CLIENTS IN 2017 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 THE 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 OPEN HAND IS GEORGIA'S LEAD PARTNER FOR THE NATIONALLY ACCLAIMED COOKING MATTERS NUTRITION EDUCATION PROGRAM WHICH CONSISTS OF SIX WEEKS OF CLASSES 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 FOR LOW-INCOME INDIVIDUALS AND FAMILIES SUCH AS MEAL PREPARATION, GROCERY SHOPPING, AND FOOD BUDGETING THAT EMPOWERS PARTICIPANTS TO MAKE HEALTHIER CHOICES, EVEN WITH VERY 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), OPEN HAND'S FEE-FOR-SERVICE SOCIAL ENTERPRISE 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 ACROSS THE FULL SOCIO-ECONOMIC SPECTRUM MAKING AN EVEN GREATER IMPACT ON OUR COMMUNITY. IN 2017, AN AVERAGE OF 487 CLIENTS EACH WEEK RECEIVED A TOTAL OF 342,142 HEALTHY MEALS THROUGH THIS PROGRAM. NUTRITION SERVICES AND WELLNESS PROGRAMMING CONTINUE TO PROVIDE NUTRITION EDUCATION TO CUSTOMERS AND CORPORATE PARTNERS, PROVIDING 225 INDIVIDUAL OR GROUP NUTRITION ASSESSMENTS/COUNSELING SESSIONS ON A FEE-FOR-SERVICE BASIS AT OPEN HAND, WITH AN ADDITIONAL 158 NUTRITION PHONE CONSULTS WITH A GMM REGISTERED DIETITIAN. GMM EXPANSION IN THE CORPORATE COMMUNITY PRODUCED AN ADDITIONAL 128 NUTRITION SERVICES TO INDIVIDUALS AND 36 GROUP PROGRAMS THROUGH OUR COLLABORATION WITH CORPORATE SPORTS UNLIMITED. A TOTAL OF 195 WELLNESS PROGRAMS, INCLUDING LUNCH AND LEARNS, COOKING DEMOS, AND WELLNESS CHALLENGES WERE IMPLEMENTED FOR OUR CORPORATE AND COMMUNITY PARTNERS. GOOD MEASURE MEALS' CATERING EXTENSION OF THE SOCIAL ENTERPRISE CONTINUED TO SECURE CATERING VENDOR CONTRACTS PRIMARILY IN THE CORPORATE SECTOR IN 2017, AND SERVED OVER 308 CATERED EVENTS, WITH AN ADDITIONAL 358 HEALTHY BREAD TRAYS - ENABLING GMM TO REACH AN ESTIMATED 15,692 PEOPLE IN OUR COMMUNITY.

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 2017, OPEN HAND PREPARED AND DELIVERED APPROXIMATELY 597,393 TOTAL ANNUAL MEALS TO AN AVERAGE OF 2,225 SENIOR CLIENTS EACH DAY IN SENIOR CENTERS. ADDITIONALLY, OPEN HAND PROVIDED NUTRITION EDUCATION AND WELLNESS COACHING TO APPROXIMATELY 1,317 SENIORS IN GROUP SESSIONS CONDUCTED IN SENIOR CENTERS AND SENIOR HIGH-RISE COMMUNITIES THROUGHOUT METRO-ATLANTA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

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 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,731,066	7,271,376	7,297,996	8,231,998	9,201,888	38,734,324
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	6,731,066	7,271,376	7,297,996	8,231,998	9,201,888	38,734,324
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						38,734,324

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	6,731,066	7,271,376	7,297,996	8,231,998	9,201,888	38,734,324
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,823	7,507	7,723	9,694	2,925	33,672
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						38,767,996
12	Gross receipts from related activities, etc. (see instructions)					12	15,142,641

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 2018 (line 6, column (f) divided by line 11, column (f))	14	99.910%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	99.870%

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. 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 ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV 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.	Yes	No
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 (explain in Part VI) **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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 58-1816778

