

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**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 \$ 14,399,620

**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)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.OPENHANDATLANTA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1988

**M** State of legal domicile: GA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	20
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	206
<b>6</b> Total number of volunteers (estimate if necessary)	17,426
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	9,201,888	10,154,495
<b>9</b> Program service revenue (Part VIII, line 2g)	2,573,126	2,426,931
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,843	346,544
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,807,857	12,927,970
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,920,853	5,709,374
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 519,503		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,804,383	6,736,656
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,725,236	12,446,030
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-917,379	481,940
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	5,487,143	5,008,748
<b>21</b> Total liabilities (Part X, line 26)	2,004,379	1,040,017
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,482,764	3,968,731

**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: 2020-11-11  
MATTHEW PIEPER EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2020-11-16  
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 \$ 2,770,515 including grants of \$ ) (Revenue \$ 74,809 ) See Additional Data

4b (Code: ) (Expenses \$ 2,608,610 including grants of \$ ) (Revenue \$ 2,268,788 ) See Additional Data

4c (Code: ) (Expenses \$ 5,995,360 including grants of \$ ) (Revenue \$ 83,334 ) See Additional Data

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

IN 2019, 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 8,147 CLIENTS IN 2019. THIS INCLUDES MORE THAN 1,305,208 HOME-DELIVERED MEALS, MEALS PROVIDED IN A CONGREGATE SETTING, AS WELL AS MEAL REPLACEMENTS/SUPPLEMENTS. IN 2019, OUR REGISTERED DIETITIANS WORKED DIRECTLY WITH 1,708 CLIENTS, PROVIDING EXTENSIVE NUTRITION EDUCATION RANGING FROM THE INSTRUCTION ON THE NUTRITIONAL VALUE OF THE FOODS IN THEIR DIET TO CALORIE BALANCE AND DIABETES MANAGEMENT, CONDUCTING HOME NUTRITION ASSESSMENTS, AND PROVIDING IN-CLINIC MEDICAL NUTRITION THERAPY (MNT). B.THE FOLLOWING PROGRAMMATIC MILESTONES WERE ACHIEVED IN 2019: 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 2019, APPROXIMATELY 68% OF OUR CLIENTS REPORTED SPENDING FEWER DAYS IN THE HOSPITAL, 34% REPORTED IMPROVEMENT IN AT LEAST ONE HEALTH INDICATOR AND 32% REPORTED THEY ARE MORE EASILY ABLE TO TAKE THEIR MEDICATIONS AS A RESULT OF RECEIVING PREPARED MEALS. IN 2019 OUR CLIENT SURVEY FOCUSED ON MEASURING THE IMPACT OF OUR SERVICES. IN 2019, 32% OF SURVEY RESPONDENTS SELF-IDENTIFIED AS PERSONS LIVING WITH HIV/AIDS, 59% WERE SENIORS SERVED THROUGH OUR HOME DELIVERED MEAL PROGRAM AND 9% PERSONS LIVING WITH OTHER CHRONIC ILLNESSES/DISABILITIES. OF THE CLIENTS THAT HAD A CHRONIC CONDITION, 32% REPORTED THEY SAW AN IMPROVEMENT IN THEIR CHOLESTEROL LEVELS; 38% SAW AN IMPROVEMENT IN BLOOD PRESSURE, AND 31% SAW AN IMPROVEMENT IN BLOOD SUGAR. 2.OVER THE PAST YEAR, 49% OF OUR HOME-DELIVERED MEAL CLIENTS HAD ACCESS TO OPEN HAND REGISTERED DIETITIAN NUTRITIONISTS (RDNS) TO CONSULT WITH THEM ABOUT THEIR NUTRITION AND HEALTH AS IT RELATED TO THEIR CHRONIC DISEASE. 69% OF CLIENTS FOUND THEIR CONSULT WITH THE DIETITIAN TO BE VERY HELPFUL. 3.MARKET BASKET PROGRAM - ADMINISTERED BY OPEN HAND REGISTERED DIETITIAN NUTRITIONISTS, THE MARKET BASKET PROGRAM IS AN INNOVATIVE SOLUTION TO REDUCE FOOD INSECURITY, INCREASE INTAKE OF HEALTHY FOODS, AND INCREASE NUTRITION KNOWLEDGE IN HIGH-RISK ADULTS IN THE ATLANTA AREA. OPEN HAND VOLUNTEERS DELIVER PROGRAM PARTICIPANTS WEEKLY MARKET BASKETS WHICH INCLUDE FRESH FRUIT AND SEASONAL VEGETABLES, ALONG WITH NUTRITION EDUCATION MATERIALS AND RECIPES RELEVANT TO THE CONTENTS OF THAT WEEK'S BASKET TO ENCOURAGE CONSUMPTION. OPEN HAND PROVIDED 66,974 MARKET BASKET MEALS TO AN AVERAGE OF 130 CLIENTS EACH WEEK IN 2019. 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 2019: TO CONTINUE GROWING THE DIRECT EDUCATION PROGRAMMATIC WORK ACROSS GEORGIA, SUPPORT THE PURCHASE OF PRODUCE WITH A HEALTHY RETAIL PILOT AT WAYFIELD FOODS, AND TO SUPPORT THE FRESH MARTA MARKETS WITH A FULL SOCIAL MARKETING CAMPAIGN IN METRO ATLANTA. IN 2019, OPEN HAND EXCEEDED OUR PROGRAMMATIC GOALS BY TEACHING OF 85 COOKING MATTERS COURSES, LEADING 632 STORE TOURS, AND REACHING OVER 2,150 INDIVIDUALS AND FAMILIES WITH DIRECT EDUCATION. ADDITIONALLY, OPEN HAND REACHED OVER 13,000 SHOPPERS WITH THE EXPANDED HEALTHY RETAIL AND THE EAT BRIGHTER CAMPAIGN - A PROGRAM PILOTTED IN 2017 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 300,000 MARTA RIDERS THROUGH THE PRINT AND MEDIA CAMPAIGN THAT WAS DISPLAYED ON TRAINS AND IN TRAIN STATIONS ACROSS ATLANTA. 5.FRUIT AND VEGETABLE PRESCRIPTION (FVRX) PROGRAM - IN 2019, OPEN HAND - IN PARTNERSHIP WITH WHOLESOME WAVE GEORGIA AND GRADY HEALTH SYSTEM - CONDUCTED 6 COHORTS, WHICH INCLUDED COOKING MATTERS CLASSES CONDUCTED BY OPEN HAND REGISTERED DIETITIAN NUTRITIONISTS. THE EVALUATION FINDINGS SUGGEST THAT THE FVRX PROGRAM SIGNIFICANTLY ENHANCED SELF-REPORTED HEALTHY EATING HABITS, INCLUDING THE VARIETY OF FRUITS AND VEGETABLES CONSUMED, THE FREQUENCY OF CONSUMPTION OF DARK GREEN AND OTHER VEGETABLES, AND THE CONSUMPTION OF FOODS FROM EACH FOOD GROUP. WITH REGARDS TO FOOD CHOICES, ATTITUDES AND BEHAVIORS, STATISTICALLY SIGNIFICANT INCREASES IN FOOD RESOURCE MANAGEMENT BEHAVIORS AND SELF-EFFICACY AS WELL AS ENHANCED COOKING SELF-EFFICACY WERE OBSERVED. 6.FOOD AS MEDICINE PARTNERSHIP - IN 2019, OPEN HAND ATLANTA, GRADY HEALTH SYSTEM AND THE ATLANTA COMMUNITY FOOD BANK JOINTLY RAISED FUNDS NEEDED TO BEGIN CONSTRUCTION ON WHAT WOULD BECOME THE JESSE HILL MARKET, AN INITIATIVE OF THE FOOD AS MEDICINE PARTNERSHIP FORMED IN 2018 BY THESE THREE ORGANIZATIONS. THIS DYNAMIC, COLLABORATIVE EFFORT WAS DESIGNED TO INCREASE ACCESS TO HEALTHY, AFFORDABLE FOOD AND NUTRITION EDUCATION AMONG GRADY PATIENTS AND STAFF, AS WELL AS THE SURROUNDING COMMUNITY. PERMITTING ISSUES DID NOT ALLOW FOR THE OPENING OF THE FACILITY IN 2019, BUT CONSTRUCTION ON THIS DEDICATED SPACE ADJACENT TO GRADY HOSPITAL BEGAN IN EARNEST. THE FACILITY WOULD ULTIMATELY HOUSE A COMPREHENSIVE FOOD PRESCRIPTION PROGRAM; A FOOD PHARMACY AND TEACHING KITCHEN; AND A CAF & MARKET. OPEN HAND WILL PLAY THE LEAD ROLE IN THE CAF, AND WILL ALSO PROVIDE ON-SITE COOKING MATTERS CLASSES AND COOKING DEMOS WHEN THE FACILITY OPENS IN Q1 OF 2020. C.OPERATIONS AND TECHNOLOGY 1.IMPROVED OUR ROUTING PROCESSES WITH WORKWAVE ROUTING MANAGER INCORPORATING GOOGLE MAPS API WITH NAVIGATION AND ADDRESS VERIFICATION. 2.CONTINUED TO MAKE USER INTERFACE (UI) AND REPORTING IMPROVEMENTS MAKING EXISTING ORDERING AND OPERATION PROCESSES MORE EFFICIENT. 3.STARTED UI AND REPORT PLANNING AND DESIGN DISCUSSIONS AND DEVELOPMENT FOR JESSE HILL MARKET ORDERING AND OPERATION NEEDS. 4.REPLACED HANDWRITTEN LABELS FOR CONGREGATE ORDERS TO AUTO GENERATED LABELS DAILY. 5.DEPLOYED BARTENDER LABEL PRINTING SOFTWARE FROM SEAGULL SCIENTIFIC IN CONJUNCTION WITH OUR CBORD FOOD SERVICE MANAGEMENT SYSTEM TO GENERATE FINISHED GOODS LABELS ON-DEMAND. 6.MIGRATED GENESIS R&D NUTRITION ANALYSIS SOFTWARE FROM HOSTING IN-HOUSE TO A CLOUD-HOSTED SETUP IMPROVING ACCESS AND RELIABILITY. 7.WE CONTINUED TO SHOW IMPROVEMENT IN OUR MONTH-END INVENTORY COUNTS, RESULTING IN GREATER INVENTORY ACCURACY AND A SIGNIFICANT REDUCTION IN OVER-PURCHASING. 8.IN 2018 OPEN HAND INCURRED A SIGNIFICANTLY HIGHER LOSS (REVENUE LESS EXPENSES) IN NET ASSETS THAN IN PREVIOUS YEARS OF 917,379 DUE TO THE UNEXPECTEDLY PROBLEMATIC LAUNCH OF ITS SUPPOSEDLY NEW COMPREHENSIVE UNIFIED MEAL ORDERING SYSTEM WHICH RESULTED IN EXCESSIVE COSTS FOR IMPLEMENTATION OF THE SYSTEM AND FOR STABILIZING THE FUNCTIONING OF THE SYSTEM AND OPERATIONS OF THE ORGANIZATION. OPEN HAND WAS ABLE TO IMPLEMENT OPERATIONAL PROCEDURES AND PROCESSES, AND MADE NUMEROUS NECESSARY DEFECT CORRECTIONS AT ITS OWN EXPENSE TO OVERCOME THE EFFICIENCIES IN THE SUPPOSEDLY NEW SYSTEM. OPEN HAND ALSO EVALUATED AND IMPLEMENTED EXPENSE MANAGEMENT MEASURES AND AN OPERATING EFFICIENCY PLAN OF ACTION TO SIGNIFICANTLY IMPROVE ITS FINANCIAL PERFORMANCE. IN 2019 THE ORGANIZATION BEGAN A FORMAL DISPUTE RESOLUTION ARBITRATION AND MEDIATION PROCESS WITH THE INFORMATION TECHNOLOGY SERVICES FIRM THAT WAS RESPONSIBLE FOR THE DESIGN, TESTING AND IMPLEMENTATION OF THIS NEW UNIFIED MEAL ORDERING SYSTEM. IN MARCH 2020, THIS DISPUTED MATTER WAS RESOLVED TO THE MUTUAL SATISFACTION OF ALL INVOLVED.