Name: OPEN HAND ATLANTA INC

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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 7/25/06, 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	835,742	757,021	747,174	790,369	782,873
b Contributions					
c Net investment earnings, gains, and losses	-35,537	120,976	54,807	1,669	45,697
d Grants or scholarships	-36,540	-32,285	-35,385	-35,321	-31,397
e Other expenditures for facilities and programs					
f Administrative expenses	-10,326	-9,970	-9,575	-9,544	-6,803
g End of year balance	753,339	835,942	757,021	747,174	790,370

- 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) Yes | | |
| (ii) related organizations | Yes | No |
| 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		4,125,313	1,464,491	2,660,822
c Leasehold improvements				
d Equipment		3,062,873	2,382,226	680,647
e Other		379,029	291,837	87,192
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,527,316

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	343,287
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	343,287

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	11,782,919
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-33,316
b	Donated services and use of facilities	2b	8,378
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-24,938
3	Subtract line 2e from line 1	3	11,807,857
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	11,807,857

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	12,733,614
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	8,378
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	8,378
3	Subtract line 2e from line 1	3	12,725,236
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	12,725,236

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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, 2018, FISCAL YEARS 2015-2018 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

2018

**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.

Go to www.irs.gov/Form990 for instructions and the latest information

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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<u>PARTY KITCHEN</u> (event type)	<u>DINING OUT LIFE</u> (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	858,105	169,390		1,027,495
	2 Less Contributions	620,153	159,181		779,334
	3 Gross income (line 1 minus line 2)	237,952	10,209		248,161
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	237,952	10,209		248,161
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				248,161
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.

		(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 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

2018

Open to Public Inspection

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
OPEN HAND ATLANTA INC

Employer identification number
58-1816778

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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>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?</p>	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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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)	173,045			4,375	4,940	182,360	
	(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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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				
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	5	17,445	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	147	167,413	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**

	Yes	No
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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
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		

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)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