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

4e Total program service expenses 11,374,485

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>11c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (backup withholding rules).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question is followed by a grid for 'Yes', 'No', and a text entry field.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (GA)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-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: MATTHEW PIEPER 181 ARMOUR DRIVE NE ATLANTA, GA 30324 (404) 872-8089

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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) MATTHEW PIEPER EXECUTIVE DI	40.00			X			172,961	0	9,437	
(2) SUSAN ANDERSON COO	40.00			X			133,019	0	8,437	
(3) ROBERT CUELLAR CFO	40.00			X			122,057	0	7,625	
(4) LOUISA BASARRATE DIRECTOR	1.00	X					0	0	0	
(5) KAMERON BESSON TREASURER	1.00	X		X			0	0	0	
(6) HELEN S CARLOS PRESIDENT	1.00	X		X			0	0	0	
(7) DEBRA G CARLTON DIRECTOR	1.00	X					0	0	0	
(8) SUZANNE E MOTT DANSBY SECRETARY	1.00	X		X			0	0	0	
(9) BARBARELLA DIAZ DIRECTOR	1.00	X					0	0	0	
(10) RODRICK GLASS DIRECTOR	1.00	X					0	0	0	
(11) JULIE L HAGEDORN DIRECTOR	1.00	X					0	0	0	
(12) CHARLES E MENDEZ III DIRECTOR	1.00	X					0	0	0	
(13) KENT R LINDNER IMM PAST PRE	1.00	X		X			0	0	0	
(14) ALISON LUKACSKO DIRECTOR	1.00	X					0	0	0	
(15) ALEX GARCIAS MD DIRECTOR	1.00	X					0	0	0	
(16) SHIRLEY POWELL DIRECTOR	1.00	X					0	0	0	
(17) KIMBERLY RASK DIRECTOR	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TODD TAUTFEST DIRECTOR	1.00	X					0	0	0	
(19) CARMEN TITELMAN DIRECTOR	1.00	X					0	0	0	
(20) JOE VELLA DIRECTOR	1.00	X					0	0	0	

<b>1b Sub-Total</b> . . . . .	▶		
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶		
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶	428,037	25,499

**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 ▶ **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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	
<b>5</b> 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 28,000			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 614,293			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b> 7,623,523			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,888,679			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b> 97,902			
	<b>h Total.</b> Add lines 1a-1f . . . . .		10,154,495		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> PROGRAM SERVICE FEES			2,268,788	2,268,788		
<b>b</b> CONTRACTUAL REVENUE			158,143	158,143		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			2,426,931			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			6,453			6,453	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents		(i) Real	(ii) Personal				
			<b>6a</b>					
		<b>b</b> Less: rental expenses	<b>6b</b>					
		<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) . . . . .							
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			<b>7a</b> 50,344	1,620,452				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b> 50,605	1,280,100				
		<b>c</b> Gain or (loss)	<b>7c</b> -261	340,352				
	<b>d</b> Net gain or (loss) . . . . .				340,091			340,091
	<b>8a</b> Gross income from fundraising events (not including \$ 614,293 of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>8a</b> 140,945					
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b> 140,945				
		<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>					
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .							
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>					
<b>b</b> Less: cost of goods sold . . . . .			<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
<b>11a</b> Miscellaneous Revenue		Business Code						
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .								
<b>12 Total revenue.</b> See instructions . . . . .				12,927,970	2,426,931		346,544	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	428,036	370,232	31,152	26,652
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	4,546,971	3,932,922	330,931	283,118
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	67,265	57,244	4,927	5,094
<b>9</b> Other employee benefits . . . . .	342,059	291,097	25,056	25,906
<b>10</b> Payroll taxes . . . . .	325,043	276,204	26,241	22,598
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	529,075	486,022	39,114	3,939
<b>12</b> Advertising and promotion . . . . .	258,119	235,460	14,009	8,650
<b>13</b> Office expenses . . . . .	105,251	84,254	11,387	9,610
<b>14</b> Information technology . . . . .	84,437	69,686	11,555	3,196
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	455,895	443,811	7,304	4,780
<b>17</b> Travel . . . . .	34,329	29,561	3,953	815
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	53,999	43,520	7,743	2,736
<b>20</b> Interest . . . . .	23,226	23,226		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	372,068	362,315	5,895	3,858
<b>23</b> Insurance . . . . .	194,654	173,486	7,998	13,170
<b>24</b> 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.)				
<b>a</b> FOOD AND CONTAINERS	3,430,176	3,430,176		
<b>b</b> DELIVERY EXPENSES	555,958	555,958		
<b>c</b> BANK AND CREDIT CARD FEES	105,771	73,862	5,156	26,753
<b>d</b> BAD DEBT EXPENSE	97,352	87,302		10,050
<b>e</b> All other expenses	436,346	348,147	19,621	68,578
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,446,030	11,374,485	552,042	519,503
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	12,464	<b>1</b>	25,003
	<b>2</b> Savings and temporary cash investments . . . . .	714,713	<b>2</b>	1,043,979
	<b>3</b> Pledges and grants receivable, net . . . . .	247,000	<b>3</b>	179,800
	<b>4</b> Accounts receivable, net . . . . .	729,910	<b>4</b>	1,217,416
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	114,042	<b>8</b>	136,687
	<b>9</b> Prepaid expenses and deferred charges . . . . .	56,338	<b>9</b>	95,072
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,240,035		
	<b>b</b> Less: accumulated depreciation	3,312,780		
	<b>11</b> Investments—publicly traded securities . . . . .	25,527	<b>11</b>	327,786
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	59,833	<b>14</b>	55,750
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,487,143	<b>16</b>	5,008,748	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	757,889	<b>17</b>	666,060
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	927	<b>19</b>	1,417
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	902,276	<b>23</b>	56,533
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	343,287	<b>25</b>	316,007
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,004,379	<b>26</b>	1,040,017
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,847,819	<b>27</b>	3,043,011
	<b>28</b> Net assets with donor restrictions . . . . .	634,945	<b>28</b>	925,720
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	3,482,764	<b>32</b>	3,968,731	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	5,487,143	<b>33</b>	5,008,748	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,927,970
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,446,030
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	481,940
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,482,764
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,027
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,968,731

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1816778

**Name:** OPEN HAND ATLANTA INC

Form 990 (2019)

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### Form 990, Part III, Line 4a:

OPEN HAND COMMUNITY NUTRITION PROGRAMS INCLUDE: A. IN 2019, OPEN HAND PROVIDED 1,110,570 HOME-DELIVERED MEALS AND MARKET BASKET MEAL BAGS TO APPROXIMATELY 3,799 CLIENTS PER OUR COUNTY CONTRACTS. OUR SERVICE AREA FOR THESE SENIOR MEAL CONTRACTS INCLUDES BARTON, BUTTS, CARROLL, CHEROKEE, CLAYTON, COBB, COWETA, DEKALB, DOUGLAS, FAYETTE, FORSYTH, FULTON, GWINNETT, HENRY, NEWTON, PAULDING, POLK, ROCKDALE, WALTON COUNTIES. 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 DIETITIAN NUTRITIONISTS, AND INCLUDE THERAPEUTIC AND PREFERENTIAL MENU OPTIONS. C. OPEN HAND'S MARKET BASKET PROGRAM PROVIDES A WEEKLY SUPPLY OF BOTH NONPERISHABLE GROCERIES AND 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 NUTRITIONISTS. THIS ACCOMMODATES A SUPPLY OF FRESH FRUITS AND VEGETABLES INCLUDING MORE LOCALLY GROWN PRODUCE. D. IN ADDITION, OPEN HAND PROVIDED APPROXIMATELY 127,993 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 DIETITIAN NUTRITIONISTS (RDNS), 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 RDNS, 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 290 CLIENTS IN 2019. MNT IS PRESCRIBED BY A CLINICIAN, TARGETS A SPECIFIC MEDICAL CONDITION, AND INCLUDES A NUTRITION DIAGNOSIS, THERAPY AND COUNSELING SERVICES - ALL PERFORMED BY OPEN HAND REGISTERED DIETITIANS (RDS). DESIGNED BY THE AMERICAN ACADEMY OF NUTRITION AND DIETETICS, MNT INCLUDES A SPECIFIC PLAN OF ASSESSMENT, NUTRITION DIAGNOSES, INTERVENTION, EVALUATION/MONITORING, DOCUMENTATION, AND COMMUNICATION WITH CLIENT'S HEALTH CARE PROVIDER. THIS SERVICE IS AVAILABLE TO MEN, WOMEN AND CHILDREN WHO HAVE A NUTRITION-SENSITIVE CHRONIC DISEASE AND WHO ARE COMMITTED TO IMPROVING THEIR HEALTH THROUGH BETTER FOOD CHOICES AND BEHAVIOR MODIFICATION. G. OPEN HAND IS GEORGIA'S LEAD PARTNER FOR THE NATIONALLY ACCLAIMED COOKING MATTERS NUTRITION EDUCATION PROGRAM - SIX WEEKS OF CLASSES UTILIZING AN EVIDENCE-BASED CURRICULUM ORIGINALLY DESIGNED BY SHARE OUR STRENGTH. IN 2019, THE OPEN HAND COOKING MATTERS TEAM TAUGHT 2,189 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, 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 2019, AN AVERAGE OF 400 CLIENTS EACH WEEK RECEIVED A TOTAL OF 222,340 HEALTHY MEALS THROUGH THIS PROGRAM. NUTRITION SERVICES AND WELLNESS PROGRAMMING CONTINUE TO PROVIDE NUTRITION EDUCATION TO CUSTOMERS AND CORPORATE PARTNERS, PROVIDING 159 INDIVIDUAL OR GROUP NUTRITION ASSESSMENTS/COUNSELING ON A FEE-FOR-SERVICE BASIS AT OPEN HAND, WITH AN ADDITIONAL 59 NUTRITION PHONE CONSULTS WITH A GMM REGISTERED DIETITIAN. GOOD MEASURE MEALS' CATERING EXTENSION OF THE SOCIAL ENTERPRISE SECURED CATERING VENDOR CONTRACTS PRIMARILY IN THE CORPORATE SECTOR IN 2019, AND SERVED 75 CATERED EVENTS.