**Open to Public
Inspection**

Department of the Treasury

Name of the organization
OPEN HAND ATLANTA INC

Employer identification number

58-1816778

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>OPEN HAND COMMUNITY NUTRITION PROGRAMS INCLUDE A IN 2017, OPEN HAND PROVIDED 1,106,386 HOME-DELIVERED MEALS AND MARKET BASKET MEAL BAGS TO APPROXIMATELY 4097 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 THROUGH YOUTH MEAL AND NUTRITION PROGRAMS 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 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 15,580 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 COMPREHENSIVE APPROACH TO NUTRITION, CLIENTS ARE 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 798 CLIENTS IN 2017 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 B</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	BY THE AMERICAN ACADEMY OF NUTRITION AND DIETETICS, MNT INCLUDES A SPECIFIC PLAN OF ASSESSMENT, NUTRITION DIAGNOSES, INTERVENTION, EVALUATION/MONITORING, DOCUMENTATION, AND COMMUNICATION WITH THE 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 OPEN HAND IS GEORGIA'S LEAD PARTNER FOR THE NATIONALLY ACCLAIMED COOKING MATTERS NUTRITION EDUCATION PROGRAM WHICH CONSISTS OF SIX WEEKS OF CLASSES 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 FOR LOW-INCOME INDIVIDUALS AND FAMILIES SUCH AS MEAL PREPARATION, GROCERY SHOPPING, AND FOOD BUDGETING THAT EMPOWERS PARTICIPANTS TO MAKE HEALTHIER CHOICES, EVEN WITH VERY 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>GOOD MEASURE MEALS (GMM), OPEN HAND'S FEE-FOR-SERVICE SOCIAL ENTERPRISE 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 ACROSS THE FULL SOCIO-ECONOMIC SPECTRUM MAKING AN EVEN GREATER IMPACT ON OUR COMMUNITY IN 2017, AN AVERAGE OF 487 CLIENTS EACH WEEK RECEIVED A TOTAL OF 342,142 HEALTHY MEALS THROUGH THIS PROGRAM NUTRITION SERVICES AND WELLNESS PROGRAMMING CONTINUE TO PROVIDE NUTRITION EDUCATION TO CUSTOMERS AND CORPORATE PARTNERS, PROVIDING 225 INDIVIDUAL OR GROUP NUTRITION ASSESSMENTS/COUNSELING SESSIONS ON A FEE-FOR-SERVICE BASIS AT OPEN HAND, WITH AN ADDITIONAL 158 NUTRITION PHONE CONSULTS WITH A GMM REGISTERED DIETITIAN GMM EXPANSION IN THE CORPORATE COMMUNITY PRODUCED AN ADDITIONAL 128 NUTRITION SERVICES TO INDIVIDUALS AND 36 GROUP PROGRAMS THROUGH OUR COLLABORATION WITH CORPORATE SPORTS UNLIMITED A TOTAL OF 195 WELLNESS PROGRAMS, INCLUDING LUNCH AND LEARNS, COOKING DEMOS, AND WELLNESS CHALLENGES WERE IMPLEMENTED FOR OUR CORPORATE AND COMMUNITY PARTNERS GOOD MEASURE MEALS' CATERING EXTENSION OF THE SOCIAL ENTERPRISE CONTINUED TO SECURE CATERING VENDOR CONTRACTS PRIMARILY IN THE CORPORATE SECTOR IN 2017, AND SERVED OVER 308 CATERED EVENTS, WITH AN ADDITIONAL 358 HEALTHY BREAD TRAYS - ENABLING GMM TO REACH AN ESTIMATED 15,692 PEOPLE IN OUR COMMUNITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>IN 2017, OPEN HAND EXTENDED THE REACH OF OUR COMPREHENSIVE NUTRITION PROGRAMMING BY ACHIEVING SEVERAL KEY GOALS. A OPEN HAND AND GOOD MEASURE MEALS SERVED A COMBINED TOTAL OF APPROXIMATELY 16,971 CLIENTS IN 2017. THIS INCLUDES MORE THAN 1,514,722 HOME-DELIVERED MEALS, MEALS PROVIDED IN A CONGREGATE SETTING, AS WELL AS MEAL