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**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 2019, OPEN HAND PREPARED AND DELIVERED APPROXIMATELY 592,784 TOTAL ANNUAL MEALS TO AN AVERAGE OF 1,716 SENIOR CLIENTS EACH DAY IN SENIOR CENTERS. ADDITIONALLY, OPEN HAND PROVIDED NUTRITION EDUCATION AND WELLNESS COACHING TO APPROXIMATELY 837 SENIORS IN GROUP SESSIONS CONDUCTED IN SENIOR CENTERS AND SENIOR HIGH-RISE COMMUNITIES THROUGHOUT METRO-ATLANTA.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	7,271,376	7,297,996	8,231,998	9,201,888	10,154,495	42,157,753
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	7,271,376	7,297,996	8,231,998	9,201,888	10,154,495	42,157,753
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						42,157,753

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	7,271,376	7,297,996	8,231,998	9,201,888	10,154,495	42,157,753
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	7,507	7,723	9,694	2,925	6,453	34,302
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						42,192,055
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .						<b>12</b> 14,417,266
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.920 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.910 %

**16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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

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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
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.

Table with 2 columns: Held at the End of the Year, 2a-2d. Rows for total number of easements, total acreage, and number of easements on historic structures.

- 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?
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)?
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:
(ii) 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 |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .	753,339	835,742	757,021	747,174	790,369
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	135,246	-35,537	120,976	54,807	1,669
<b>d</b> Grants or scholarships . . . . .	-36,725	-36,540	-32,285	-35,385	-35,321
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	-9,897	-10,326	-9,970	-9,575	-9,544
<b>g</b> End of year balance . . . . .	841,963	753,339	835,942	757,021	747,174

- 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:
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>(ii)</b> related organizations . . . . .  | Yes        | No        |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>  |           |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		1,754,320	356,736	1,397,584
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		3,106,686	2,634,475	472,211
<b>e</b> Other . . . . .		379,029	321,569	57,460
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,927,255

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	316,007

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	12,931,997
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	4,027	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	4,027
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	12,927,970
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	12,927,970

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	12,446,030
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	12,446,030
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	12,446,030

**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, 2019, FISCAL YEARS 2016-2019 REMAIN OPEN FOR EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

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.
- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 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 10 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			
<b>Total</b> . . . . . ▶						

**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.

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<b>PARTY KITCHEN</b> (event type)	<b>DINING OUT LIFE</b> (event type)	(total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	586,880	168,358		755,238
<b>2</b> Less: Contributions . . . . .	457,551	156,742		614,293
<b>3</b> Gross income (line 1 minus line 2) . . . . .	129,329	11,616		140,945
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .				
<b>7</b> Food and beverages . . . . .				
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .	129,329	11,616		140,945
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				140,945
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	<b>1</b> Gross revenue . . . . .			
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**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)

# Compensation Information

OMB No. 1545-0047

**2019**

**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](http://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 Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on 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>	<b>1b</b>									
<p><b>2</b> 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 on Line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> 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>	<b>7</b>	No								
<p><b>8</b> 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>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>									

**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)	172,961			4,375	5,062	182,398	
	(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.

<b>Return Reference</b>	<b>Explanation</b>
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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](http://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	46	42,789	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( AUCTION ITEMS ) . . . . .	X	50	55,113	FMV
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

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

29

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

	Yes	No
30a		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?

31	Yes	
----	-----	--

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

32a	Yes	
-----	-----	--

b If "Yes," describe in Part II.