REPLACEMENTS/SUPPLEMENTS. IN 2017, OUR REGISTERED DIETITIANS WORKED DIRECTLY WITH 6,832 CLIENTS PROVIDING EXTENSIVE NUTRITION EDUCATION RANGING FROM 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 2017:</p> <ul style="list-style-type: none"> 1. PREPARED MEALS PROGRAM - HELPING OUR CLIENTS BETTER MANAGE THEIR CHRONIC DISEASE BY PROVIDING MEDICALLY TAILORED MEALS IS ALWAYS A PRIMARY FOCUS FOR OPEN HAND. IN 2017, APPROXIMATELY 60% OF OUR CLIENTS REPORTED HAVING FEWER VISITS TO THE EMERGENCY ROOM. 65% REPORT SPENDING FEWER DAYS IN THE HOSPITAL AND 31% REPORT THEY ARE ABLE TO TAKE THEIR MEDICATIONS WITH EASE AS A RESULT OF RECEIVING PREPARED MEALS. IN 2017 OUR CLIENT SURVEY FOCUSED ON MEASURING THE IMPACT OF OUR SERVICES. IN 2017, 34% OF SURVEY RESPONDENTS SELF-IDENTIFIED AS PERSONS LIVING WITH HIV/AIDS, 43% WERE SENIORS SERVED THROUGH OUR HOME DELIVERED MEAL PROGRAM AND 23% PERSONS LIVING WITH OTHER CHRONIC ILLNESSES/DISABILITIES. 2. 84% CLIENTS OF CLIENTS SERVED WERE OF SENIOR AGE 55 YEARS OR OLDER ACROSS ALL OF OUR FUNDED PROGRAM. OF THE CLIENTS THAT HAD A CHRONIC CONDITION, 38% REPORTED THEY SAW AN IMPROVEMENT IN THEIR CHOLESTEROL LEVELS, 40% SAW AN IMPROVEMENT IN BLOOD PRESSURE, AND 36% SAW AN IMPROVEMENT IN BLOOD SUGAR OVER THE PAST YEAR. 50% OF OUR HOME DELIVERED MEAL CLIENTS HAD ACCESS TO OPEN HAND REGISTERED DIETITIANS (RDS) TO CONSULT WITH THEM ABOUT THEIR NUTRITION AND HEALTH AS IT RELATED TO THEIR CHRONIC DISEASE. 67% OF CLIENTS FOUND THEIR CONSULT WITH THE DIETITIAN TO BE VERY HELPFUL. 3. MARKET BASKET PROGRAM - ADMINISTERED BY OPEN HAND REGISTERED DIETITIANS, 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 DELIVERED WEEKLY MARKET BASKETS TO PROGRAM PARTICIPANTS 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 72,674 MARKET BASKET MEALS TO AN AVERAGE OF 163 CLIENTS EACH WEEK IN 2017. 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 2017: TO CONTINUE GROWING THE DIRECT EDUCATION PROGRAMMATIC WORK ACROSS GEORGIA, SUPPORT THE PURCHASE OF PRODUCE WITH A HEALTHY RETAIL PILOT PROGRAM AT WAYFIELD FOODS, AND TO SUPPORT THE FRESH MARTA MARKETS WITH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>TH A FULL SOCIAL MARKETING CAMPAIGN IN METRO ATLANTA IN 2017, OPEN HAND EXCEEDED OUR PROGRAMMATIC GOALS BY TEACHING 59 COOKING MATTERS COURSES, LEADING 472 STORE TOURS, AND REACHING OVER 1,800 INDIVIDUALS AND FAMILIES WITH DIRECT EDUCATION. ADDITIONALLY, OPEN HAND REACHED OVER 6,000 SHOPPERS WITH THE HEALTHY RETAIL AND THE EAT BRIGHTER PILOT PROGRAM HELD IN PARTNERSHIP WITH WAYFIELD FOODS, A LOCAL GROCERY STORE CHAIN. OPEN HAND'S SOCIAL MARKETING CAMPAIGN AND NUTRITION EDUCATION TO SUPPORT THE FRESH MARTA MARKETS IS ESTIMATED TO HAVE REACHED OVER 190,000 MARTA RIDERS THROUGH THE PRINT AND MEDIA CAMPAIGN THAT WAS DISPLAYED ON TRAINS AND IN STATIONS ACROSS ATLANTA.</p> <p>5 YOUTH AND FAMILIES NUTRITION & EDUCATION - 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 2017, THE PROGRAM SERVED 51,275 HEALTHY BREAKFASTS, LUNCHESS, AND SNACKS TO AN AVERAGE OF 800 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.