33 If the organization didn't 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)**

Department of the Treasury

Internal Revenue Service  
Name of the organization  
OPEN HAND ATLANTA INC

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**Employer identification number**

58-1816778

## 990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>OPEN HAND COMMUNITY NUTRITION PROGRAMS INCLUDE: A. IN 2019, OPEN HAND PROVIDED 1,110,570 HOME-DELIVERED MEALS AND MARKET BASKET MEAL BAGS TO APPROXIMATELY 3,799 CLIENTS PER OUR COUNTY CONTRACTS. OUR SERVICE AREA FOR THESE SENIOR MEAL CONTRACTS INCLUDES BARTON, BUTTS, CARROLL, CHEROKEE, CLAYTON, COBB, COWETA, DEKALB, DOUGLAS, FAYETTE, FORSYTH, FULTON, GWINNETT, HENRY, NEWTON, PAULDING, POLK, ROCKDALE, WALTON COUNTIES. 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 DIETITIAN NUTRITIONISTS, AND INCLUDE THERAPEUTIC AND PREFERENTIAL MENU OPTIONS. C. OPEN HAND'S MARKET BASKET PROGRAM PROVIDES A WEEKLY SUPPLY OF BOTH NONPERISHABLE GROCERIES AND 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 NUTRITIONISTS. THIS ACCOMMODATES A SUPPLY OF FRESH FRUITS AND VEGETABLES INCLUDING MORE LOCALLY GROWN PRODUCE. D. IN ADDITION, OPEN HAND PROVIDED APPROXIMATELY 127,993 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 DIETITIAN NUTRITIONISTS (RDNS), 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 RDNS, 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 290 CLIENTS IN 2019. MNT IS PRESCRIBED BY A CLINICIAN, TARGETS A SPECIFIC MEDICAL CONDITION, AND INCLUDES A NUTRITION DIAGNOSIS, THERAPY AND COUNSELING SERVICES - ALL PERFORMED</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4A	<p>D BY OPEN HAND REGISTERED DIETITIANS (RDS). DESIGNED BY THE AMERICAN ACADEMY OF NUTRITION AND DIETETICS, MNT INCLUDES A SPECIFIC PLAN OF ASSESSMENT, NUTRITION DIAGNOSES, INTERVENTION, EVALUATION/MONITORING, DOCUMENTATION, AND COMMUNICATION WITH CLIENT'S HEALTH CARE PROVIDER. THIS SERVICE IS AVAILABLE TO MEN, WOMEN AND CHILDREN WHO HAVE A NUTRITION-SENSITIVE CHRONIC DISEASE AND WHO ARE COMMITTED TO IMPROVING THEIR HEALTH THROUGH BETTER FOOD CHOICES AND BEHAVIOR MODIFICATION. G.OPEN HAND IS GEORGIA'S LEAD PARTNER FOR THE NATIONALLY ACCLAIMED COOKING MATTERS NUTRITION EDUCATION PROGRAM - SIX WEEKS OF CLASSES UTILIZING AN EVIDENCE-BASED CURRICULUM ORIGINALLY DESIGNED BY SHARE OUR STRENGTH. IN 2019, THE OPEN HAND COOKING MATTERS TEAM TAUGHT 2,189 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, 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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 2019, AN AVERAGE OF 400 CLIENTS EACH WEEK RECEIVED A TOTAL OF 222,340 HEALTHY MEALS THROUGH THIS PROGRAM. NUTRITION SERVICES AND WELLNESS PROGRAMMING CONTINUE TO PROVIDE NUTRITION EDUCATION TO CUSTOMERS AND CORPORATE PARTNERS, PROVIDING 159 INDIVIDUAL OR GROUP NUTRITION ASSESSMENTS/COUNSELING ON A FEE-FOR-SERVICE BASIS AT OPEN HAND, WITH AN ADDITIONAL 59 NUTRITION PHONE CONSULTS WITH A GMM REGISTERED DIETITIAN. GOOD MEASURE MEALS' CATERING EXTENSION OF THE SOCIAL ENTERPRISE SECURED CATERING VENDOR CONTRACTS PRIMARILY IN THE CORPORATE SECTOR IN 2019, AND SERVED 75 CATERED EVENTS.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>IN 2019, 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 8,147 CLIENTS IN 2019. THIS INCLUDES MORE THAN 1,305,208 HOME-DELIVERED MEALS, WE ALSO PROVIDED IN A CONGREGATE SETTING, AS WELL AS MEAL REPLACEMENTS/SUPPLEMENTS. IN 2019, OUR REGISTERED DIETITIANS WORKED DIRECTLY WITH 1,708 CLIENTS, PROVIDING EXTENSIVE NUTRITION EDUCATION RANGING FROM THE INSTRUCTION ON THE NUTRITIONAL VALUE OF THE FOODS IN THEIR DIET TO CALORIE BALANCE AND DIABETES MANAGEMENT, CONDUCTING HOME NUTRITION ASSESSMENTS, AND PROVIDING IN-CLINIC MEDICAL NUTRITION THERAPY (MNT). B.THE FOLLOWING PROGRAMMATIC MILESTONES WERE ACHIEVED IN 2019: 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 2019, APPROXIMATELY 68% OF OUR CLIENTS REPORTED SPENDING FEWER DAYS IN THE HOSPITAL, 34% REPORTED IMPROVEMENT IN AT LEAST ONE HEALTH INDICATOR AND 32% REPORTED THEY ARE MORE EASILY ABLE TO TAKE THEIR MEDICATIONS AS A RESULT OF RECEIVING PREPARED MEALS. IN 2019 OUR CLIENT SURVEY FOCUSED ON MEASURING THE IMPACT OF OUR SERVICES. IN 2019, 32% OF SURVEY RESPONDENTS SELF-IDENTIFIED AS PERSONS LIVING WITH HIV/AIDS, 59% WERE SENIORS SERVED THROUGH OUR HOME DELIVERED MEAL PROGRAM AND 9% PERSONS LIVING WITH OTHER CHRONIC ILLNESSES/DISABILITIES. OF THE CLIENTS THAT HAD A CHRONIC CONDITION, 32% REPORTED THEY SAW AN IMPROVEMENT IN THEIR CHOLESTEROL LEVELS, 38% SAW AN IMPROVEMENT IN BLOOD PRESSURE, AND 31% SAW AN IMPROVEMENT IN BLOOD SUGAR. 2.OVER THE PAST YEAR, 49% OF OUR HOME-DELIVERED MEAL CLIENTS HAD ACCESS TO OPEN HAND REGISTERED DIETITIAN NUTRITIONISTS (RDNS) TO CONSULT WITH THEM ABOUT THEIR NUTRITION AND HEALTH AS IT RELATED TO THEIR CHRONIC DISEASE. 69% OF CLIENTS FOUND THEIR CONSULT WITH THE DIETITIAN TO BE VERY HELPFUL. 3.MARKET BASKET PROGRAM - ADMINISTERED BY OPEN HAND REGISTERED DIETITIAN NUTRITIONISTS, THE MARKET BASKET PROGRAM IS AN INNOVATIVE SOLUTION TO REDUCE FOOD INSECURITY, INCREASE INTAKE OF HEALTHY FOODS, AND INCREASE NUTRITION KNOWLEDGE IN HIGH-RISK ADULTS IN THE ATLANTA AREA. OPEN HAND VOLUNTEERS DELIVER PROGRAM PARTICIPANTS WEEKLY MARKET BASKETS WHICH INCLUDE FRESH FRUIT AND SEASONAL VEGETABLES, ALONG WITH NUTRITION EDUCATION MATERIALS AND RECIPES RELEVANT TO THE CONTENTS OF THAT WEEK'S BASKET TO ENCOURAGE CONSUMPTION. OPEN HAND PROVIDED 66,974 MARKET BASKET MEALS TO AN AVERAGE OF 130 CLIENTS EACH WEEK IN 2019. 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 2019: TO CONTINUE GROWING THE DIRECT EDUCATION PROGRAMMATIC WORK ACROSS GEORGIA, SUPPORT THE PURCHASE OF PRODUCE WITH A HEALTHY RETAIL PILOT AT WAYFIELD FOODS, AND TO SUPPORT THE FRESH MARTA MARKETS WITH A FULL SOCIAL MARKETING CAMPAIGN IN METRO ATLANTA. IN 2019, OPEN HAND EX</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>CEDED OUR PROGRAMMATIC GOALS BY TEACHING OF 85 COOKING MATTERS COURSES, LEADING 632 STORE TOURS, AND REACHING OVER 2,150 INDIVIDUALS AND FAMILIES WITH DIRECT EDUCATION. ADDITIONAL LY, OPEN HAND REACHED OVER 13,000 SHOPPERS WITH THE EXPANDED HEALTHY RETAIL AND THE EAT BR IGHTER CAMPAIGN - A PROGRAM PILOTED IN 2017 WITH WAYFIELD FOODS, A LOCAL GROCERY STORE CHA IN. OPEN HAND'S SOCIAL MARKETING CAMPAIGN AND NUTRITION EDUCATION TO SUPPORT THE FRESH MAR TA MARKETS IS ESTIMATED TO HAVE REACHED OVER 300,000 MARTA RIDERS THROUGH THE PRINT AND TE DIA CAMPAIGN THAT WAS DISPLAYED ON TRAINS AND IN TRAIN STATIONS ACROSS ATLANTA. 5.FRUIT AN D VEGETABLE PRESCRIPTION (FVRX) PROGRAM - IN 2019, OPEN HAND - IN PARTNERSHIP WITH WHOLESOME WAVE GEORGIA AND GRADY HEALTH SYSTEM - CONDUCTED 6 COHORTS, WHICH INCLUDED COOKING MATTERS CLASSES CONDUCTED BY OPEN HAND REGISTERED DIETITIAN NUTRITIONISTS. THE EVALUATION FINDINGS SUGGEST THAT THE FVRX PROGRAM SIGNIFICANTLY ENHANCED SELF-REPORTED HEALTHY EATING HABITS, INCLUDING THE VARIETY OF FRUITS AND VEGETABLES CONSUMED, THE FREQUENCY OF CONSUMPTION OF DARK GREEN AND OTHER VEGETABLES, AND THE CONSUMPTION OF FOODS FROM EACH FOOD GROUP. WITH REGARDS TO FOOD CHOICES, ATTITUDES AND BEHAVIORS, STATISTICALLY SIGNIFICANT INCREASES IN FOOD RESOURCE MANAGEMENT BEHAVIORS AND SELF-EFFICACY AS WELL AS ENHANCED COOKING SELF-EFFICACY WERE OBSERVED. 