</p> <p>PARTICIPATING SITES: 6 FRUIT AND VEGETABLE PRESCRIPTION (FVRX) PROGRAM - IN 2017, OPEN HAND - IN PARTNERSHIP WITH WHOLESOME WAVE GEORGIA AND GRADY HEALTH SYSTEM - CONDUCTED 4 COHORTS, WHICH INCLUDED COOKING MATTERS CLASSES CONDUCTED BY OPEN HAND REGISTERED DIETITIANS. PROGRAM OUTCOMES FOR 2017 INCLUDE 219 PARTICIPANTS REACHED, 47,376 PRESCRIPTION DOLLARS REDEEMED, 52.5% INCREASE IN FRUIT AND 46.4% INCREASE IN VEGETABLE CONSUMPTION, BMI DECREASED BY 10.6%, WAIST CIRCUMFERENCE DECREASED BY 5%. SYSTOLIC BLOOD PRESSURE DECREASED BY AN AVERAGE 8.8% AND DIASTOLIC BLOOD PRESSURE DECREASED BY AN AVERAGE 2.2%.</p> <p>7 FOOD AS MEDICINE PROJECT - IN 2017, OPEN HAND ATLANTA, WHOLESOME WAVE GEORGIA, GRADY HEALTH SYSTEM AND THE ATLANTA COMMUNITY FOOD BANK OFFICIALLY FORMED THE FOOD AS MEDICINE PARTNERSHIP. THIS WAS THE FIRST STEP IN A DYNAMIC, COLLABORATIVE EFFORT TO INCREASE ACCESS TO HEALTHY, AFFORDABLE FOOD AND NUTRITION EDUCATION TO THE GRADY COMMUNITY BY CREATING AND IMPLEMENTING A COMPREHENSIVE FOOD PRESCRIPTION PROGRAM, OFFERING A FOOD PHARMACY AND TEACHING KITCHEN, AND LAUNCHING A COMMUNITY CAFÉ & FARMERS MARKET ON THE CAMPUS OF GRADY HOSPITAL. OPEN HAND WILL PLAY THE LEAD ROLE IN THE COMMUNITY CAFÉ, AND WILL ALSO PROVIDE ON-SITE COOKING MATTERS CLASSES AND COOKING DEMONSTRATIONS.</p> <p>8 OPERATIONS AND TECHNOLOGY 1 OPEN HAND'S FOODSERVICES DEPARTMENT CONTINUED TO REFINE PROCESSES RELATED TO CBORD, OUR FOODSERVICE MANAGEMENT SYSTEM. CONTINUAL PROGRESS WAS ALSO MADE IN BETTER MANAGING INVENTORY. 2 OPEN HAND CARRIED OUT A NUMBER OF TECHNOLOGY INFRASTRUCTURE UPGRADES. INTERNET CONNECTIVITY BANDWIDTH WAS UPGRADED FROM 20MB TO 100MB AND A FAILO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>VER WIRELESS ROUTER WAS INSTALLED A ROBUST AND RELIABLE ONSITE AND OFFSITE DATA BACKUP PLAN WAS IMPLEMENTED 3 SERVER CONSOLIDATION AND CLOUD MIGRATION HELPED TO MINIMIZE THE NUMBER OF IN-HOUSE PHYSICAL AND VIRTUAL SERVERS SHAREPOINT AND LOCAL HOME DIRECTORIES WERE ALSO MIGRATED TO THE CLOUD 4 TWO ADDITIONAL VIDEOJET PRINTERS WERE IMPLEMENTED ON THE OPEN HAND PACKAGING LINES BRINGING THE TOTAL TO THREE, EACH OF WHICH ARE NETWORKED WITH CBORD WHICH FACILITATES LABEL CHANGES BEING MADE IN REAL-TIME 5 WORKSTATIONS WERE UPGRADED TO WINDOWS 10 AND BITLOCKER HARD DRIVE ENCRYPTION WAS IMPLEMENTED ACROSS THE ORGANIZATION TO BETTER PROTECT CLIENT AND ORGANIZATION DATA AN ENTERPRISE ANTIVIRUS AND ANTIMALWARE SOLUTION WAS DEPLOYED ADDING TO EXISTING SECURITY POLICIES IN PLACE TO PROTECT SERVERS AND WORKSTATIONS FROM EXTERNAL AND INTERNAL THREATS 6 OPEN HAND WAS ABLE TO SECURE 60 VERIZON ELLIP SIS 8 TABLETS THROUGH A LEASE-TO-OWN AGREEMENT THEY ARE STORED IN SECURE CHARGING CABINETS AND CHECKED OUT BY STAFF AND VOLUNTEER DRIVERS EACH TABLET HAS A NEWLY DEPLOYED ROUTING APP INSTALLED ENABLING THE CREATION OF OPTIMIZED ROUTES WHICH ARE UPDATED AND MONITORED IN REAL-TIME BY CLIENT SERVICES, DISTRIBUTION, AND VOLUNTEER SERVICES 7 OPEN HAND LAUNCHED A REVAMPED WEBSITE (OPENHANDATLANTA.ORG), ENABLING VISITORS TO BETTER NAVIGATE TO INFORMATION ABOUT VOLUNTEERING AND DONATING THEY CAN ALSO MORE EASILY OBTAIN INFORMATION ABOUT OPEN HAND EVENTS AND PROGRAMS AND SERVICES WE OFFER CLIENTS AND THE COMMUNITY</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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