6.FOOD AS MEDICINE PARTNERSHIP - IN 2019, OPEN HAND ATLANTA, GRADY HEALTH SYSTEM AND THE ATLANTA COMMUNITY FOOD BANK JOINTLY RAISED FUNDS NEEDED TO BEGIN CONSTRUCTION ON WHAT WOULD BECOME THE JESSE HILL MARKET, AN INITIATIVE OF THE FOOD AS MEDICINE PARTNERSHIP FORMED IN 2018 BY THESE THREE ORGANIZATIONS. THIS DYNAMIC, COLLABORATIVE EFFORT WAS DESIGNED TO INCREASE ACCESS TO HEALTHY, AFFORDABLE FOOD AND NUTRITION EDUCATION AMONG GRADY PATIENTS AND STAFF, AS WELL AS THE SURROUNDING COMMUNITY. PERMITTING ISSUES DID NOT ALLOW FOR THE OPENING OF THE FACILITY IN 2019, BUT CONSTRUCTION ON THIS DEDICATED SPACE ADJACENT TO GRADY HOSPITAL BEGAN IN EARNEST. THE FACILITY WOULD ULTIMATELY HOUSE A COMPREHENSIVE FOOD PRESCRIPTION PROGRAM; A FOOD PHARMACY AND TEACHING KITCHEN; AND A CAF &amp; MARKET. OPEN HAND WILL PLAY THE LEAD ROLE IN THE CAF, AND WILL ALSO PROVIDE ON-SITE COOKING MATTERS CLASSES AND COOKING DEMOS WHEN THE FACILITY OPENS IN Q1 OF 2020. C.OPERATIONS AND TECHNOLOGY 1.IMPROVED OUR ROUTING PROCESSES WITH WORKWAVE ROUTING MANAGER INCORPORATING GOOGLE MAPS API WITH NAVIGATION AND ADDRESS VERIFICATION. 2.CONTINUED TO MAKE USER INTERFACE (UI) AND REPORTING IMPROVEMENTS MAKING EXISTING ORDERING AND OPERATION PROCESSES MORE EFFICIENT. 3.STARTED UI AND REPORT PLANNING AND DESIGN DISCUSSIONS AND DEVELOPMENT FOR JESSE HILL MARKET ORDERING AND OPERATION NEEDS. 4.REPLACED HANDWRITTEN LABELS FOR CONGREGATE ORDERS TO AUTO GENERATED LABELS DAILY. 5.DEPLOYED BARTENDER LABEL PRINTING SOFTWARE FROM SEAGULL SCIENTIFIC IN CONJUNCTION WITH OUR CBORD FOOD SERVICE MANAGEMENT SYSTEM TO GENERATE FINISHED GOODS LABELS ON-DEMAND. 6.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4D	<p>MIGRATED GENESIS R&amp;D NUTRITION ANALYSIS SOFTWARE FROM HOSTING IN-HOUSE TO A CLOUD-HOSTED SETUP IMPROVING ACCESS AND RELIABILITY. 7.WE CONTINUED TO SHOW IMPROVEMENT IN OUR MONTH-END INVENTORY COUNTS, RESULTING IN GREATER INVENTORY ACCURACY AND A SIGNIFICANT REDUCTION IN OVER-PURCHASING. 8.IN 2018 OPEN HAND INCURRED A SIGNIFICANTLY HIGHER LOSS (REVENUE LESS EXPENSES) IN NET ASSETS THAN IN PREVIOUS YEARS OF 917,379 DUE TO THE UNEXPECTEDLY PROBLEMATIC LAUNCH OF ITS SUPPOSEDLY NEW COMPREHENSIVE UNIFIED MEAL ORDERING SYSTEM WHICH RESULTED IN EXCESSIVE COSTS FOR IMPLEMENTATION OF THE SYSTEM AND FOR STABILIZING THE FUNCTIONING OF THE SYSTEM AND OPERATIONS OF THE ORGANIZATION. OPEN HAND WAS ABLE TO IMPLEMENT OPERATIONAL PROCEDURES AND PROCESSES, AND MADE NUMEROUS NECESSARY DEFECT CORRECTIONS AT ITS OWN EXPENSE TO OVERCOME THE DEFICIENCIES IN THE SUPPOSEDLY NEW SYSTEM. OPEN HAND ALSO EVALUATED AND IMPLEMENTED EXPENSE MANAGEMENT MEASURES AND AN OPERATING EFFICIENCY PLAN OF ACTION TO SIGNIFICANTLY IMPROVE ITS FINANCIAL PERFORMANCE. IN 2019 THE ORGANIZATION BEGAN A FORMAL DISPUTE RESOLUTION ARBITRATION AND MEDIATION PROCESS WITH THE INFORMATION TECHNOLOGY SERVICES FIRM THAT WAS RESPONSIBLE FOR THE DESIGN, TESTING AND IMPLEMENTATION OF THIS NEW UNIFIED MEAL ORDERING SYSTEM. IN MARCH 2020, THIS DISPUTED MATTER WAS RESOLVED TO THE MUTUAL SATISFACTION OF ALL INVOLVED.</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